# MEDICATION

**C****aretakers Southwest**

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**Policy Statement**

**1.0 Policy Statement**

This is one of the most complex areas within the domiciliary care sector. This organisation is aware of the need for clear and practical guidance for staff involved in this area of work.

Most Service Users who require domiciliary care are prescribed some form of medication at some time as part of their treatment by their doctor or nurse. Most Service Users can be responsible for their own medication, but some require help from the organisations staff. This organisation believes that any aid offered by our staff to assist a Service User to take their medication, or to administer medication, must be agreed with the Service User and Care Manager and recorded in the care plan according to the organisation’s Medication Policy.

This organisation understands that taking medication is essential for the health and well-being of the Service User but the organisation also understands that there are circumstances wherein some Service Users may fail to comply with their prescribed treatments; wherein self-medicating Service Users may fail to take their medication as directed; or non-self-medicating Service Users may refuse prescribed medication, or fail to swallow it and then dispose of it. In such cases the organisation is clear that its staff have no right to force non-compliant Service Users to take their medication but they do have a duty to report cases of non-compliance back to the manager who will inform the Service User’s GP and/or other prescriber

**1.1 Legislative Framework**

Access to Health Records 1990

Control of Substances Hazardous to Health (COSHH) Regulations 2002

Data Protection Act 2018

Hazardous Waste Regulations 2005

Health and Social Care Act 2008 (Regulation 2014)

Medicine Act 1968 (and Amendments)

Mental Capacity Act 2005

Misuse of Drugs Act 1971

Misuse of Drugs (Safe Custody) Regulations 1973

**Guidance**

Managing Medicines for adults receiving social care in the community NICE Guideline (NG 67) Published March 2017

A guide to confidentiality in health and social care published by the Health and Social Care Information Centre (HSCIC)

This list is not exhaustive, but highlights the complexity of this area.

All medication training will be delivered by a qualified and trained member of staff or health professional. All staff will complete this course within 6 months of commencement of duties, or before if required.

It is the intention of this organisation to build up good community-based relationships with local pharmacies, whose advice and guidance is invaluable and appreciated.

Any reference to competence-assessed training for our staff by appropriate person(s) includes the following health professionals

* District nurse
* Nurse practitioner (NP)
* McMillan nurse
* Pharmacist
* General practitioner (GP)
* Physiotherapist
* Occupational therapist
* Tissue Viability Nurse
* Clinical practice managers

**1.2 Prescribing Medication**

**“Prescribers”** are NHS professional who can write (prescribe) NHS prescriptions.

The process by which medicines are prescribed is determined by statute.

GP, Prescribing Nurses, Optometrists, Dentists, Physiotherapists, Chiropodists and radiographers are all **“Prescribers”** in law, and are recognised as an appropriate person. The following are **excluded from the NHS list**:

Any complimentary Health Practitioner, Medical Herbalist, Chiropractor, Osteopathic Practitioner & Health Shop Assistant.

Due to the developing roles within the NHS and local Clinical Commissioning groups, there is an ever- widening range of **“Prescribers”.**

# The Policy

**1.3 Assessment of medication needs**

* Adults who are supported in their own homes by this organisation are often responsible, together with their relatives or representatives for their own medicines - both prescribed and non-prescribed. Some are able to fully administer their own medicines, others may require a little support enable them to continue being self – administering. This is identified through a risk assessment. (**This is called general Support**)
* With consent care workers may administer prescribed medication (including controlled drugs) to a Service User, so long as this is in accordance with the prescriber’s directions (*Medicines Act 1968*). (**This is called “Administering Medication)**.
* Where medication e.g. PEG feeding is given by “Specialised Techniques,” care workers will need additional specialised training. No staff will participate in any specialised technique unless they have the express permission of the manager, the process is entered in the care plan, the appropriate level of specialist training has been undertaken and the level of competency assessed by the health professional. This training must be carried out for each individual.
* Care workers must not offer advice to a Service User regarding “over the counter” medicines or complementary treatments.

This organisation will, during the care assessment stage, determine the level of support required and ensure that the appropriate staff training and record keeping needs are met. A separate Medication Care Plan will be updated and reviewed as necessary for each Service User.

Where multi-agency partners are involved in a package of care, agreement needs to be reached about which provider takes lead responsibility for support with medication. This must be recorded in the Service User care plan.

This organisation believes that, as far as possible, all Service Users should be enabled to manage and self-administer medications wherever possible. At the assessment of needs stage, information must be *sought* and *recorded* in order that the level of support required is properly indicated and that a risk assessment is completed.

**1.4 Consent**

Every service user must be presumed to have the mental capacity to consent or refuse treatment or medication, unless they are unable to do the following:

* Take in and retain information about the medication or treatment provided by staff, particularly regarding the likely consequence of refusal
* Understand the information given about the medication/treatment or condition from which they are suffering
* Weigh up the information as part of the process of arriving at a decision.

This assessment of the service user is a matter for the home’s manager with the service user or relevant person, in conjunction with one or all the professionals mentioned earlier in this policy. This assessment should be clearly documented, dated, signed and a review date set.

**General Action**

* Where service users are capable of giving, or withholding consent to medication or treatment, neither should be administered without their agreement
* Any staff member or health professional who fails to respect the views of a service user with the mental capacity to consent to or refuse medication may be guilty of a criminal offence, including a breach of human rights
* When a service user is suspected of being or assessed to be incapable of making an informed decision, it is the responsibility of the manager to seek guidance and advice from the GP and put in place a best interest’s decision
* The relevant person or person with lasting power of attorney for health and welfare should be involved in these best interest’s discussions
* All referrals, discussions and decisions should be clearly dated, documented, signed by the relevant people and the relevant health professionals and filed in the personal notes for the service user
* It is the manager’s responsibility to complete n service user risk assessment and care plan for each service user
* The method of administering medicines should be agreed with the GP and pharmacist and then documented in the service user’s notes; all staff should then be made aware of the process; this includes both hidden and covert medication.
* When required, regular support should be offered to encourage the service user to take their medication by giving regular information, explanation and encouragement

**2.0 Ordering, Supply, Storage and Disposal of Medication**

**Ordering**

Responsibility for ordering medicines is usually the responsibility of the service user and or their family or carer. When it is agreed that we are responsible the following procedures are followed:

* It will be agreed with the service user and or their family who will be responsible for ordering medicines and this will be recorded in the care plan
* It will be the responsibility of the staff member identified to ensure that there are the correct amounts of medicines available as required by the service user
* the staff member will be allocated adequate time for checking which medicines are needed and checking that the correct medicines have been supplied
* the staff member will be trained and assessed as competent before carrying out these tasks.

These tasks will only be delegated to the supplying pharmacist when agreed with the service user and or family

When ordering the staff member will record the following on the **MAR Chart**

* the time and date the medicines were ordered
* the name, strength and quantity ordered
* when the medicines were supplied
* any discrepancies between the medicines ordered and those supplied
* If there are any discrepancies the office must be notified and the pharmacy contacted immediately and the medication must not be administered until the discrepancy is solved

**Collection of medication**

When staff are responsible for the collection of prescriptions they follow the “Collection of Prescriptions“ Policy.

**Supply**

The care needs assessment and the Medication Care Plan will record full pharmacy details. The pharmacy will deliver the medication, or, the family/responsible person will collect the medication on the Service Users behalf. It will be care worker responsibilities to ensure these details are accurately recorded on the care plan. Medicines will usually be dispensed by the community pharmacist in an appropriate container or medication aid appropriately labelled with:

* The Service Users name
* The name of the medicine(s)
* The time to be administered
* The dose
* Any special instructions (e.g. after food)

Where a Service User is receiving medication from a medication aid (e.g. dossette, nomad) there may be additional medication which is dispensed in service user bottles or boxes; for example, short courses of antibiotics, liquid medication or where the medication is not stable enough to be dispensed in an aid. The same checks apply to the labelling of these medicines and the care worker must contact the office before administering such medication.

* All medicines prescribed or non-prescribed must be stored in conditions which maintain their potency and in accordance with the manufacturer’s advice. This should be clearly documented on the box/label.
* After use, the care worker should return the remaining medication to the storage place.

**Storage**

During the initial assessment, it will be discussed with the service user and or their family how medicines should be stored and the service user will be encouraged to do this if they agree and are able to with the support of their family

When a person is assessed to be at risk because of unsecured access to their medication the service user will be encouraged to obtain some secure home storage for example a lockable cupboard.

When we as an organisation are responsible for storing a person’s medication, we ensure that there is safe access to the medicine, particularly for controlled drugs, this includes:

* Identifying who has authorised access to the medicines
* Working with health professionals such as the pharmacist to safety store the medication
* Carry out the necessary risk assessments
* Identifying the need for fridge storage
* Ensuring the storage facility is large enough to store any monitored dosage systems
* Reviewing storage needs in the light of any changing or fluctuating mental capacity

**2.1 Medication must by law be disposed of in a responsible and timely manner**

Prescribed medicines which are not labelled as above should not be left in the Service User’s home, but instead be returned to the dispensing pharmacy with the consent of Service User or responsible person and recorded on the appropriate form.

The care plan should detail who is responsible for the disposal of prescribed medication. Where appropriate, the family should be encouraged to take responsibility. Where the staff have the responsibility

* Agreement must be obtained from the service user and or family
* Medication awaiting return to the pharmacy must be stored in a secure place
* Medication returned to the pharmacy must be recorded on the Return to Pharmacy sheet, this includes name and quantity of the medication, name of the person returning the medicine, the date returned and name of the pharmacy
* a signed receipt of acceptance must be obtained from the pharmacist
* Sharps must always be stored in a sharps box which is collected by the District Nurse

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

**2.2 Oral nutritional Supplements**

For most service user’s supplements are prescribed to be used in addition to their food intake. A record is kept on the MAR or on a separate record sheet with other information on the service users progress such as daily weight checks or fluid intake according to the Care plan

An initial prescription is usually limited to one week and will be marked mixed flavours. After the weeks trial the service user’s surgery or dietitian is contacted with details of the service users preferred flavour supplements.

Nutritional supplements should be stored separately from the service user’s medication, in an accessible place as agreed with the service user.

Supplements should be stored according to manufacturer’s instructions, generally required to be stored unopened in a cool dry place between 5 and 25 degrees centigrade, when opened they should be dated and stored in the fridge between 2 and 8 degrees.

The supplement packaging will show the shelf life after opening.

When using dry powder supplements the measure should be kept clean and dry.

**2.3Expired Medication**

Medicines have expiry dates to inform when to use them by. After the expiry date medicines may:

* not be safe
* not be as effective

The expiry date is found on the medicine packaging or on the label. It may say:

*“Expiry, expiry date, expires, exp., exp date, use by and use before”*

The Expiry dates are applied to medicine by the manufacturer that produces it or the pharmacist who supplies it.

Medication must not be administered after the end of the month given: For example, if the expiry date is January 2017 the medicine must not be administered after January 31st, 2017.

Expiry dates are checked

* each time the medication is administered by the staff member
* when the medication stock is checked every 28 days before being reordered and documented
* when the medication arrives from the pharmacy

Medicines with a limited life span once opened, must have the expiry date written on the container by the member of staff who opens it. The guidance information is found on the pharmacy label e.g. Do not use after 28 days from opening.

Expired medication should be returned to the pharmacy

**2.4 Changes in Prescribed Medication**

It is the prescriber’s responsibility to communicate changes to a service users medicine, for example when starting or stopping a medicine by

* Informing the person or the named person
* Providing written instructions of the change or issuing a new prescription
* Informing the pharmacy, if needed and agreed with the service user.

On the occasion that the change needs to be made without delay the prescriber can relay the information through a phone call but this requires that written confirmation is sent as soon as possible for example by secure fax or email. Changes to the MAR should only be made and checked by people who are trained and assessed as competent to do so.

In these circumstances, the person receiving the call records details of the:

* changes requested
* who requested the changes
* the date and time of the request
* who received the request
* the information recorded is then read back to the prescriber to confirm it is correct including confirming the spelling of the medication
* whenever possible asking the prescriber requesting the change to repeat the request to someone else present to confirm the request.

We work closely with our GP’s or other visiting medical professionals to ensure that all medication instructions are clear. This is particularly the case with variable dose or 'when required' medicines (when a clear indication of the circumstances to administer the medicine is needed)

**3.0 Self-Administering Service Users**

This organisation understands ‘self-administering Service Users’ to refer to Service Users who are responsible for collecting, storing and taking their own medication without any help being required from organisation staff.

* This organisation believes that every Service User has the right to manage and administer their own medication if they wish to and are safe to do so.
* In cases where there is evidence that a self-medicating Service User is failing to comply with their prescription, or is taking the wrong amounts of a medicine, then the case should be referred to the Service User’s GP and/or to the Service User’s nurse or key worker.
* Any subsequent request for support from staff should be assessed before being implemented; this is to ensure that the role being requested is appropriate and can be performed safely and competently by staff. No member of staff should proceed with care involving the administration of medication (tablets, liquids or creams) or support of self-medication until they have the explicit agreement of a line supervisor or organisation manager and this has been recorded in the care plan.
* All self-medicating Service Users should be offered help and assistance to maintain their self-medicating status whenever possible and wherever an assessment indicates that this is possible or appropriate. In such cases the following forms of support should be considered:
  + the use of compliance aids, such as monitored dosage systems (where daily medication is set out by a pharmacist into compartmentalised containers)
  + Support by staff and responsible others, such as reminders and regular checks.

**4.0 Non-Self-Administering Service Users**

This organisation understands ‘non-self-administering Service Users’ to refer to Service Users who require help from organisation staff in the collecting, storing and/or taking of their medication. Such help can range from helping a Service User to take their medication out of a bottle, packet or monitored dosage system to administering the correct amounts and helping the Service User to take it. All such help should be entered into the care plan and agreed with organisation managers prior to the help being given.

* Where Service Users are helped with or have medication administered by staff, those staff should encourage compliance by ensuring that Service Users take their medication at the time that it is given. Staff should directly observe the taking of medication and medicines should never be left to ‘be taken later’ unless clearly identified in the care plan. Staff should only sign a Service User’s medication chart after the direct observation that medicines have been taken.
* Staff should always be aware of the medication being taken by service user Service Users and should immediately report any change in condition that may be due to non-compliance to their line manager or supervisor. The line manager or supervisor should then discuss the case with the Service User’s GP and/or nurse, or with the community pharmacist.
* A Service User has the right to refuse medication and such refusal should be recorded. All such incidents should then be referred back to the prescriber, the Service User’s GP and/or nurse, or community pharmacist.
* Staff may make such efforts to encourage the Service User to take their medication as are reasonable and appropriate under the Medication Policy but staff have no right to force Service Users to take their medication. The use of undue pressure on a Service User by any member of staff will be recognised as abuse by the organisation and the basis for disciplinary action.
* Medical advice should be sought immediately if staff believe that refusal to take medication constitutes a risk to the Service User.

**5.0 Non-Compliance with Medication**

**5.1 Refusal**

If a Service User refuses the prescribed medication:

* record on the MAR chart that the Service User has refused the medication by using the correct code.
* inform the office or out of hours duty officer at the earliest opportunity

**5.2 Difficulty in Swallowing**

If the person is unable to take the medication because of difficulties with swallowing, the service users GP must be contacted to inform them of the problem and ask if there are suitable alternatives which can be prescribed or if the medication can be reviewed.

If no suitable alternative formulations are available and the medication is still required, it **may** be possible to crush the tablet or open a capsule. This **MUST ONLY** be done following the advice of a pharmacist to ensure that the pharmaceutical properties of the medication are not altered and that it is safe to administer the medication in this way. The advice of the pharmacist, including the name of the pharmacist contacted, must be recorded in the care notes. The method of administration must be agreed by the GP and recorded on the MAR

**5.3 Removal of Medication**

Neither the medication(s) nor the MAR should be removed from the Service User’s home unless asked to do so by the office.

**5.4 No MAR**

If the MAR is not available, the medication must not be administered; the care worker should also contact the office or duty officer immediately and record the reason for not giving the medication in the attendance record in the Service User’s home.

**5.5 Raising Concerns**

Staff should raise any concerns about a person's medicines with the office or their manager when:

* the person is declining to take their medicine
* medicines not being taken in accordance with the prescriber's instructions
* possible adverse effects (including falls after changes to medicines)
* the person stockpiling their medicines
* medication errors or near misses
* possible misuse or diversion of medicines
* the person's [mental capacity](https://www.nice.org.uk/guidance/ng67/chapter/recommendations#mental-capacity) to make decisions about their medicines changes
* there is changes to the person's physical or mental health.
* Any other situation that causes concern to the staff member

Staff should encourage and support service users and or their families to raise any concerns about their medication. This may include how to seek help or how to make a complaint and the role of advocacy services. This should be documented in the service users care plan

**6.0 Covert Medicines Administration- (Disguising medicines in food and drink)**

**NICE Quality Statement 6 (QS85) Published March 2015**

Disguising medication in the absence of informed consent may be regarded as deception; however, a clear distinction should always be made between those service users who have the capacity to refuse medication and those who do not. Service users who have the capacity to refuse medication should have their views upheld and respected at all times.

Service users who do not have the capacity to accept or refuse medication should be assessed by the manager in conjunction with the GP, consultant, family or relevant person according to the Mental Capacity 2008 Code of Practice.

As a general principle, by disguising medicines in food or drink the service users being led to believe that they are not receiving medication when in fact they are; the manager, together with any or all of the above health professionals involved in the decision to covertly medicate a service user, will need to be sure that what they are doing is in their best interest and that they will be held accountable for that decision having made a Best Interest Decision. To that end, it must be decided and documented that such treatment must be necessary in order to save a life, prevent deterioration or to ensure an improvement in the service user’s physical or mental health.

As stated, although it may be necessary to covertly medicate a service user there are only a few circumstances where disguised medication is recognised in law.

The following points must be adhered to:

* Medicines should not be administered covertly until after a best interests meeting has been held. If the situation is urgent, it is acceptable for a less formal discussion to occur between the care home staff, prescriber and family or advocate to make an urgent decision. However, a formal meeting should be arranged as soon as possible.
* No tablets should be crushed or given covertly, i.e. hidden in food or drink unless specifically prescribed by the GP.
* A written signed and dated protocol should be developed which is specific for that service user which gives details of the medication, the strength and dosage, how it is to be disguised, how it is to be covertly administered.
* the reason for covert administration must be detailed, the name of the prescriber, a start and finish date and a review date.
* If the authorisation is longer than 6 months’ monthly reviews of the covert medication, involving family and healthcare professionals must be carried out and recorded.
* Where appointed, a Relevant Persons Representative (RPR) should be fully involved in any discussions and review so that if appropriate an application for a part 8 review (under DOLs code of practice) can be made, re authorisation.
* Any change of medication or treatment must trigger a review where such medication is covertly administered.
* This protocol and authorisation must be clearly identified within the care/medication plan Seek Appendix M

**7.0 Medication Errors**

**7.1 Protection of Individuals and staff**

From time to time, errors can occur when prescribing, dispensing, or administering medicines. Whilst most of these errors do not harm the individual, on rare occasions there can be serious consequences. It is important that all errors and near misses are recorded and the cause investigated so that lessons can be learnt from the incident so that measures are put in place to prevent a similar error from happening again. In this organisation, we encourage an open transparent way of reporting any errors or near misses to ensure we constantly monitor and improve to prevent further errors.

**Staff must immediately report any error or incident in the handling or administration of medicines. This report should be made to the manager or person in charge as appropriate, in order that senior managers are able to take decisions regarding, Regulation 18 of the CQC (Registration) Regulations 2009 The error report form must also include near misses.**

An error is a learning exercise and it is important that within a medication management system, errors are reported so that all can learn from the incident. It is imperative that when dealing with medicines you are focussed and concentrating on the task at hand. Near misses are recorded so that they can be used as empirical evidence for medication training sessions.

Medication errors are regarded as potentially serious events and staff must follow the Royal Pharmaceutical Society Administration of Medicine Guidelines. NICE produce guidelines and quality statements for the administration of medicines in Care Homes. As an organisation, we follow the good practice from these guidelines as it relates to domiciliary care

**7.2 Medication error investigations**

All medication errors will be investigated and the following will be considered:

* The experience of staff about any previous incidences/errors
* The events which participated the error, together with the clinical effect upon the Service User

Any of the following events are classified as errors:

* Medicines are given that are not prescribed
* Medications are given to the wrong person
* Medicines are given at a time other than that prescribed
* Medicines are given via a route other than prescribed
* There is an error or omission in recording
* There is an omission of a prescribed medicine (other than a specifically recorded omission).

**Procedure**

* The trained nurse or trained senior carer should inform the manager/office who will inform the GP about the incident
* Any out of hours error will be reported to the person in charge or the on-call duty officer. Advice will be sought from NHS Direct 111
* The doctor will decide on any medical attention
* The manager will investigate the incident, and then decide on an appropriate course of action.
* The investigation will be led by [**Gail Lane**] who will follow the above criteria and will take place as soon as possible after the event.
* Depending on the investigation, the member of staff may require further training, shadowing, or competency assessments. If the staff member is found to be negligent then this may lead to a disciplinary process.
* A notification will be sent to CQC and the local safeguarding unit
* The service user and relevant persons will be informed of the event immediately, either face to face, by phone or email
* All errors must be recorded on the medication error document and in the service users care plan along with subsequent advice and instruction from the GP
* Near misses that are reported and recorded on an incident report will also be investigated to see what lessons can be learnt to prevent errors being made in the future

**8.0 Controlled Medication**

Agencies should be aware that care workers are particularly vulnerable when being asked to manage or assist with the management of controlled drugs in a domiciliary care setting.

A controlled medication register is not required in domiciliary care. Details of administration should be recorded on the MAR chart following administration procedures. However wherever two staff are present it is good practice that they should both witness the administration of a controlled drug and sign the MAR sheet.

Controlled drugs that are no longer required should be returned to the pharmacy for disposal. As good practice if staff have the responsibility of returning controlled medication two members of staff witness the removal and record accordingly.

**9.0 Warfarin (and other anticoagulants)**

Current guidance from the National Institute for Health and Care Excellence - NICE Clinical Knowledge Summaries Anticoagulation-oral, last revised June 19 <https://cks.nice.org.uk/anticoagulation-oral>

These procedures below set out the principles and values underpinning this organisations approach to the safe handling of medicines regarding warfarin (and other anticoagulants).

This organisation follows these good working practices

* has this written procedure for the safe management of anticoagulants in place and readily available for staff to reference
* ensures all designated members of staff are trained and deemed competent in the management of warfarin and other anticoagulants
* ensures that where necessary members of staff are familiar with NPSA Alert - NPSA/2007/18, March 2007 as per link, for anticoagulants and associated information <http://www.nrls.npsa.nhs.uk/resources/?entryid45=59814>
* has a specific care plan in relation to warfarin for each service user
* ensures all written confirmation of warfarin regimes is obtained and located in an appropriate place for reference at administration
* ensures all obsolete records of warfarin regimes are discontinued and securely archived
* ensures a separate warfarin administration record is maintained (MAR)
* ensures any transcribing of warfarin regimes on the separate administration record should involve two trained members of staff and the entry should be signed by both staff
* ensures that the member of staff checking and signing the record is trained and deemed competent to do so and should be aware of the responsibility he/she is undertaking
* where possible, has two trained members of staff administering and witnessing each dose
* requires that the least number of tablets required to provide the specific dose of warfarin should be administered
* and other anticoagulant medicines to facilitate audit
* requires that Warfarin is administered from original packs and should not be included in monitored dosage medicine systems
* ensures that the date of the next INR (International Normalised Ratio) blood test and collection of results must be clearly recorded and requires that a record of the date of opening should be recorded on warfarin containers communicated to all concerned
* includes the management of anticoagulant medicines in the audit process on a regular basis

**10.0 Administration of Oral Medication**

The NICE guidance NG67, stated that there are6 rights (R's) of administration:

* right person
* right medicine
* right route
* right dose
* right time
* person's right to decline

These are supported by the right documentation,

* Right patient education information
* Right assessment that medication is required
* Right evaluation of medication outcomes recorded.

Following the assessment of need and completion of the Medication Care Plan identifying the need for administration support, the care worker will assist with the administration of medicines. Wherever possible this should be administered by the care worker from a blister pack, nomad or dossette. In exceptional circumstances, e.g. a short course of antibiotics, service user boxes or bottles may be used.

Care workers should only administer medication when they have been assessed as competent to carry out the task after appropriate training.

An up to date record of those staff able to administer medication are kept in the service users care plan

If staff are in any doubt regarding the medicine(s) or the physical or mental health of the Service User then they should not administer but instead contact the office or out of hour’s duty officer immediately for further advice.

Before administering staff check the following

* the Service User’s name
* dosage instructions
* the MAR chart to ensure no other carer/professional has already administered the medication

Identify the appropriate medicine container(s), checking the labels match the record, including:

* the Service User’s name is on the container
* the medication
* the dosage
* the time to be administered

Prior to administration of a medicine the care worker should:

* explain the procedure to the Service User and gain their consent
* wash their hands and put on gloves
* check for any special instructions about how the medication should be taken for example with or after food
* For tablets: after checking, shake required dose into cap of bottle or pop out of blister pack and transfer into a medicine glass or spoon. Offer the service user a drink and ensure that tablets are swallowed
* For liquid medicines: shake the bottle thoroughly and, keeping the label uppermost, pour the medicine into the glass or spoon which is held at eye level, ensure the medicine is swallowed offering the service user a drink or giving any other support required. Oral syringes should be used for small doses of liquid medicines
* Complete and sign the MAR chart in black ink
* Never leave medicines or tablets on table tops or surfaces unless this is clearly instructed to do in their medication plan
* If the service user is unable or unwilling to take the medication, offer the medication again or again before leaving. If the service user refuses then document the relevant code on MAR and record reasons in the care file and report the refusal at the earliest convenience to the office manager or medication lead.
* Oily medicines should be given in a warm, dry spoon or glass. Follow instructions agreed with pharmacist and recorded in medication file.
* Any dropped or wasted tablets should be placed in an envelope with the name of the service user and the medication and date and stored for disposal or return to the pharmacist. It should be reported to the person in charge and replacement medication given as instructed.
* Leave area clean and tidy

If the instruction on the MAR chart does not coincide with the label on the container (except where the medicine to be given is Warfarin, for which the instructions will be clearly written on the card or in the Service User’s Warfarin record book) no dose should be given until written instructions have been received from the dispensing pharmacist, medical practitioner or the community nurse or prescriber.

**10.1 Antibiotic administration**

* follow safe handling of medicines procedures
* the service user should take [antibiotics](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_iqwig/glossary/def-item/def92/) for the entire period that they are prescribed
* even if the symptoms have improved, it is essential that the service user keeps taking the full course of antibiotics
* sometimes people start to feel better before all the [bacteria](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_iqwig/glossary/def-item/def93/) has been destroyed
* depending on the medical condition, antibiotics usually must be taken for several days or sometimes even weeks before the [infection](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0022085) clears up
* it is important that the service user understands the importance of completing the course of antibiotics and if they refuse this must be recorded as per organisations procedure and reported to your manager who will inform the GP
* there should be no tablets left in the package when the course is finished
* one package contains the right amount for one course of [antibiotics](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_iqwig/glossary/def-item/def92/)
* If there are some tablets left over, they should **not** be kept for later use but returned to the pharmacy
* throwing medication into a bin or the toilet is bad for the environment and can also contribute to the development of antibiotic [resistance](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_iqwig/glossary/def-item/def512/)
* medications can only work when they are used correctly, follow instructions on the Patient Information Sheet and on the medication packaging
* tablets must only be crushed or broken when written permission is gained from the GP
* antibiotics are usually taken with water because taking them together with fruit juices, dairy products or alcohol can affect how the body absorbs some drugs
* after taking antibiotics, you **may** need to wait for up to three hours before eating or drinking any dairy products – check medication instructions
* grapefruit juice and dietary supplements containing [minerals](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0023353) like [calcium](http://www.ncbi.nlm.nih.gov/pubmedhealth/n/pmh_iqwig/glossary/def-item/def57/) may also make other medication including antibiotics less effective
* some antibiotics need to be taken at the same time of day, others are meant to be taken before, with or after a meal, or taken at set times so that their effect is spread out evenly over the day
* antibiotics can interact with other medications, such as some [blood](http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0022037) thinners and antacids

When antibiotics are being administered, staff must also

* ensure that the service user understands the need to complete the course
* monitor the service user for side effects or allergic responses and report any signs immediately as it may become life threatening
* If there are any signs that the service user is having an allergic response to antibiotics do not administer any more antibiotics but wait for guidance from GP
* monitor the effect of the antibiotic and inform the GP if there are no obvious positive effects once the course is complete

**10.2‘When Required’ Medication**

“When Required” medication is administered when the service user presents with a defined intermittent or short-term condition i.e. not given as a regular daily dose or at specific times

The **‘**When Required’medication should be administered at the request of the service user or when care staff observe the need.

Consideration should also be given to the service user’s ongoing capacity to refuse the medication.

Where a service user is prescribed “When Required” medication, a specific plan for administering this must be documented in the medication care records.

The service user’s medication plan should state

* Commencement date of the When Required’medication as identified on the MAR
* name of drug
* route of administration for drug
* dose of drug
* frequency of drug
* minimum time interval between doses
* maximum number of doses in 24 hours
* why the medication was administered
* the effectiveness of the medication and who to contact for advice
* date to review

**10.3 Time -Sensitive Medicine**

This is a medicine that needs to be taken or given at a specific time where a delay in receiving the dose or omission of the dose may lead to serious harm, for example insulin injections for diabetes or specific medicine for Parkinson.

When these medications are prescribed to our service users who require support in medication administration the medication will be given at the prescribed times.

Staff are aware of the importance of giving these medications at specific times and any errors relating to time will be documented on a medication error sheet and the office informed.

**11.0 Homely Medicines**

A homely or household remedy is another name for a non-prescription medicine available over the counter in community pharmacies and are used mainly for the short term management of minor, self-limiting conditionse.g. toothache, mild diarrhoea, cold symptoms, cough, headache, occasional pain, etc.

When a service begins a Service User may be using some homely medicines and at the assessment have expressed their wish to continue.

When the administration of medication is part of the service delivered;

* All homely medicines that the Service User wishes to take are documented and their GP is contacted to confirm that it is safe to continue taking these medications with their prescribed medication
* Homely remedies should only be administered in accordance with the manufacturer's directions and only to those Service Users whose GP has agreed to their use.
* A record of that agreement should be made in the Service Users Medication Care Plan along with the list of the homely medicines.
* Administration of medication must follow the above procedures.
* All homely medication is recorded on the Medication Administration Record (MAR) and administered by trained staff.
* If the GP recommends to the Service User that they stop taking the homely medication this must be recorded in the medication care plan so that the medication is not administered by care staff
* Expiry dates should be checked regularly.

If the administration of medicines is not part of the service provided, the following circumstances may come to the attention of the domiciliary worker.

* If the Service User tells the domiciliary worker that they have started taking some over the counter (homely) medication, it is good practice for the domiciliary worker to remind them to check with their community pharmacist before taking or using ‘homely medicines’ in order to avoid potential adverse effects or interaction with existing prescribed treatment.
* The domiciliary worker should seek advice from their line manager if they are concerned that a person is using ‘homely medicines’ inappropriately or excessively.

**12.0 Special Arrangements**

**12.1 Arrangements for service users attending day services/hospital**

If attending hospital or a day centre, staff who are responsible for the administration of medication should make sure that the service user has their regular prescribed medication for the day and any required documentation for recording.

If a service user is admitted to hospital for longer, follow the instructions issued with the appointment from the hospital. It is usual to be asked for a list of current medication for the service user. A copy of the MAR sheet and their care passport should accompany the service user along with the hospital admission pack. **Please be aware that changes may be made to service user’s medication following a stay in hospital**

**12.2 Arrangements for service users going on holiday**

Prior to going on holiday, the relevant staff member must discuss medication needs, and where applicable, the administering process and recording method with the service user and the family/representative who is taking the service user on holiday.

A photocopy of MAR sheet (original to be retained in the home) and blister packs are to be given to the service user or family member/ representative for safe keeping for the duration of the holiday. Service user/families will be requested to sign for receipt of medication on daily contact sheet.

The name and contact details of the service users GP and any other relevant information needed in an emergency must accompany the service user.

All blister packs, medication and signed MAR sheet to be returned to their home on arrival back from holiday.

The family/ representative must account for any medication that has not been taken or is missing etc.

**12.3 Arrangements for service users who are admitted to hospital.**

Wherever possible, when a service user is admitted to hospital a copy of the up to date MAR sheet should accompany them, together with their Care Passport and any other document required. We do not send any medication with the service user unless it is a medication that may be needed in an emergency e.g. before the hospital pharmacy has had a chance to dispense the required medication for that service user i.e. Inhalers / epi- pen etc**.**

Please be aware that changes may be made to service user’s medication following a stay in hospital

**12.4 Arrangements for when the person is having a meal or sleeping**

If the medication is time specific, then it may be necessary to interrupt the meal or sleeping time of the service user to administer the medication. Where the service user has the capacity, this should be explained when the medication is prescribed to enable them to understand why this disturbance is necessary and to give their consent.

The service user still maintains the right to refuse the medication. If the medication is not taken on time or refused this must be recorded using the correct code and reported to the office or manager.

When supporting or administering medication to service user, it is important that they are treated with dignity and respect and wherever possible their preferences are respected. However, we will explain to them that there will be times when medication must be given at these times and gain their consent to do so.

**13.0 Medication Alerts / Recalls**

The MHRA’s Defective Medicines Report Centre (DMRC) issues alerts to healthcare professionals, hospitals, [GP](http://www.webmd.boots.com/smoking-cessation/features/stop-smoking-ask-the-gp-smoking-q-and-as) surgeries and wholesalers to tell them when a medicine is being recalled or when there are concerns about the quality that will affect its safety or effectiveness. These alerts are graded according to the seriousness of the threat to the public’s health.

**A recall may be issued if a medicine is**:  
  
**A health hazard**. Unfortunately, some health risks associated with certain medications are not realised until after they become widely used.

**Mislabelled or packaged poorly**. Sometimes a medicine is recalled because of confusing dosing instructions or a problem with the dosing tool provided with the drug.  
  
**Potentially contaminated**. During production or distribution, a medicine may become contaminated with a harmful or non-harmful substance.  
  
**Not what it says**. For example, a person may think they are taking a [pain](http://www.webmd.boots.com/pain-management/default.htm) reliever based on the package material, when in fact what is inside the box is something else.  
  
**Poorly manufactured**. Manufacturing defects related to a product’s quality, purity and potency may be to blame for a drug recall

* when a medication is recalled information is sent out explaining what action is required and the timescales
* it is essential to liaise closely with the GP and pharmacist to ensure the service user is not without medication
* there may be a need for replacement blister packs or stock medication such as controlled medication which requires immediate replacement from the GP
* a record of all medication recalled must be kept and a signature of receipt obtained from the pharmacist.
* service users must be informed of the recall and advised that their GP will prescribe alternatives
* staff responsible for medication administration must be informed of the recall and the actions being taken
* MAR charts must be updated by a health professional to reflect the changes

**13.1 Record Keeping and Sharing information** **NICE Guideline NG 67(March 2017)**

Before the service commences, a care needs assessment is carried out which includes a medication assessment. A record of all the medication is made and with the service users consent checked with their local GP to ensure the list is current and complete. This medication record is reviewed and updated regularly at the care plan review or as required and by the GP. If the service user is lacking capacity the GP, involving the LPA or relevant person and following the Mental Capacity Act Code of Practice makes a “Best Interest Decision concerning medication.

All our service users have in their care plans a “My Medication Passport” This contains all the information concerning the service user’s current medication, including inhalers, eye drops, patches injections and homely medicines. This accompanies the service user when they go into hospital, an outpatient appointment or other health or social care service. It also allows for any changes in the medication to be recorded and returned with the service user. This helps us to ensure continuity of medication administration and safety.

**13.2 Managing Personal and Sensitive material**

1. **All confidential information about our service user’s medication is treated in confidence, respecting our service user’s rights and security**.

All MAR charts are stored as securely as possible in the service users’ home and in a locked cupboard in the organisation’s office with access only by those who are involved in their care and medication administration and have the right to access the information. All emails, faxes, messages, reports, either written or electronic are kept in the service user’s care plans and stored securely. All records kept must be complete and accurate. Information is not safe if not accurate and each member of the team is responsible for recording and storing information in a way that makes it easy to share information as appropriate. The service users name and number should be clearly seen on each document and signed and dated where required. [

**2 As an organisation we recognise the importance of members of a care team sharing information when it is needed for the safe and effective care of the service user.** However, even where it is clearly beneficial to share information in relation to medication, rules about confidentiality and privacy still apply. This means that only those who have a clear need to know should have access to relevant confidential information.

Service users have the right to see their medication records and this is at the forefront of the minds of those recording notes and administering care. Service users should be informed about who will see this confidential information.

When considering whether to share information with a carer or family member relating to the service user’s medication, it is important that the wishes of the service user are followed and that the information shared is what the service user has consented to.

Where the service user does not have the capacity to give valid consent, information should only be shared when it is deemed in the service user’s best interest

In safeguarding situations, it becomes an absolute imperative to share information in cases involving a threat to the safety of others.

3 **Information that is shared for the benefit of the community should be anonymised.** If this is ever required, then all confidential information will be anonymised in line with the HSCIC Anonymisation Standard -<http://content.digital.nhs.uk/article/2741/New-Anonymisation-Standard-for-the-publication-of-health-and-social-care-data-becomes-effective-on-30-April-2013>

4 **Service Users right to object to the sharing of confidential information about them should be respected**.

When the law says there is an obligation to share the confidential information the service user should receive an explanation of why their objection must lawfully overruled.

5 **As an organisation we have policies and procedures in place** relating to confidentiality, record keeping and Cyber Security. These relate to both written and electronic information on the service user’s medication.

We have in place a Lead Medication Member of staff who as part of her duties liaises with the appointed Confidentiality Officer to ensure the ongoing development of confidentiality in this area of care **Gail Lane**

**14.0 Identifying and Reporting Adverse Drug Reactions**

As an organisation, we recognise the importance of all staff being able to recognise the common symptoms of an adverse drug reaction and understand the importance of early reporting.

**Then following things are in place to reduce the effects of an adverse drug reaction**

* Any changes in medication is shared with staff immediately **by SLACK/Carefree** and documented in the medication plan so that any reactions to new medication can be recognised early
* Staff should report any suspected adverse reactions to the manager or office who will contact the GP immediately
* Out of hours staff should ring NHS Direct 111 and take advice
* Where ever possible service users should be informed of possible side effects and be encouraged to report to staff if they feel ill after taking medication
* If a severe life-threatening reaction occurs contact 999 immediately and give basic life support as required

**Recording**

* The symptoms should be documented in the care plan along with severity and length of time the reaction lasted and any other relevant details. Advice given from the health professional must be recorded plus the results of any action taken
* If the GP requests that the medication be stopped, then this must be clearly recorded on the MAR for all staff and the pharmacist notified and instructed on any change of medication prescribed.
* An incident form is completed
* A medication safeguarding concern sent as a notification to CQC within 24 hours
* A report is sent to the yellow card reporting scheme – [www.yellowcard.mhra.gov.uk](http://www.yellowcard.mhra.gov.uk).
* A feedback report/letter will be sent to the service user and or family or relevant person and the supplying pharmacist

**15.0 Anticipatory medication**

“Anticipatory prescribing means GPs issue a prescription before it is needed, in anticipation of managing symptoms, such as pain and nausea, that are common near the end of a service user’s life.

As an organisation, we work with the GP, district nurses, palliative care nurses and our pharmacist supporting the service user with any Advance Care Planning and following local processes to ensure our service users at end of life have the same access to anticipatory medicines as those people who do not live in care homes.

**Related Policies**

Accidents, Incidents and Emergencies Reporting (RIDDOR)

Advance Care Planning

Care and Support Planning

Confidentiality

Control of Substances Hazardous to Health (COSHH)

Co-operating with other providers

Collection of Prescriptions

Cyber Security

Data Protection Legislative Framework (GDPR)

Duty of Candour

Health and Safety

Infection Control

Notifications

Record Keeping

Service Users Records (Home)

**Related Guidance**

* NICE Managing medicines for adults receiving social care in the community NG 67<https://www.nice.org.uk/guidance/ng67>
* NICE Medicine management for people receiving social care in the community QS171<https://www.nice.org.uk/guidance/qs171>
* NICE Quality Standard (QS123) Quality Standard 2 Plan for missed or late visits, published in June 2016 <https://www.nice.org.uk/guidance/qs123>
* NICE guidelines [NG5] Published March 2015 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. <https://www.nice.org.uk/guidance/ng5>(This guideline offers best practice advice on the care of all people who are using medicines and those who are receiving suboptimal benefit from medicines. As an organisation, we work closely with our health partners in relation to service user’s medication reviews and the monitoring of its effectiveness)
* A guide to confidentiality in health and social care published by the Health and Social Care Information Centre NHS Digital <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care>
* CQC Medicine: information for adult social care FAQ <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services>
* NHS England Stopping overmedication of people with a learning disability, autism or both (STOMP) <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

**Training Statement**

This organisation requires staff to have completed a level 2 “Safe Handling of Medicines Course, achieved the organisations agreed pass mark of **[INSERT**] and be observed and assessed as competent before being involved in the administration of medication.

Staff are monitored, their competencies assessed and attend medication updates annually or more frequent if required

A training matrix is in place recording all training, updates, competency observations and evidence of any further training required by individual staff.

At supervisions and appraisal their knowledge, skills and competencies are reviewed and discussed

Staff involved in the monitoring of staff and auditing process are given the relevant support and training in this area at level 3.

**Training is provided by** **3CP TRAINING**

Nursing staff will also receive training updates and observational assessments and be required to show continual professional development around medication as required for their revalidation process.

**Appendix**

**A Application of Creams, Lotions or Ointment**

Following assessment and appropriate recording in the Medication Care, care workers will assist with the application of creams lotions and ointments. Care workers will apply prescribed creams, dusting powders, lotions or ointments and record on the appropriate MAR when they:

* Have received appropriate training
* Have been assessed as competent to carry out the task by an appropriate health professional.

If a care worker is in any doubt regarding the products, or the physical or mental health of the Service User, they should not apply the product but instead contact the office or duty on call officer immediately.

Care workers can apply non-prescribed products when they are:

* As part of the Service User’s personal hygiene regime, such as moisturisers, face creams, etc.
* To assist with the rehydration of skin, such as aqueous cream used to wash - E45 etc.

Care workers can apply the prescribed products except when:

* The area of skin to be treated is broken
* The product contains topical corticosteroids and is not listed as a prescribed item
* There is, or appears to be, inflammation or infection present, unless the product is being used to treat inflammation or infection.

When the product to be applied is recorded on the medication record, the care worker must, from the medication record, check:

* The Service User’s name
* Application instructions
* That no other carer or professional has already administered the product

Identify the appropriate container(s), checking that the label(s) match the record, including:

* The name on the product is that of the Service User
* The product
* The instructions for use
* The time(s) to be applied

Prior to administration of a cream or lotion the staff member should

* Explain the procedure to the service user
* Wash their hands
* Check expiry date before use
* If unopened record the date opened and the calculated expiry on the medicine package or label
* Some packaging makes it difficult for the pharmacy label to be placed on the product e.g. eye drops. In these circumstances the outer packaging will have to be endorsed with the date of opening, it is essential that the product remains in the outer packaging throughout duration of this treatment
* Any product whose appearance suggests it may be unfit for use should be discarded. If there is any doubt contact the community pharmacy/dispensary for advice
* Use a Topical Medicines Application Record (TMAR) for recording administration of topical preparations and expiry date information for topical medications.
* Put on a pair of gloves.
* If the instructions on the administration record do not coincide with the label on the product container then it should not be applied until written instructions have been received from the community pharmacist, medical practitioner or community nurse
* Staff should ensure that they give every encouragement and opportunity to service users who might initially refuse application of the product but under no circumstances should staff compel a service user to accept any kind of treatment

**Expiry dates of topical preparations from date of opening**

There is a lack of available evidence on expiry dates of creams and ointments once they are opened.

Follow any expiry date of creams and ointments once they are opened, that is written on the label. If it is not clear how long the cream should be used after opening please check with your pharmacist as in a care home setting storage conditions may be variable

**Procedure for service users unable to apply their own prescribed topical medication**

* a registered nurse or senior care assistant should complete a Topical Medicines Application Record (TMAR) for each topical medication prescribed
* as it is a handwritten document it should be checked and countersigned. Ideally this should include a body map.
* the TMAR should be kept in the service users home to be available when creams are administered
* the TMAR should be signed once the care worker has applied a topical medicine in line with the prescription instructions
* the Medical Administration Record (MAR) chart should state “see TMAR chart”
* at the end of each 28 day cycle the TMAR should be attached to the corresponding MAR chart to provide a full record of administration

As a guide, the following table shows the difference in suitable quantities of topical creams/ointments compared to topical corticosteroids for an adult

| AREA OF BODY CREAMS/OINTMENTS CORTICOSTEROIDS  Twice daily application Once daily application | | | | |
| --- | --- | --- | --- | --- |
|  | Per Week | Per Month | Per Week | Per Month |
| Face | 15 - 30g | 60 - 20g | 8 - 5g | 30 - 60g |
| Both hands | 25 - 50g | 100 - 200g | 8 -15g | 30 - 60g |
| Scalp | 50 -100g | 200 - 400g | 8 -15g | 30 - 60g |
| Both arms | 100 - 200g | 400 - 800g | 15 - 30g | 60 -120g |
| Both legs | 100 - 200g | 400 - 800g | 50g | 200g |
| Trunk | 400 g | 1600g | 50g | 200g |
| Groins and genitals | 15 - 25g | 60 -100g | 8 -15g | 30 - 60g |

**Special advice for administering topical corticosteroids**

These should be applied no more frequently than twice daily and should be spread thinly.

The length of cream or ointment expelled from a tube can be measured in fingertip units (FTU) (the distance from the fingertip to the first crease of the finger in an adult index finger).

One FTU is approximately 500mg of cream or ointment which is enough to cover an area that is twice that of the flat adult handprint (palm and fingers).

**Area of the body Fingertip units (FTU) per application**

Face and neck 2.5

One hand and arm 4

Trunk (front) 7

Trunk (back) including buttocks 7

One leg and foot 8

**Refusal of prescribed product**

Staff should ensure that they give every encouragement and opportunity to service users’ who might initially refuse application of the product to change their mind. Under no circumstances should staff compel a service user to accept any kind of treatment.

If the service user refuses the prescribed product then

* Record on the administration record that the service user has refused the application of the product and the reason why
* Inform the office or on-call at the earliest opportunity.

**Immediately after assisting the service user**

* Remove and dispose of gloves
* Wash their hands thoroughly
* Complete and sign the TMAR sheet
* Record any comments relating to the product applied, including any observations requested
* Return the product to where it is stored.

Neither the product nor the MAR chart should be removed from the service user’s home unless instructed to do so by the office, on call duty officer or the community nurse.

If the medication records are unavailable, the prescribed product must not be administered; the care worker should also inform the office or on call duty officer immediately and record the reason for the product not being administered in the service user’s attendance record.

**B Instillation of Eye Drops and Ointments**

Following from the assessment of need and appropriate recording in the Medication Care Plan, the care worker may assist with the instillation of eye drops and ointments. Care workers will only administer eye drops or ointments:

* From their original container
* When they have received appropriate training and been assessed as competent to carry out the task
* At the appropriate time according to the prescriber’s instructions.

If a care worker is in any doubt regarding the eye drops or ointments, or the physical or mental health of the Service User, they should not assist with the instillation of the eye drops or ointment but instead contact the care manager, community nurse or the on-call duty officer immediately.

From the MAR chart, check

* The Service User’s name
* Dosage instructions
* That no other carer/professional has already administered the eye drops or ointment

Identify the appropriate container(s), checking that the label(s) match the recording, including:

* The name on the drops or ointment is that of the Service User
* The label states clearly which eye the product is to be used for
* The dosage
* The time to be administered

Prior to administration of any eye drops or ointments, the care worker should:

* Explain the procedure to the Service User
* Wash hands, wear disposable gloves

.

If the instructions on the MAR chart does not coincide with the label on the drops/ointment container then none should be instilled until written instructions have been received from the prescriber.

The care worker should collect the equipment and lay it on a suitable surface near the Service User where there is a good light source; they should then explain the procedure to the Service User.

The care worker should then check the following:

* Which eye the drops/ointment are prescribed for
* The date the bottle was first opened
* Expiry date on the label.

Once the care worker has washed their hands and put on their gloves they should:

* Assist the Service User to obtain a comfortable position, with the head well supported and titled back
* Remove the lid(s) from the drops or ointment
* Hold the Service User’s lower eyelid down by pressing gently with a clean folded paper tissue
* Ask the Service User to look up immediately prior to the instillation of the drops/ointment.

**Eye Drops**

* The dropper should be held approximately 2.5cm from the Service User’s eye, if they are being instilled without the use of an aid
* Gently squeeze the bottle
* Ask the Service User to close their eye, keeping the tissue in place for one to two minute(s). Wipe away any excess from the Service User’s face.

When two different preparations in the form of eye drops are required at the same time of day, dilution and overflow may occur when one immediately follows the other, e.g. pilocarpine and timolol in glaucoma. Therefore, an interval of 5 minutes should be left between the instillation of each preparation.

Immediately after completing the instillation of the eye drops, the care worker should:

* Dispose of gloves and wash their hands thoroughly
* Complete and sign the MAR chart
* Record any comments relating to the product applied, including any observations requested
* Return the product to where it is stored.

**Eye Ointment**

* Wash hands and put on gloves
* Before applying the ointment, pull down the lower eyelid
* Squeeze approximately 2.5cm of the ointment inside the lower lid from the nasal corner outwards
* Ask the Service User to close their eye, then remove the excess ointment with the tissue
* Advise the Service User that blurring of vision will occur for a few minutes.

Immediately after completing the instillation of the eye ointment, the care worker should:

* Dispose of gloves, wash their hands thoroughly
* Complete and sign the MAR chart
* Record any comments relating to the product applied, including any observations
* Return the product to where it is stored.

**C Instillation of Ear Drops and ointments**

Following from the assessment of need and appropriate recording in the Medication plan of care, the care worker will assist with the instillation of eardrops. Care workers will only administer ear drops when they:

* Have received appropriate training and been assessed as competent to carry out the task.

From the MAR chart, check:

* The Service User’s name
* Dosage instructions
* That no other carer or professional has already administered the eardrops.

Identify the appropriate container(s), checking that the label(s) match the recording, including:

* The name on the drops is that of the Service User
* The label states clearly which ear the product is to be used for
* The dosage
* The time to be administered.

If a care worker is in any doubt regarding the ear drops, or the physical or mental health of the Service User, they should not assist with the instillation of the ear drops but instead contact the office or on call duty officer immediately.

Once the care worker has explained the procedure to the Service User and washed their hands and put on gloves, they should:

* Assist the Service User into a lying or seated position and explain the procedure
* Assist the Service User to obtain a comfortable position, with the head well supported and tilted to one side, if possible
* Remove the lid(s) from the ear drops container
* Gently pull the top of the ear (pinna) outwards and upwards in order to straighten the outer ear canal
* Gently squeeze the bottle, instilling the prescribed number of drops into the ear
* Ensuring they are comfortable, leave the Service User with head to one side for a few minutes.

Immediately after completing the instillation of the eardrops, the care worker should:

* Wash their hands thoroughly
* Complete and sign the MAR chart
* Record any comments relating to the product applied, including any observations requested
* Return the product to where it is stored
* Assist the Service User to sit up and adopt their choice of position and location.

**Inhalers**

Medication via inhalers are mainly used in the treatment of Asthma and Chronic Obstructive Pulmonary Disease (COPD).

There are different types of inhalers, for different types of medicine. The member of staff supporting the service user to administer the medicine receives training on service user service users before supporting them in the administration of the medicine via this route. The care plan and medication plan clearly indicate the reason for using the inhaler or inhalers when multiple types are prescribed. We work closely with the service user and their family and GP or specialist nurse in this area.

Inhalers also come in various colours. Relievers are usually blue and preventers are usually brown (but some can be orange).

**'Press and breathe' metered dose inhalers (MDIs)** are often called 'puffers'. [MDIs work better with a spacer](https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/spacers/). Spacers collect the medicine inside them, so that the person does not have to worry about pressing the inhaler and breathing in at exactly the same time. This makes these inhalers easier to use and more effective. **An MDI inhaler** uses a small canister with a mixture of the medicine and a gas or liquid that turns the medicine into a very fine spray as the canister is pressed. Most people call this a 'puff' of medicine. To get the best result shake the inhaler before each puff so that the medicine mixes well before use.

B**reathe in normally' breath actuated MDIs** are usually given to people who have difficulty using a standard 'puffer'. These inhalers are activated by your breath so that when you breathe in normally through the mouthpiece, it releases medicine in a fine spray form. With this inhaler you don't have to push the canister to release a dose. Autohaler and Easi-breathe are examples of breath actuated MDIs. These inhalers need to be shaken before each puff so that the medicine mixes well before use.

**'Breathe in hard' dry powder inhaler (DPIs)** release medicine in very fine powder form instead of a spray when breathing in through the mouthpiece. The person needs to breathe in fairly hard to get the powder into the lungs. Examples of DPIs include Accuhalers, Clickhalers, Easyhalers, Novolizers, Turbohalers, Diskhalers and Twisthalers.

**Supporting the Service user to use their inhaler**

**General for all inhalers**

* The service user will have had some instruction about using an inhaler from the person who prescribed this treatment. Ensure they understand and identify how much support they need in the administration of this medicine
* Encourage the person to breathe out fully or as much as possible to create more space in their airways for the next breath in. This allows for a deeper and longer breath when inhaling the medicine enabling it to reach smaller airways deep inside the lungs
* If the person has been advised to hold their breath after taking in the inhaler then it is important for them to do so. This allows more time for the medicine to reach the deeper areas of the lungs. Hold for 10 seconds or as long as it feels comfortable then breathe out slowly through the nose.

**Press and breathe MDI Inhaler**

* Shake the canister before use and between puffs, so that the medicine and propellant mix together to form an aerosol
* It is important that the person only starts to inhale once the canister has been pressed, this is to allow enough time for the medicine to be inhaled before running out of breath
* It is also as important not to inhale too late. It takes less than half a second from the time the canister is pressed for all the medicine to be released. If the person inhales too late then the medicine stays in the mouth and is not carried down to the lungs
* Shake the canister between puffs and wait 30 – 60 seconds before taking the next puff. This gives the medicine and propellant enough time to mix together
* If using a spacer remove the cap from the canister and shake, place the canister in the back of the spacer. Breathe out, place the mouthpiece of the spacer in the mouth and take a deep breath and hold for 10 seconds. Gently breathe out through the nose. Repeat as above as required.

When the inhaler is for administering steroids encourage the person to brush their teeth, gargle and spit out after using this preventer inhaler and always use a spacer.

If the person is having problems using their inhalers staff must report this to their manager who will ensure that the GP or specialist nurse is informed quickly.

There are other types of inhalers that may be prescribed and it is important to get instruction on use from the GP or specialist nurse and read Patient Information Leaflets.

**Storage**

* Always keep the inhaler cap on when not using it. This prevents objects getting stuck in the mouth piece and causing a choking hazard when next used.
* The inhaler should be stored at the correct temperature. Extreme high or low temperatures can affect the medicine. Check the inhaler label or information sheet, especially if going abroad on holiday.

**Cleaning**

The patient information leaflet (PIL) included with the medicine explains the best way to use, clean, store and look after the inhaler.

**Press and breather metred dose inhaler**

* Never wash or put the metal canister in water, only wash the plastic parts
* Remove he metal canister from the plastic casing and remove the mouthpiece cover
* Rinse the plastic casing thoroughly under warm running water
* Dry thoroughly inside and outside
* Put the metal canister into the plastic casing and test by releasing a single puff into the air and replace the mouth piece cover

**Dry powder inhaler**

* Wipe the mouth piece of your dry powder inhaler with a dry cloth at least once a week
* Do not use water as the powder is sensitive to moisture

It is important to monitor and record the effectiveness of the inhaler and report any changes in its effectiveness.

**E Application of Compression Hosiery**

Following the assessment of need and appropriate recording in the Medication plan of care, care workers will assist in the application of compression hosiery. Care workers will only assist in the application of compression hosiery:

* When they have received appropriate training and been assessed as competent by the appropriate professional.

Care workers must not assist with the application of compression hosiery without the proper instruction from the office.

To ensure maximum effect, compression hosiery should be applied before the Service User gets out of bed and removed last thing at night. Compression hosiery is prescribed to service users to:

* Prevent deep vein thrombosis, a complication of mobility
* To prevent occurrence or re-occurrence of leg ulcers
* To manage oedema (swelling) as a result of disease or injury, e.g. for Service Users with heart failure whose legs swell, or following treatment for burns.

Before removal or application of the hosiery the care worker should explain the procedure.

The care worker should check the medication plan of care for specific instructions about the times of removal/application and any special instruction related to the type of hosiery used.

**Hosiery Removal**

* The care worker should remove all jewellery they are wearing on their hands to avoid ladders and unintentional injury
* Gently but firmly grip the top edge of the hosiery and pull it away from the body towards the end of the limb
* If at any time the Service User complains of pain, the care worker should stop and check no skin damage is occurring before they resume the procedure. If skin damage occurs contact the Service User’s surgery immediately for advice.

When the hosiery has been removed, the care worker should gently wash and dry the Service User’s skin using warm water and soap. Skin covered by hosiery can become very dry; if a cream has been prescribed then this should be applied; if no cream has been prescribed then the Service User’s surgery should be contacted to seek advice.

If the hosiery is to be reapplied immediately following skin cleansing it is advisable to apply a light dusting of powder to the skin to aid application. If an application aid has been provided this should be used according to the manufacturer’s instruction.

**Application of Hosiery**

The care worker applying the hosiery should:

* Ensure the hosiery is clean and wrinkle free, with no tears or frays
* Explain the procedure to the Service User
* Run their hand inside the stocking down to the heel and pinch the heel with finger and thumb
* Turn the stocking inside out leaving the foot part tucked in
* Pull the foot part gently over the Service User’s toes and ease over the foot taking care to check the toes and heel are correctly positioned and wrinkle free
* Gather up remaining stocking and take it over the foot and lower leg. Working in sections from the ankle pull the stocking up the leg in short folds of about 2 inches (5cm) at a time without forcing and keeping it wrinkle free
* When the stocking is fully extended on the leg, take the top back down to the calf hold the top stocking up the leg again to ensure it remains in place
* If applying thigh length hosiery secure with a suspender belt.

If the Service User experiences pain at any time then the care worker should cease the application and check if any skin damage has occurred. If this is the case contact the Service User’s surgery for further advice and remove the hosiery.

Hosiery should be washed at 40 degrees and hung to dry (UNDER NO CIRCUMSTANCES SHOULD THEY BE IRONED)

Service Users should always wear hosiery on both legs.

Hosiery should be replaced every three months or earlier if they become damaged or worn.

**F Administration of medicines via an enteral feeding tube**

Before any staff member can administer medication via an enteral feeding tube, they will receive Level 3 training from a health professional. This will be recorded, dated and signed off by the health professional only when the staff member is deemed competent to administer medication to the service user service user. The training will also include the recognition of adverse or side effects and actions to take in the event of an emergency.

Enteral feeding tubes are designed to provide access to the lumen of the stomach or jejunum. They are designed to bypass dysfunction and obstruction, reduce discomfort or remove the need for service users to actively eat. The lumen of a narrow enteral tube has the potential to occlude and once occluded can be difficult to unblock It is therefore important when caring for a service user with an enteral feeding tube to know the type of material the tube is made of, the type of tube and the abbreviation used should be standardised for example ‘nasogastric tube’ (NG). It is important to know where the tip of the enteral feeding tube lies and therefore the site for medication administration. The position of the tip may affect the type of feed that can be used and the absorption of some medications.

**Procedure for medication administration via an enteral feeding tube**

**Before administering a medication**

* wash hands and wear gloves
* re-secure and check any tape holding the enteral feeding tube in position if loose
* close any ports on the enteral tube to ensure there is an airtight seal
* check if a connector to join the syringe to the tube is required, such as a PEG tube connector
* check the position of the tube to confirm the gastric placement of the nasogastric tube
* the position of a PEG or surgical/radiological jejunostomy can be assessed by checking that the length of tube outside the body remains constant and the suture remains intact
* confirm that the service user is not experiencing undue pain or discomfort
* check that the enteral feeding tube is patent by flushing with 30-50ml of water using a 50ml oral, enteral or catheter-tipped syringe
* do not use syringes designed for intravenous use
* oral, enteral and catheter-tipped syringes are not compatible with intravenous devices and their use reduces the risk of the medication being accidentally administered via the intravenous route
* if the tube is blocked, attempt to unblock it without using excessive force, if unsuccessful seek specialist advice

**Administering the medication**

* check the service user’s identity and explain what is to be done and obtain consent
* check prescription for the medication dose, route and site of administration according to medication plan and MAR
* draw the required dose of the liquid medication into an appropriate syringe and place the syringe in a clean receiver
* tablet-crushing must only be considered with consultation with GP and or pharmacist
* if crushing the tablet is prescribed by GP a tablet-crushing syringe or pestle and mortar should be used
* crushed tablets can be added to 30ml of water and dissolved
* prepare a flush of water in a syringe and label if necessary
* place it in the receiver with the medicines to be administered
* tubes should be flushed before, during (if the suspension is thick, for example lactulose) and after medication administration to prevent interactions between the medications, tube or feed
* in some cases, for example in children or in service users with renal and cardiac disease, these volumes may need to be revised to meet the service user’s prescribed fluid restriction
* attach the syringe to a port on the enteral feeding tube, ensure there is an airtight connection between the syringe and enteral tube and administer the flush and medications
* flush immediately with an appropriate amount of water and leave the connector clean and dry
* monitor the service user for any adverse effects
* complete any records such as medication plan or MAR
* wash hands and dispose of any waste in appropriate container

**Further Information**  Leaflets published by the British Association for Parenteral and Enteral Nutrition are available to staff. [www.bapen.org.uk](http://www.bapen.org.uk)<http://www.evidence.nhs.uk/search?q=medication+via+peg+tubes>

**G Topical Patches**

* patches are applied by a health professional or care staff trained by a health care professional or competent trainer in this field, for individual service users (Level 3 administration by specialised technique).
* Follow instructions on the MAR as each patch will have specific instructions for use
* It is good practice to read the patient information sheet included with the medication
* Wash your hands and put on disposable gloves
* Select the area of skin to apply the patch, following any instructions relating to the rotation of sites.
* Ensure the area of skin is clean and free from powders, oils or lotions
* Open the pack, if using scissors make sure the patch is not damaged, damaged patches must not be used
* Remove any protective liner and do not touch the sticky side of the patch
* Some protective liners are in two parts to enable half of the patch to be placed on the skin before the second half of the liner is removed
* Press down firmly with the palm of the hand
* Go around the edges with the fingers and press the patch onto the skin
* Make sure the patch is flat, there should be no lumps and bumps
* Dispose of the protective liners
* Remove gloves and wash your hands.
* When it is time to remove the previous patch, wearing disposable gloves use the fingers to peel it off slowly, fold the patch in half and press firmly to seal shut and dispose of in the clinical waste bin where available or a secure bin
* Remove gloves and wash your hands
* If the patch loosens before it is time to replace it, it may be possible to press it back on again.
* If the patch falls off, dispose of as above. Follow instructions from the GP or pharmacist as to whether to replace the patch immediately or wait until the prescribed time

**H Levels of Medication - Support and Administration**

**Level 1: General Support, also called Assisting with Medicine**

General support is given when the person takes responsibility for their own medication and particularly when they contract the support through Direct Payments. In these circumstances the care worker will always be working under the direction of the person receiving the care.

The support given may include some of the following:

* Requesting repeat prescriptions from the GP
* Collecting medicines from the community pharmacy/dispensing GP surgery
* Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
* An occasional reminder or prompt from the care worker to an adult to take their medicines. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt review of the person’s plan)
* Manipulation of a container; for example, opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person, and when the care worker has not been required to select the medication.

General support needs should be identified at the care assessment stage and recorded in the Service User’s plan. Ongoing records will also be required in the continuation notes when care needs are reviewed.

Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open, or if the person has difficulty remembering whether they taken medicines.

The compliance aid will be filled and labelled by the community pharmacist or dispensing GP. The person may qualify for a free service from a community pharmacist if they meet criteria under the *Disability Discrimination Act*.

This organisation will not take responsibility for the filling of the compliance aid unless trained and competence-assessed to do so by an appropriate person e.g. district nurse, pharmacist. The level 3 criteria applies in these circumstances.

**Level 2: Administering Medication**

The care assessment stage may identify that the Service User is unable to take responsibility for their medicines and needs assistance. This can be due to impaired cognitive awareness or result from physical disability.

The Service User must agree to have the care worker administer medication and consent should be documented in the care plan. If the Service User is unable to communicate informed consent, and there is no responsible person the prescriber must formally indicate that the treatment is in the best interest of the service user.

Administration of medication may include some or all of the following actions:

* When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid
* When the care worker selects and measures a dose of liquid medication for the Service User to take
* When the care worker applies a medicated cream/ointment, inserts drops to ear, nose or eye, and administers inhaled medication
* When the care worker puts out medication for the Service User to take themselves at a later (prescribed) time to enable their independence

The need for assistance with medication should be identified at the care assessment stage and recorded in the care plan, with ongoing records in the notes updated when care needs are reviewed. This organisation will have in place training to ensure that only competent and confident staff are assigned to Service Users who require assistance. Care workers have the right to refuse to administer medication where they themselves feel they have not received adequate training and do not feel competent to do so.

Care workers should only administer medication from the original container dispensed and labelled by a pharmacist or dispensing GP, including monitored dosage systems and compliance aids.

Service Users discharged from hospital may have medication that differs from those in the home prior to admission. Care must be taken to ensure checks are in place to provide clear instructions as to which medicines are to be administered. Additional support should be in place for care workers when this occurs.

**Level 3: Administering Medication by Specialised Techniques**

In exceptional circumstances, and following an assessment by a healthcare professional, a domiciliary care worker may be asked to administer medication by a specialised technique including:

* Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
* Insulin via injection
* Administration through a Percutaneous Endoscopic Gastronomy (PEG)

If the task is to be delegated to the domiciliary care worker, the healthcare professional must train the care worker and be satisfied they are competent to carry out the task.

The company’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.

This organisation will consider the request only in the following circumstances:

* Where an inappropriate admission to care would have to be considered
* Where the ability to maintain the Service User at home is undermined by a lack of appropriate funding which allows community nursing support
* Where the Service User is in the later stages of end of life management and has made clear their wishes to remain at home.

In the above circumstances this company will strive to maintain the Service User with true regard to their wishes, whilst seeking to ensure that the Service User will be cared for in an appropriate manner by staff that are fully trained and competent to do so.

If the decision is taken that the task to be delegated to the care worker the HEALTHCARE PROFESSIONAL must train the worker(s) and be satisfied they are competent to carry out the task, this must be recorded on the Level 3 Training Record and signed off by the HEALTHCARE PROFESSIONAL involved in the training. Any additional support appropriate to the circumstances must be available by the Health Services involved.

Care workers who feel that they are not competent to assist with the administration of medication by specialised techniques can refuse to assist.

**Any Level 3 Support must be authorised by the Manager and a Level 3 Training Record must be completed by and in place after training by the appropriate healthcare professional.**

**I Health-Related Activities**

In the interests of the Service User, care workers may from time to time be asked to assist in health-related activities which can include:

* Massage techniques
* Exercise regimes
* Mobility-related assistance
* Monitoring and recording of particular conditions (diabetes, epilepsy etc.)

This area of activity must be clearly assessed and recorded during the care assessment. Specialist training must be undertaken and staff must be competent and confident in their own abilities to undertake the tasks required. The appropriate healthcare professional must “sign off” the training, and the competency of the care worker and the information should be recorded on the Level 3 staff training record. Health-related activities will be undertaken only with the express agreement of the manager, and when the appropriate care assessment has been completed and recorded in the care plan. Reviews should take place and care plans updated as required.

**All staff should be able to refuse to undertake tasks which they themselves feel they are not competent to do.**

**J Monitoring and Auditing**

The function of monitoring and auditing needs to be a planned and systematic process that is embedded throughout this organisation.

**“Monitor”** means to check, observe, identify task or system performance.

**“Audit”** means to evaluate, examine, critically analyse conformance to set standards by reviewing the objective evidence from statements, records, files and any formal monitoring systems which are in place.

Medication monitoring is part of the observed practice of staff which is recorded, dated and signed off and is usually delivered via a spot check. The spot check findings are then followed through using the error sheets, and advice and guidance to staff. This includes any training and further monitoring as required.

Auditing of medication is a part of this organisation’s quality audit process. Auditing of all medication documentation including MAR charts is done regularly, and solutions implemented with immediate effect where any shortfalls are identified.

Peer auditing forms the core of the audit regime and staff are constantly reminded of the importance of signatures, dates and appropriate record keeping.

**K Medicines‑related communication systems when individuals move from one care setting to another**

Health and social care practitioners should share relevant information about the person and their medicines when that person transfers from one care or health provider to another. This should include, but is not limited to, all the following:

* contact details of the person and their GP
* details of other relevant contacts identified by the person, and their family members or carers where appropriate, for example, their nominated community pharmacy
* known drug allergies and reactions to medicines or their ingredients in addition to the type of reaction experienced (see the NICE guideline on [drug allergy](http://www.nice.org.uk/guidance/cg183))
* details of the medicines the person is currently taking (including prescribed, over‑the‑counter and complementary medicines) that should include the name, strength, form, dose, timing, frequency and duration, how the medicines are taken and what they are being taken for
* changes to medicines, including medicines started or stopped, or dosage changes, and the reason(s) for the change
* date and time of the last dose, such as for weekly or monthly medicines, including injections
* what information has been given to the person, and their family members or carers, where appropriate
* any other information needed, for example, when the medicines should be reviewed, ongoing monitoring needs and any support the person needs to carry on taking the medicines
* additional information may be needed for specific groups of people, such as children

**L Medicine Reconciliation**

When service user transfers to another provider or care home the registered managers will take responsibility for reconciling the medication. **[INSERT JOB TITLE IF NOT REGISTERED MANAGER]**

At initial assessment information is gained from the service user and or their family concerning medication. With the consent of the service user other health professionals such as GP or pharmacist are contacted to ensure medications are correct and available on the day of admission.

The Registered manager is responsible for ensuring that information is available for medication reconciliation on the day a service user transfers to another health or care provider and that the information above (see Section K) is current and up to date.

In this organisation,medicines reconciliation is carried out by **[Gail Lane]** who has the necessary knowledge, skills and expertise, including

* Effective communication skills
* Technical knowledge of processes for managing medicines
* Therapeutic knowledge of the use of medicines.

**M Record of Covert Administration Form**

**RECORD OF COVERT ADMINISTRATION**

**Service users name Date of birth**

**NHS/ Ref number Date form completed**

| **Has a Mental capacity assessment been performed to establish if the service user lacks the mental capacity about taking their prescribed medication?**   * Assessment to ascertain whether they can make decisions about their medication * Assessment of mental capacity to consent should be subject to continuous review * What support does the person need to take their medication? | **YES / NO** (delete as appropriate)  Surgery name - in capital  Prescribers name – in capitals  Date of Assessment  Decision recorded | |
| --- | --- | --- |
| **Is there a person that holds decision making power such as Lasting Power of Attorney for health and welfare decisions or a court deputy that relates specifically to their medication?**  Medication may only be administered covertly if that person is able to decide in the patient’s best interests with the clinician agreeing the plan to have the medication covertly. | **YES / NO** (delete as appropriate) | |
| **List the medication being considered for covert administration** |  | |
| **Why is this medication necessary?** |  | |
| **What alternatives (such as less restrictive alternatives) have been considered?**  (Other ways to manage, or administer treatment) |  | |
| **Why were these alternatives not pursued?** |  | |
| **Why is covert the least restrictive way to treat the service user?** (Give reasons) |  | |
| **Service users view of the proposed treatment, if known?** |  | |
| **Has the service user expressed views in the past that are relevant to present treatment?** If **YES**, what were those views? | **YES / NO** (delete as appropriate) | |
| **Name all the members of the**  **people and teams involved in the decision to administer medication covertly**  (For example, healthcare professionals, family, carers etc.)  **Name of pharmacist consulted to give advice on the administration of the medication** – in capitals | **Name** | **Designation** |
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|  | |
| **Were all those involved in the decision in agreement with the proposed use of covert medication?**  If **NO**, they must be informed of their right to challenge treatment | **YES / NO** (delete as appropriate)  If **NO**, person / reason  Date informed | |
| **Which members of staff will be administering the medication?**  **Ensure staff have received appropriate training and guidance on the covert administration of the specified medication which can be evidenced.** | **Name** | **Designation** |
|  |  |
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|  |  |
| **How will the medication be administered?**  (e.g., mixed in yoghurt) |  | |
| **How will this be recorded on the MAR chart?** |  | |
| **When will this need for covert administration be reviewed?**  (Six months’ maximum) | Date of first review  Date of next review  Date in six months | |
| Organisation copy  Pharmacy copy  Any additional notes?  If in any doubt, refer to the Manager. | | |