

# **Medication Policy and Procedures**

## Contents

Section	Page	
	<b>Documentary Summary Table</b>	<b>1</b>
	<b>Contents</b>	<b>2</b>
<b>1.</b>	<b>Introduction</b>	<b>3</b>
<b>2.</b>	<b>Roles and responsibilities</b>	<b>4</b>
<b>3.</b>	<b>Legal background</b>	<b>6</b>
<b>4.</b>	<b>Categories of medication</b>	<b>7</b>
<b>5.</b>	<b>Training</b>	<b>8</b>
<b>6.</b>	<b>Consent</b>	<b>9</b>
<b>7..</b>	<b>General principles</b>	<b>9</b>
	Assessment	10
	Medication	10
	Controlled Drugs	10
	Liquid morphine	11
	Transdermal patches	11
	Warfarin	11
<b>8.</b>	<b>Levels of care and support</b>	<b>11</b>
	General	12
	Level 1 - Prompting	13
	Level 2 - Assisting	13
	Level 3 - Administering	13
	Level 4 - Administering by specialist techniques	13
<b>9.</b>	<b>Procedure for handling medication</b>	<b>14</b>
	The '8' Rights	14
	After referral	14
	Notification of medication to be administered	14
	Dispensing	15
	Collection of medication	15
	Storage	15
	Sharps boxes	16
	Record keeping	16
	One off courses of medication	17
	PRN (as required medication)	17
	Oxygen	17
	Home from Hospital/Intermediate care/respite care or other	17
<b>10.</b>	<b>Incidents</b>	<b>18</b>
<b>11.</b>	<b>Death of a customer</b>	<b>18</b>
<b>12.</b>	<b>Monitoring Compliance</b>	<b>18</b>
<b>Appendices</b>		
i	Glossary of Terms	19

## **1. Introduction**

This procedure and guidelines focuses on the safe handling of medicines by Welcome Independent Living.

This document identifies the general principles and legislative requirements that guide best practice in the safe handling of medicines and ensures that staff and managers know their responsibilities and limitations. It covers the types of medication and the level of support that relevantly trained competent staff provide. It identifies the practice standards that Welcome Independent Living staff are required to follow to ensure customers are supported safely and effectively. Guidelines, policies, and procedures cannot cover every eventuality. It may be necessary at times to examine/assess individual circumstances and seek guidance from Managers.

The agreement of the Welcome Independent Living Staff is to undertake responsibility for administering medication will be made in the context of providing a package of care for adults at risk. Close collaboration between all involved agencies is essential. If on occasions the service is not able to provide essential cover, the cover arrangements for administration of medication will be managed in the same way as arranging cover for any other essential task. The Manager has the responsibility for arranging necessary support. This will depend on individual's circumstances. Where there are concerns about a customer capacity this must be reported to a Manager for further assessment and where necessary a Best Interest meeting will be held.

As part of their induction programme, all Welcome Independent Living staff will be trained to support customers with their medication and be assessed as competent to do so in compliance with this document on an ongoing basis.

All staff within Welcome Independent Living will be able to access a copy of this Policy from Welcome Independent Living website [www.welcomeindependentliving.co.uk](http://www.welcomeindependentliving.co.uk) also in the main office.

A Glossary of Terms can be found in appendix i.

## **2. Roles and Responsibilities**

All staff must report any concerns directly to their Manager.

It is important that medication issues are included in any overall assessment of the customer needs, and that appropriate support with medication is included in care plans.

Staff may not assist with or administer medication to any customer who fails to consent or directly refuses, this does not mean that some encouragement cannot be offered.

Welcome Independent Living staff will not be held responsible for any adverse effects experienced by the customer where medicine is given in accordance with the prescriber's written instructions and where procedures have been followed. If a customer complains of any pain, nausea, bleeding or feeling unwell etc in any way this must be reported as soon as possible to a relevant health care professional, for example G.P, Pharmacist, Community Nurse as symptoms could be side effects of medicines. A written record must be made and the Manager informed.

Welcome Independent Living staff must not discuss or disclose a service Customer's medical history or treatment to a relative or another person. If asked, staff will redirect the questioner to discuss this with the Customer, or the Customers medical practitioner. Information can be disclosed to other professionals directly involved with the Customers care.

### **Locality Manger**

The Manager will ensure procedure is followed checking that the Medication Authorisation has been gained and the appropriate form signed and placed on the Customers records. The Manager is responsible for the MAR charts to be completed in a monthly format detailing the customer medication, collecting, and checking records and notifying the manager of any concerns and reporting any errors according to procedure.

Records can only be removed from the customer home with their consent, copies of records must be made available if customers so request.

### **Registered Manager**

Where problems arise that cannot be resolved by the Manager these should be referred to the Registered Manager.

The Registered Manager has the responsibility to make correct arrangements for the administration and record keeping and to ensure policy and procedure are followed. The Registered Manager must manage any medication related incidents to procedure.

The Registered Manager has a responsibility for ensuring that staff handling medication have received the appropriate training and are competent, and are familiar with and can complete all associated documentation. The manager will notify the care assessor and the relevant Healthcare Professionals of any changes or concerns. Managers must be satisfied with the competency levels of Managers and carers who are supporting customers with medication and this must be documented formally.

### **Family Liaison Manager/ Locality Managers**

Before any support with medication commences, a written care plan and medication risk assessment must be in place.

The initial assessor must ensure that authorisation has been given and the appropriate form has been signed.

Where a customer is unable, through mental or physical impairment, to sign their own authorisation form, and there is no-one else to do so on their behalf, the Manager will decide upon the most appropriate person and ensure that written permission is provided (see section 6).

### **Health Care Professionals**

It is the responsibility of the Prescriber to explain the reason for treatment and the likely effects and potential side effects of any medication prescribed to the customer. The customer will be given details of any changes to their prescribed medicines. Ideally, the prescriber making the change in medication should inform the Manager.

The Prescriber must assess the customer capacity to accept a prescription for medication. If the customer lacks the capacity to make this decision, the medication may still be prescribed if the Prescriber believes it to be in the customer best interests.

### **Pharmacist – Community and Hospital**

Welcome Independent Living staff must only take responsibility for the prompting, assisting with or administering medication to customers if the community or hospital pharmacist have given clear instructions and information.

Pharmacy staff are equipped to offer advice on the correct storage and disposal of medicines. They advise customers about medication, the correct dosage, when and how it should be taken etc.

A customer discharged from hospital may have medication that differs from what was prescribed prior to admission. A list of current medication should be provided on a copy of the discharge supplied by the hospital.

Verbal consent must be obtained from the customer to remove and/or dispose of discontinued or out of date medication. This consent should be recorded on the customer record.

If a customer attends an **outpatient appointment** they should take the MAR with them. If medication is prescribed at the outpatient appointment the MAR can be updated and then returned to the customer home.

### **General Practitioner**

GPs have a responsibility of care to provide general health and medical care or to refer to specialist health or social care for all their listed patients.

They have responsibility for prescribing and monitoring the effectiveness of medication. Medication for the purpose of this procedure includes prescribed products which are taken by the mouth or applied externally.

### **Community Nurses**

Prescribers and Community Nurses are able to offer help and support with medication related queries.

## **3. Legal Background**

Various Acts, Statutes and regulations apply to the social care sector and the safe handling of medication. Health and Safety legislation requires employees to work safely.

Care Standards Act (2000) and Care Act (2014) require that domiciliary care services meet national minimum standards. Standard 10 requires that the registered person ensures that there is a policy, procedure and guidelines for assisting with medication and health related matters.

Link: <http://www.legislation.gov.uk/ukpga/2000/14/contents>

Human Medicines Regulations (2012)

Link: <http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

Regulation 14 of the Domiciliary Care Agencies Regulations (updated 2011) require the registered person to provide care workers with written procedures for the administration of medication and make arrangements for the safe

handling of medication and provide training to ensure safe systems and to prevent harm. Link: <http://www.legislation.gov.uk/uksi/2002/3214/made>

Royal Pharmaceutical Society document 'The handling of Medicines in Social Care' (2007) provides professional Pharmaceutical guidance for people in every aspect of social care who are involved in handling medicines.

Link: <http://www.rpharms.com/support-pdfs/handling-medicines-socialcare-guidance.pdf>

There are also various Medicine Acts that impact upon the safe handling of medication these include:

Medicines Act (1968)

Link: <http://www.legislation.gov.uk/ukpga/1968/67>

Misuse of Drugs Act (1971)

Link: <http://www.legislation.gov.uk/ukpga/1971/38/contents>

Misuse of Drugs Regulations (2001)

Link: <http://www.legislation.gov.uk/uksi/2001/3998/contents/made>

#### **4. Categories of Medication**

The Medicines Act (1968) identifies 3 categories of medicines.

##### **General Sales List (GSL)**

Medicines/remedies that can be purchased from any retail outlet.

##### **Pharmacy Only (P)**

Medicines purchased within a community pharmacy but only when a pharmacist supervises the sale.

##### **Prescription Only Medicines (POM)**

Medicines that can only be obtained when an authorised prescriber signs a written prescription.

Welcome Independent Living staff must never offer advice on medication regardless of its category. It is dangerous to do so, for example some medicines may cause reactions if used with other medication.

Should Welcome Independent Living staff be asked by a customer whether verbally or as part of a shopping list to purchase GSL or P medication they should refer the customer to their General Practitioner, Pharmacist or Non-Medical Prescriber. Alternatively, where the customer manages their own medication, the customer must be asked what other medicines they are taking, so that it can be checked with a pharmacist.

Welcome Independent living staff may assist with natural remedies (including herbal supplements, homeopathic medicines) or over the counter (OTC) remedies only if they have been checked by a pharmacist or GP to ensure any active ingredients do not interact adversely with any other medicines. This includes any topical creams or ointments that are not prescribed for the customer. Any assistance that is required must be added to the care plan.

## **5. Training**

Formal and ongoing training and assessment of competence must be in place. Welcome Independent Living are responsible for delivering medicines management training to all staff that they directly employ.

In 'The Administration of Medicines in Domiciliary Care' by CQC it states and it is good practice that: 'Training requirements for domiciliary care staff must be at least to the same standard as for care workers in a care home because customers in a domiciliary care setting are more vulnerable than those in a care home.'

As such those in a supervisory/assessor capacity should have accredited training in order to check all levels of competency in each element of training. Any training should identify any links to National Vocational Qualification units or to Qualification and Credit Framework 'skills for care' knowledge set for medication.

### **All staff must:**

- Be familiar with this policy document and other medicines management related documents.
- Receive effective training and supervision to ensure they understand and are clear about procedures that are to be followed before supporting anyone with medication
- Understand the principles of person centred care in relation to medication including consent, cultural factors and encouraging independence
- Understand how medicines are used and how to handle them safely
- Know the procedures for supporting customers with medication
- Enable medicines to be administered safely and effectively for customers who are unable to self-administer
- Must aware of where to access information on potential side effects



## 6. Consent

The Medicines Act 1968 states that no medical treatment may be given to any person without written and valid consent. Everyone has the right to determine what happens to their own bodies and respecting this right is a fundamental part of good practice.

Link to Medicines Act: <http://www.legislation.gov.uk/ukpga/1968/67>

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people, who may not be able to make their own decisions.

Link Mental Capacity Act: <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Link: Mental Capacity Act Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

The customer will have been assessed and consent will have already been obtained through the care planning process. The care planning process will also decide what happens in the best interest of people who lack capacity and decisions around medication. This must be documented by the Manager.

If a customer has capacity and consents but cannot sign a consent form due to physical disability, staff/family can sign the consent form to indicate he/she was present when the customer gave permission.

A customer can decline/refuse medication or withdraw consent at any point. This must be documented and the Manager informed immediately.

Under **NO** circumstances must any customer be forced to take medication.

## 7. General Principles

The Department of Health publication 'Medicines Matters' (2006) states that: 'Any suitably trained member of staff in health or social care can administer medicines that have been prescribed, by an authorised prescriber, for an individual patient. The medicines can then only be given to that named patient. The principle applies to all registered and non-registered staff at all levels.'

Link:

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_064325](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325)

Responsibility for safe and effective medication practice

Having a Medication Procedure and Guidelines

- Effectively communicating the Procedure and Guidelines
- Providing effective and ongoing training
- Providing effective and ongoing competency checks
- Ensuring effective monitoring, supervision to support safe practice

- Providing effective documentation to support the above

If there is more than one provider, or a provider and a family carer involved in dealing with medication, their respective roles and responsibilities should be clearly defined and documented in the care plan and statement of need.

### **Assessment**

- An assessment of the needs of the customer must be undertaken by the Family Liaison Manager or the Manager before the commencement of any home care service. This would include documentation of any risk reduction measures and clear procedures will be available for staff to follow.
- The majority of users of Welcome Independent Living services will be responsible for holding and taking their own medication so customers should be encouraged to manage their medication if possible. Self-administration helps customers maximise their independence and all possible options to support self-administration should be examined including assistive technology aids.

### **Medication**

- Medication for the purpose of this procedure and guidelines only includes products that are taken by mouth or applied externally in the treatment of the customer for example, ear, nose drops and transdermal patches (i.e. those applied directly onto on the skin) may only be given after specific training has been completed and competency achieved.
- Medication not on the MAR chart will under normal circumstances be administered by Community Nurses for example injections, suppositories, enemas and dressings. The exception to this may be only after appropriate training from a health care professional has been given and competency achieved.
- If a customer has an acute or unstable condition that requires close management and monitoring and frequent changes of dosages, the appropriateness of assistance will be determined by the Manager or appropriate Manager.

### **Controlled Drugs**

- The Misuse of Drugs Act 1971 controls the availability of drugs that are considered sufficiently 'dangerous' or 'harmful' with a potential for misuse. These drugs are termed Controlled Drugs (CDs). It is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation
- CDs with clear written dose instructions can be administered by Welcome Independent Living staff after training has been given by a health care professional e.g. Community Nurse and competencies have been achieved

- There are strict controls for the prescribing, administering, safe custody, dispensing, record keeping and disposal of CDs. Under this policy Oramorph 10mg/5ml (morphine sulphate) liquid, Temazepam and Tramadol will be controlled in the same way.

### **Liquid Morphine**

After receiving appropriate training and once competency has been achieved, Staff can select and measure a dose of liquid medication using a medication syringe for the customer to take themselves.

### **Transdermal Patches**

After receiving appropriate training and once competency has been achieved Welcome Independent Living staff may administer patches.

### **Warfarin**

- A customer prescribed warfarin should have an accompanying letter clearly stating the dosages
- Support cannot be given without written instruction and Welcome Independent Living staff must contact their Manager if a letter clearly stating doses is not available
- If a customer dosage is not stable or likely to require many dose changes then Welcome Independent Living staff must not assist. These circumstances are deemed too complex and will be managed by the Manager

## **8. Levels of Care and Support**

### **General**

- Welcome Independent living staff may prompt, assist with or administer medication. The level of support needed by a customer should be clearly stated in their care plan. This includes prompting, assisting, administering (see Glossary).
- Assistance with nebulisers, inhalers and spacers may be provided only when measured doses are prescribed i.e. capsules or ampoules and appropriate training has been received and competency assessed by Community based Registered Nurses.
- Welcome Independent living staff must only assist customers as an agreed part of a care plan and with the specific instruction of their Manager
- Welcome Independent living staff can refuse to administer medication if they feel they have not received suitable training to competently assist with/administer. This must be reported to the Manager immediately and further training and support will be made available
- Welcome Independent living staff must never make clinical judgments, for example omitting doses, if the medication states '1 or 2 tablets to be given' then the medication should be returned to the GP for a precise dosage.
- Under no circumstances must a customer be forced to take medication.
- Medication must not be given covertly, for example crushed and hidden in food. It is allowable if the customer has been risk assessed using a Multi-Disciplinary Team format including GP, Manager, family/Advocate,

- Pharmacist, Mental Capacity Act applied and Best Interest Decision made and the assessment has been fully documented on the care plan.
- If a customer is experiencing difficulty swallowing any medication, Welcome Independent living staff must report it to their Manager who should contact the customer GP or Community Pharmacist for further advice. Welcome Independent living staff must not crush tablets unless this is specified in the care plan with instructions on the label and they have received specific training and are competent to do so.
- Prompting, assisting with, or administering medication must be undertaken in a person-centred way, taking into account any cultural or spiritual needs a customer might have, for example during Ramadan. Guidance can be obtained from Line Mangers/Managers.
- A customer may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage, arrangements made to accommodate them with appropriate documentation in place. Examples are:
  - The customer is vegetarian and prefers to have medication that does not contain gelatine or other animal products
  - The customer prefers to have medicine given to them by a member of the same sex
  - The customer observes religious festivals by fasting and prefers not to have medicine given at certain times

### **Level One – Prompting**

This is when the customer takes responsibility for their own medication but minimal support may be required with some or all of the following:

- Requesting repeat prescriptions.
- Collecting medicines from the pharmacy or surgery (this would only be done in exceptional circumstances – if the customer had no-one who could collect it and it was not able to be delivered). This action must be recorded on the medication profile.
- Disposing of unwanted medicines safely as policy, by returning them to a community pharmacy or surgery.
- Disposing of loose tablets safely as policy.
- A reminder or prompt from staff to the customer to take their medicines.

### **Level Two – Assisting**

- Where the customer clearly identifies their medication, help with opening, or closing a container or compliance aid or popping a tablet out of a blister pack when the staff member has not selected the medication.

### **Level Three - Administering**

The assessment identifies that the customer is unable to take responsibility for their medicines and needs support. The customer must agree to having input from Welcome Independent living service and consent should be documented in the care plan.

Staff should put medication/tablets into the hands of customers for them to take unless there is specific instruction in the care plan/risk assessment that says staff can put tablets/medication into the customer mouth (with their consent). If a customer is having difficulty putting the tablets/medication in their mouth, for example due to physical impairment, this should be reported to a Manager or Manager for re-assessment.

If the customer lacks capacity, no one can sign on their behalf. It must be a Best Interest Decision. The Family Liaison Manager/ Manager must fully document this. Link to CHFT Safeguarding policy:

<http://nww.cht.nhs.uk/divisions/trust-wide-information/safeguarding-index/>

Administration of Medication may include some or all of the following. The staff member:

- Selects and prepares medicines for immediate administration
- Selects and measures a dose of liquid medication for the customer to take
- Applies cream/ointment, ear, nose or eye drops, apply patches and administers inhaled medication
- Decants medication for the customer to take themselves at a later prescribed time to enable their independence. This must be an assessed need that is identified on the care plan

### **Level Four - Administering by specialised technique**

When training has taken place and staff have been assessed as competent, staff may be asked to administer medication by specialist technique, for example

- Rectal administration e.g. suppositories, diazepam
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)

## **9. Procedure for Handling Medication**

### **The 8 rights**

This policy incorporates safeguards for customers and staff and must be followed. It seeks to ensure that medicines are only administered to the

person for whom they are prescribed, given in the right dose, at the right time by the right method/route.

The procedure promotes the '8 Rights' in the interests of both the customer and member of staff.

- I. Right Person
- II. Right Medicine
- III. Right Time
- IV. Right Dose
- V. Right Route/Method of Administration.
- VI. Right to Decline/refuse.
- VII. Right Procedures Followed.
- VIII. Right Documentation.

### **After Referral**

When the decision has been made to support the customer at home, and the inability to self-manage medication has been acknowledged, support with medication will become part of the package of care. The customer competence to manage medication will be assessed by the initial assessor.

### **Notification of Medication to Be Administered**

- The dispensing pharmacist must be asked to label each item or MDS box with the name of the drug or drugs. This should include a description of the tablet too, such as shape, colour, letters, numbers, lines etc, where MDS is used, the person for whom it is prescribed and full instructions of the dose and time of administration, together with any special instructions. It is good practice to supply a printed MAR Chart with full information and instructions on; where this does not happen the Manager/Manager will ensure that the MAR chart is correctly completed
- The medication, dose and time of administration must be recorded by the Care Worker on the medication administration record (MAR) chart. The MAR chart is kept in the customer home in an agreed location, and clearly visible
- When a medication is stopped or cancelled then 'Cancelled by Dr' (followed by name and date), should be written across the entry on the MAR chart and also documented in the notes. This should be done by the member of staff who receives the message
- When a medication is stopped or cancelled and the customer has an MDS, it must be ascertained from the prescriber if the change is immediate or from the next MDS. If the change is immediate liaise with the patient's GP and Pharmacy to obtain a new supply/MDS/MARS documenting in the notes. If the prescriber deems it able to wait for the next MDS then liaise with the patient's Pharmacy to ensure this will be completed in time for the next delivery. If there are any concerns that that the new MDS is incorrect discuss with the Manager immediately

## **Dispensing**

- The pharmacist is responsible for dispensing medication and consideration should be given to the packaging so that the customer is enabled as far

as possible to manage their own medication e.g. large print labels, blister packs, monitored dosage system etc

- Monitored Dosage Systems should, be filled and labelled by a pharmacist or doctor who is professionally accountable for ensuring that the device is correctly dispensed and that it is suitable for the customer and/or carers
- All staff must never fill MDS
- All staff must only assist with or administer medication from containers dispensed and labelled by a pharmacist or dispensing GP.

## **Collection of Medication**

- Medication will normally be obtained by the customer or their agent. In exceptional circumstances and only when the customer has no-one else who can collect the prescription and the pharmacy cannot deliver it, staff to assist by taking the prescription to the pharmacist and return the medication to the customer. Any collection made by staff should be documented on the medication profile and care plan, to include date, no of items collected and signature of the person collecting.
- When staff are collecting CDs they will be asked to sign for them and will be asked for Identification by the pharmacist. Similar risk reduction measures should be applied like those taken when staff are collecting monies. Amounts should be kept small (28 day supply) and kept out of sight and if appropriate, collection times should vary.

## **Storage**

- All medicines are potentially dangerous if misused and care must be taken with their storage, administration, control and safe disposal.
- The location of medicines must be agreed with the customer and documented on the care plan. It should be an accessible place that is dry, cool and out of direct sunlight.
- Any special storage instructions should be followed, for example, needs to be kept in a fridge or only for a short time, keep out of reach and sight of children.
- Medication must be stored in the original packaging or MDS as supplied by the pharmacist.
- Medicines should not be separated from the pharmacy label. If they are, this must be documented on the care plan by the Customer Liaison Manager /Manager
- Medication should not be placed out of reach of the customer except in circumstances of significant risk, for example, the customer taking it incorrectly. In such exceptional circumstances, a risk assessment should be undertaken and any decision taken by the Initial Assessor or Registered Healthcare Professional and/or next of kin, should be noted on a care plan.

## **Sharps Boxes**

Any needles that a customer may have used should be disposed of in a Sharps bin. When the box is full, it should be collected by Local Authority Environmental Services, telephone 01422 288002.

## **Record Keeping**

- There is a statutory requirement to maintain medication records, these must be correctly completed, legible and up to date. All current medication charts and records should be kept in the customer file in their home. MAR charts can only be signed by the member of staff who has provided the support
- The records must provide an audit trail so an audit can take place at the end of each episode of care and/or monthly as per Service Specification. This involves checking and ensuring that all medication has been correctly signed for and if appropriate, that the balances of medication are correct and expiry dates are correct and correct procedures for the disposal have been followed. The MARS Chart must be signed by the person doing the check.
- All medication records and charts for adults must be kept for 8 years in the customer records by service from the cessation of service.
- Patient information leaflets issued with medicines must be retained
- Documentation that should be kept in the customer file in the customer home:
  - Medication Authorisation form.
  - Medication Risk Assessment form and care plan (to have been completed by the Assessor, prior to Welcome Independent Living commencing).
  - Medication Administration Record (MAR) chart –which should include the following information:
    - i. The person's name, date of birth, and address
    - ii. The GP's name, address and contact number
    - iii. Medication, dose and route of administration and any special instructions and whether care staff are expected to prompt, assist or administer
    - iv. Contact details for other health professional involved
    - v. Contact details for the customer pharmacist
    - vi. Known allergies
    - vii. Daily record of support with medication
- Medication Audit Form (to be completed by a Deputy Manager or Registered Manager and kept at an office base)



## **One off Courses of Medication**

If a customer is prescribed a one-off course of treatment for example antibiotics and staff will be assisting or administering them, then the medication must be entered on the MAR chart.

## **PRN Medication (as required)**

- When a customer has been prescribed PRN medication there must be clearly written guidelines from the prescriber that give details of the dose and the maximum daily dose, frequency, and intervals. The medication must be entered on the MAR chart and profile form
- If any PRN medication is prompted, assisted or administered, it must be recorded on the MAR chart. If the PRN medication is not required by the customer, this should be recorded on the MAR chart with the relevant symbol/code

## **Oxygen**

DC Staff will only prompt or assist with the application of masks for customers who are using oxygen; staff must NOT alter or set dosages. Under no circumstances will the staff handle or manage NIPPI masks (non-invasive positive pressure mask).

## **Home from Hospital/Intermediate care/Respite care or other**

- Customers discharged from hospital may have different medication from that prior to going into hospital, staff may need additional support from their Manager at this time. When a customer returns from hospital etc with new medication, it is the '**take home**' medication that should be managed
- Clear instructions should accompany the customer on discharge from hospital
- If there is any uncertainty, then the Manager should be contacted to clarify instructions
- If there are any immediate concerns during the 'out of hours' period, the Out of Hours District Nursing Team should be contacted on 0844 984 0250 or the Emergency Duty Pharmacist at the Calderdale Royal hospital via switchboard 01422 357171 or 111 for GP out of hours
- Only under exceptional circumstances, for example when a customer has returned from hospital without a copy of the eDischarge may staff accept verbal instructions on changes to medication that was already being taken by the customer (that had been previously prescribed by their GP, Pharmacist or Community Nurse). The Manager must be informed of the change and it must be followed up in writing that or the following day

## **10. Incidents**

- All staff must report any incidents, even if they feel them to be trivial, so that appropriate action can be taken and the customer and member of staff is supported
- If an incident occurs it must be reported on the MAR chart, daily log sheet, the Medication Incident Sheet and referred to in the daily notes
- It must be reported to their Manager as soon as possible. The Manager is responsible for examining the incident and reporting it via the appropriate process. All incidents must be reported on within 24 hours
- If a customer spits out the medication or vomits after taking it, it should be recorded and advice sought from the GP or another Registered Healthcare Professional
- If a dose of medication was missed during a missed visit do not encourage a customer to take or administer it. Record it on the MAR chart and seek advice from your Manager
- If medication is dropped or spilt or unused medication found, then it should be disposed of as per policy. If any discrepancy is found this should be recorded in the customer notes and reported to their Manager

### **Further Advice**

- Customers GP or Health Care Professional E.g. Community Nurse, Pharmacist
- Contact 111 out of hours

## **11. Death of a Customer**

- If a Customer dies, involvement with medicines must cease immediately. Medicines and medicines related documentation must be kept untouched in the home for 7 days.
- In the case of an unexpected death the Coroner may wish to see the medication and/or records.

## **12. Monitoring compliance**

- All staff's medicines management competencies must be checked periodically according to policy. This should be yearly at appraisal
- Managers should monitor the administration of medicines during the course of their practice
- Medication Incident Reports are reported to Gateway to Care
- Whole systems learning takes place at relevant forums and meetings and should be used to monitor and provide organisational learning

### **Accredited training**

Training provided by an accredited recognised body.

### **Administer**

Taking the medicine from storage, measuring or counting doses, putting the medication into the customer's hand or mouth with consent.

### **Administration of medication**

The way in which medicines are given or used.

### **Assisting**

Help with preparation e.g. shaking the bottle or undoing lid or removing tablet from bottle or Monitored Dosage System where the customer clearly identifies and recognises the medication they require.

### **Audit trail**

A security-relevant chronological record, set of records, and/or destination and source of records that provide documentary evidence of the sequence of activities that have taken place at any time.

### **Authorised staff**

Staff that have been trained and deemed competent to prompt, assist or administer medication.

### **CDs**

Controlled Drugs are classified (by law) based on their benefit when used in medical treatment and their harm if misused. The Misuse of Drugs regulations include five schedules that classify all controlled medicines and drugs. Schedule 1 has the highest level of control, but drugs in this group are virtually never used in medicines. Schedule 5 has a much lower level of control.

### **Community pharmacist**

A pharmacist (chemist) working within the community from a pharmacy (chemist shop).

### **Community Registered Nurses**

Nurses Registered with the Nursing & Midwifery Council who are employed by CHFT to work in the Community.

**Compliance Aids**

Compliance aids are devices which may assist patients to administer/take medication. Examples include: autodrop eye drop aids, haleraids for metered dose inhalers.

**Competent**

Staff that have been suitably trained and can carry out a specified task to an adequate standard every time.

**Competency Training**

Training provided to our staff by a designated health staff member who is qualified and deemed competent to deliver training in specialist areas.

**Covertly**

Without the knowledge of the patient, for example medication crushed and hidden in food.

**Health Care Professional**

Includes Registered GPs, Nurses, Pharmacists etc.

**Homely remedies**

Non-prescription or “over the counter” medicines for the treatment of minor ailments, e.g. pain, cough etc.

**MAR chart**

Medication Administration Record Chart.

**Monitored Dosage Systems**

MDS are devices which may assist medicine taking, indicating the correct tablet and day and time to be taken, and can be filled or used by the customer, relative or carer. Examples include: medidose, medimax, venalink and nomad systems.

**PEG (Percutaneous Endoscopic Gastrostomy)**

An endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding and administering medication when oral intake is not adequate or not clinically advised (for example, because of dysphagia or sedation).

**PRN**

Medication that is taken as required.

**Prescribed medicines and treatment**

A registered medical practitioner or registered Non-Medical Prescriber has directed that the particular medicine or treatment concerned is to be administered to a specified individual on conditions which are clearly stated.

**Procedure**

The way in which medication is acquired or received, stored, and handled within a service.

**Prompting** - means giving verbal or visual reminders, to assist a customer to self-medicate by enquiring verbally or physically if they have taken their medicine at the specific time.

**Responsibility**

A duty that staff could be held legally accountable for.

**Risk assessment**

Identification of hazards, evaluation of the risks involved and identification of suitable controls to make sure risks are reduced.

**Self-administration** - When customers have been assessed as being capable of taking medicines themselves

**Customer** - An adult receiving a care package from Welcome Independent Living

**Registered Manager**- a manager of a Welcome Independent Living responsibility for staff that assist with or administer medication.

**Skilled Observation**

Examples are taking blood pressure, temperature, pulse. staff must not assist with any medication that depends on upon skilled observations. The exception to this may be staff after appropriate training and competency has been reached.

**Storage** – a safe and preferably lockable place to keep medication, away from children and other customers.

**Specialist Techniques**

Administering medication by for example, rectally or via a PEG tube. Under this policy this applies only to Specially Trained staff.