

MEDICATION POLICY AND PROCEDURE

Policy Statement

Complete Care Agency Ltd is committed to the principle that service users should be able to exercise maximum personal responsibility over their own lives and decisions, as appropriate to their capacity. The aim of this policy is to promote independence through encouraging service users to manage their own medication as far as they are able and to administer them in accordance with the advice of their own doctor. This policy defines who can provide assistance with medication, what assistance they can provide and in what circumstances.

Scope

It is not possible to anticipate every eventuality and in unusual circumstances the specific needs of the service user may fall outside of these guidelines e.g. with pain control. In these cases advice will need to be sought from the agency managers and other health care professionals.

Assistance with medication will only be provided where there is no other means of the service user managing their own medication. Where it has been established that the service user requires support with medicine management as part of the package of care then the following applies

A risk assessment will be carried out initially by the care co-ordinator who will identify the level of support required.

Policy

Medication training will be provided to staff involved in providing medication support. Care workers must not carry out any invasive, clinical or nursing procedures, such as administering injections, enemas or pessaries without further specific and appropriate training

Service delivery plan must be accessible in the service user's home.

Completion of a medication error incident form must be completed in the event of an error in order to assist the provider to carry out a risk assessment to eliminate or minimise the risk in future

Any changes with the level of assistance that the service user requires must be reported to the care co-ordinators so that a new risk assessment can be carried out

Any request for support from care staff which is not identified within a care plan should be discussed with agency managers before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently by staff and that a risk assessment can be undertaken. No member of care staff employed by Complete Care Agency should proceed with care involving the administration of medication (tablets, liquids or creams) until they have the explicit agreement of an agency manager and this has been entered in the Service User Plan.

Any member of staff who is unsure of what to do regarding medication in any given situation should contact their line supervisor or an agency manager immediately.

Levels of Support

At Complete Care Agency there are currently 5 levels of assistance that may be required by the service user, these are as follows;

- To prompt and remind
- Assistance
- Monitor
- Administration
- Supervise

Understanding Levels of Support

Prompting and reminding means that the service user is responsible for managing their own medication, staff DO NOT give physical assistance; staff should not be physically handling any medication. Staff should give a verbal reminder only that medication is due.

Assistance means that the service user is responsible for managing their own medication, however staff are able to provide physical assistance with packaging e.g. passing the container, opening a bottle, mixing a sachet, or reading a label. Staff may also need to remind service user of the day of the week or of the time of day.

Supervising means that staff should witness the service user while they are taking their medication in line with their plan. Staff should intervene if service user is administering their medication in an unsafe manner. Supervising may involve either prompting or assisting. The service user remains responsible for managing their own medication

Monitoring means that the service user is responsible for their own medication but staff will need to check that medication has been taken; this can be done either by verbal enquiry or by visually checking a compliance aid is empty. Monitoring may involve some prompting and reminding in cases where the medication has been forgotten

Administration means that the staff will need to take responsibility for dispensing medication in line with the service users' plan of care and the medication administration record (M.A.R). Staff are responsible for giving these dispensed medicines to the service user for immediate consumption; this should be witnessed by the care worker then signed on the M.A.R. Staff may also be responsible for the stock checking, ordering and storage of medication. It is important to maintain the service users' dignity and independence at all times, and so where possible the service user should be encouraged to engage with the care worker in the process of medication administration. Each time a care worker administers medication to the service user the procedure for administration must be followed.

Regardless of the level of support required, staff should observe the service user before and after taking medication, if staff have concerns about the service users' health following the administration of medication they should contact the office. If staff feel that the matter requires urgent attention the service users GP, district nurse should be contacted direct so that first hand information can be given, or in an emergency call an ambulance.

It is important to remember that the ability of the service user may change and that the care worker is often the only person who will be aware of these changes. If the care worker identifies any changes in the ability of a service user to manage his/her own medicines, this should be reported to the care workers line manager as soon as possible

Administration of Medication

Medication can only be given if it is in:-

- A labelled dosette box

- Blister pack

- Liquids only in bottles – we do NOT give tablets from bottles. If an exception has been made it will be written on the MAR but this is rare.

- Tubs (creams)

- Tubes (creams)

- Aerosols

Staff should never give medication to a service user unless it is clearly labelled, it is prescribed to them and recorded in the Medication Administration Record in the service users file. Any unprescribed creams will be written on the MAR if we are happy for you to administer or apply them.

Staff must record clearly when medication is taken/given or not taken/given and the reason for medication not taken/given. This should be done on the M.A.R chart if the medication was taken as prescribed any variance such as refusal to take medication or decisions to omit a medication must be documented in the service user's plan of care. If the service user refuses a medication management/care co-ordinator must be informed. If medication refusal continues for a period of 1 week then management/ care co-ordinators will need to inform the service users GP.

Staff must never take tablets from dossett box or blister pack and leave it for the service user to take later unless this has been approved by a manager. The MAR should remain unsigned and the care plan should clearly say medication has been left with the service user.

Filling Pill Boxes

Staff must never help the service user by filling compliance aids (these are boxes with compartments for morning, lunchtime, teatime and bedtime). Staff can assist service users to access from a monitored dosage system that has been filled by a family or friend of the service user at the instruction of the service user. For service users assessed as requiring staff to administer medication, care workers can NOT use medication that has been dispensed into a monitored dosage system other than those that have been filled and sealed by a pharmacist

Request for Further Help

Staff must only give assistance with the tasks documented in the personal plan of care. Any request for further assistance must be reported to the manager or care co-ordinator as soon as possible. If in a true emergency, extra help has been given, this must be reported. If this extra help has to continue it must be authorised, risk assessed and entered into the service users care plan.

Giving Advice

Staff must **never** offer their own advice on or recommend that a service user takes a particular over the counter medicine. Queries should be referred to the service user's community pharmacist or GP. Staff are not permitted to purchase any medication for a service user or their family. This includes creams, talc and medicines, however rare exceptions may be made for private service users, staff must gain consent of a care co-ordinator or manager **before** agreeing to purchase anything for a service user

Service Users Who Have Consumed Alcohol

If a service user has consumed alcohol and is intending to take medication, the care worker should advise the service user to check the labels on the medication for warning instructions before continuing. It is sometimes not safe to take medications with alcohol. It is important that such situations are recorded and that the care worker contacts their line manager as soon as possible

Disposal of Discontinued or Unwanted Medication

Unwanted or discontinued medication must be returned to a community pharmacy for safe disposal. The preferred options for returning medicines is for family/friends to do so, or where a delivery service is in operation and pharmacies have an appropriate licence to carry out pharmaceutical waste, then this option should be used. Care workers are not permitted to remove individual tablets from monitored dosage systems such as dosette boxes as there is a substantial risk of incorrect identification of specific medications. If a medication has been discontinued and is in a dosette box that has been dispensed by a pharmacy, then the box should be returned to the dispensing pharmacy for alteration

PROCEDURE FOR THE SAFE ADMINISTRATION AND MANAGEMENT OF MEDICATION

Introduction

This procedure must be read in conjunction with the policy for the administration of medication and the medication administration training.

This procedure promotes the safety and well being of the service user and provides a framework of safe practice for the care worker

This procedure must be followed when care workers are required to assist with the medication, or administer medication to service users who are not able to manage their medication themselves. This requirement will be stated in the service user's plan of care.

Obtaining Prescriptions

Obtaining prescriptions – If the personal plan of care requires a repeat prescription to be ordered, the care provider will indicate this on the service user's plan of care. Care workers must not over order or stock pile medication.

The care worker:

Must clearly indicate on the repeat request slip only which medications are required

Must take into account the expiry date of medication and order from the GP/pharmacist a minimum of 5 days in advance.

The care worker must use the service users preferred pharmacy which will be documented (if applicable) on the service users plan of care

Obtaining dispensed medication – In cases where the service users' representative is unable to obtain dispensed medication, one of the following methods of obtaining medication will be documented in the service user's plan of care:

The prescription requires collecting from the surgery and taking to the pharmacy for dispensing

The pharmacy will collect the prescription from the surgery and the dispensed medication should be collected from the pharmacy

The pharmacy will collect the prescription from the surgery and arrange delivery of the dispensed medication to the service user's home

Where the care provider is responsible for the obtaining of medicine on behalf of the service user, the care worker should ensure that there is enough stock to last 1 week and to order medicines as agreed in the service user's plan of care. All discontinued and refused medication should be returned to the pharmacy at the end of the month.

It is important not to over order medication. Before ordering, the care worker should check the amount of medicines the service user has and only order what is required rather than every item. Particular care should be taken when ordering as required medication.

Running out of a medication because of bad 'housekeeping' should not be an excuse to contact emergency services.

Storage of Medication

Medication should be stored in a cool dry place unless otherwise stated on the label (for example some medicines must be stored in a fridge).

All medicines must be kept out of the reach of children

It is advisable that medicines should not be stored in kitchens or bathrooms due to high temperature and humidity. (Unless to do so would significantly cause the service user to become confused and so lose independence).

Medicines must be kept in their original container as provided by the pharmacy and must not be removed until the time of administration. This means that doses of medicines should not in general be put out in advance of administration in egg cups or medicine pots as it can lead to accidental mix-ups and errors.

However, it may be appropriate for a service user to have access to medicines in between calls, e.g. sleeping tablets or medicines for pain relief. In such circumstances doses may be left out for that individual to take at a later time. This can only be undertaken where it has been risk assessed as appropriate, agreed with the service user, and it is documented in the plan of care. Doses administered for 'later should' not be signed on the M.A.R chart however it should be documented that the medicine has been dispensed and left with the service user. The next care worker to visit should check that this 'for later' medication has been taken by the service user. Where the service user has not taken the medication, the care worker must dispose of them as they would for any refused medication and this should be recorded in the service user plan of care.

Prompt and Remind

- 1 Introduce yourself to the service user
- 2 Check the plan of care for instructions on medication
- 3 Remind the service user to take their medication and observe that they carry this out
- 4 The exact assistance given on each visit should be documented in the service user's plan of care

Assistance

- 1 Introduce yourself to the service user
- 2 Check the plan of care for instructions on medication
- 3 Discuss with the service user their medication requirements
- 4 Take direction from and in full view of the service user; give assistance to the service user as requested by them.
- 5 Ensure that the service user is able to remain in control of their own medication
- 6 The exact assistance given on each visit should be documented in the service user's plan of care

Supervise

- 1 Introduce yourself to the service user
- 2 Check the plan of care for instructions on medication
- 3 Before finishing the call ensure you have observed the service user taking their medication
- 4 Document on each visit that this has been observed in the service users' plan of care

Monitor

- 1 Introduce yourself to the service user
- 2 Check the plan of care for instructions on medication
- 3 Ask the service user if medication has been taken
- 4 If the service user is unable to answer a direct question then visually check the compliance aid is empty
- 5 Document on each visit if the medication has been taken

Administration Using a Dosette Box

- 1 Introduce yourself to the service user
- 2 Ensure the environment is free of distractions e.g. ask the service user to turn the television off if this helps you to concentrate better
- 3 Check the plan of care for instructions on medication
- 4 Choose the appropriate compartment, remove tablets and give to the service user for immediate consumption
- 5 Document medication given from dosette box in the service users' plan of care

Administration using a M.A.R Chart and Original Containers

- 1 Introduce yourself to the service user
- 2 Ensure the environment is free of distractions e.g. ask the service user to turn the television off if this helps you to concentrate better
- 3 Check the plan of care for instructions on medication
- 4 Explain that you will need to check the medication to see if any is to be given prior to food
- 5 Find a clean area free from clutter
- 6 Ask service user if they have taken any medication already and check the M.A.R chart to ensure that none of the medicines have already been taken/signed for. If you have reason to believe medicines have been taken already STOP PROCEDURE and inform line manager. Otherwise continue as follows:
- 7 Ensure all medication is to hand and that they all have the service users name on them
- 8 Assemble all of the equipment needed to administer the medication such as 5ml spoon, M.A.R chart, gloves etc

Organise the medications as follows:

Using the M.A.R chart in conjunction with the labels on the medication boxes, go through each checking the 5 rights (Right service user, Right time, Right medicine, Right dose, Right route), ensuring that the instructions on the M.A.R and label match

Check the label for any special instructions before administering the medicine e.g. does it need to be taken before or after food? Should the service user avoid drinking alcohol? Does the medicine need to be dissolved or mixed with water before taking? Should it be swallowed whole or chewed? Etc. Please ensure that these additional instructions are followed.

Some medication should only be taken "when required" to relieve symptoms e.g. pain killers, laxatives, sleeping tablets, inhalers, GTN spray. The service user will need to be asked whether they need these medicines and they should not be given routinely. (If you are not sure what a "when required" medication is for, please consult the patient information leaflet inside the medicines container, contact your line manager or contact the pharmacist/prescribing GP.

As you are doing the above, place the medicines as follows:

Containers of medication to be taken before food should be placed to one side.

Containers of medication to be taken with or after food should be placed on the other side along with any other to be taken at this time.

Containers of medication not required at this call should be placed out of the way.

Where there is more than one container of the same medication put the spare containers away keeping the pack to be used with you.

Any medication that needs further clarification should be put away and an immediate note written to contact line manager, pharmacist, GP or out of hours services (as appropriate) for further information.

Wash and dry hands and put gloves on.

Before administering, check any expiry dates highlighted on the label e.g. for eye drops and liquids. Also check when removing strip from container that the name of the drug on the container matches the name of the drug on the strip.

Following the M.A.R chart and the containers administer any medication that should be given before food, one medicine at a time and sign the M.A.R chart after each is administered.

Continue to assist with other activities, such as personal care, and if more medicines are to be taken after food, ensure that the service user has something to eat.

Wash and dry hands and put gloves on

Following the M.A.R chart and the containers administer any medication that should be given after food, one medicine at a time, and sign the M.A.R chart after each is administered. With as 'required medication', ask the service user whether they need these medicines as they should not be given routinely.

Once all medicines have been administered check that no bottles/boxes are left over, wash and dry any utensils, and return everything to its original place.

Refusal

The care worker must never force a service user to take medication. However, if they are refusing a medicine it is useful to ask them why they do not wish to take it, as this may need to be discussed with the G.P. The health of the service user may be affected if medication is not taken. It is recommended that the care worker seeks advice from the G.P./pharmacist either directly or via the care workers line manager. Any advice given must be recorded.

- 1 If the service user refuses medication, record this on the M.A.R using the appropriate code indicated at the bottom of the chart (the code may be different on different M.A.R charts)
- 2 If medication has not yet been removed from the original container then leave in place
- 3 If medication has been removed from the original container then place in the refused/dropped bottle which should then be returned to the pharmacy at the end of each month for disposal
- 4 All changes in the service user's condition including repeated refusal of regular medication should be reported to the line managers so they are able to report to the service users G.P

REMEMBER

Do not administer medication from unlabelled containers.

Do not administer dosette boxes that have not been filled by a pharmacist

If you are in doubt about anything, do not administer, seek advice

Review of this Policy

Date: 16th January 2017

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