
MEDICATION POLICY

1. POLICY

- 1.1 The purpose of the medication policy is to safeguard the interests of Service Users and staff, by setting out the practice to be followed by all concerned with regard to medication and related tasks where appropriate. The policy applies to all staff employed by MOONSTONE CARE. For staff to ensure good practice, the appropriate involvement and co-operation of GP's, Community Nurses and Community Pharmacists should be sought.
- 1.2 All medicines are potentially harmful and care must be taken in their storage, management, control and disposal. The policy follows the requirements for Health and Social Care Act 2008 (Regulated Activities) Regulation 12: Safe care and treatment Regulations 2014. MOONSTONE CARE UK also adheres to the United Kingdom Home Care Association Policy Guidance on Medication and the Nursing and Midwifery Council Guidelines for the Administration of Medicines.
- 1.3 Current Legislation**
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973 S11973 No. 798
- 1.4 In accordance with the guidance laid down in national standards this document should be readily available to all staff and should be complied with at all times.
- 1.5 Any decision to correctly administer medicines must be done in accordance with Mental Health Capacity Act 2005.

2. AIMS OF THIS POLICY

- 2.1 To promote and maintain the service user's rights, dignity and independence.
- 2.2 To provide a minimum set of standards for care workers to follow when
- assisting service users to manage their medication
 - administering medication to service users

3. POLICY STATEMENT

- 3.1 MOONSTONE CARE believes that Service users should be encouraged to administer their own medication to maximise independence and to enable them to keep control of their own lives. It is important that the service user's rights, dignity and independence should be promoted at all times. Assessors need to consider the risks involved in a service user self-medicating in consultation with relevant medical professionals, such as doctors, district nurses and pharmacists, so that it can be established that some will be able to do this completely; some will need supervision and a little assistance but for others the administration of medication will need to be undertaken by a care worker.

Where care workers administer medication, or assist in the administration of medication, appropriate accredited training and procedural guidance will be in place to safeguard both the service user and the worker.

4. PROCEDURE

- 4.1 To ensure their safety, all service users will be assessed for risk on a regular basis by a competent member of care staff and any need for help with the collection or administration of medication will be identified.
- 4.2 Any request for support from care staff belonging to this organisation identified within a care plan should be discussed with agency managers before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently by agency staff.
- 4.3 MOONSTONE CARE staff should only proceed with care involving the administration of medication (tablets, liquids or creams) with the explicit agreement of a line supervisor or agency manager and this has been entered in the Service User Plan.
- 4.4 Any member of staff who is unsure of what to do regarding medication in any given situation should contact their line supervisor or an agency manager immediately.

5. ASSISTING WITH MEDICINES

- 5.1 Assistance with medication will only be provided with the written consent of the service user, obtained when the care plan is established or reviewed. Where informed consent cannot be given, or the service user is unable to express their views, advice will be sought from their carer, or any other significant person. If necessary, an independent advocate will be used to ensure the best interests of the service user. In all cases the individual's general well being and beliefs before they became unable to express their views, must be taken into account as well as their physical health. No-one can give consent to treatment on behalf of another adult but generally health professionals and their colleagues are normally allowed to provide treatment which they believe to be in the best interests of the person, having taken into account the advice from significant persons and carers.

5.2 Details of the assistance required will be included in the care plan. It is important that the exact nature of the assistance required is recorded on the care plan and the nature of the help falls into 4 broad categories:

- Prompting/verbal reminders for the service user to take the medication at the correct time. This could be with the use of an aid such as a monitored dosage system (MDS) – “dose-it” box, a daily pill minder or blister pack.
- Assistance with the preparation of taking the medication e.g. shaking the bottle, opening medicine bottles/blister packs or dose-it boxes where the service user is unable to do so.
- Giving physical assistance e.g. removing the tablet from a monitored dosage system or container and giving to the service user or pouring a measured dose into a container for the service user to swallow.
- Physically giving the medication or application of a cream or ointment to the skin.

6. GUIDELINES ON ASSISTING WITH MEDICATION

6.1 The guidance given below is detailed because it is necessary that the steps are followed closely. This guidance has been agreed with the Health Authority and District Nursing Service.

6.2 Service users will normally be able to take their own medicine and arrange prescriptions from the G.P. Family and friends also often take on this responsibility where necessary. In these circumstances, a Home Care Worker will not need to become involved. However were a service user requires assistance a risk assessment will be carried out in order to establish the level of assistance needed, this will then be recorded in the care plan.

6.3 Where the risk assessment identifies the need for assisting the service user with their medication, your responsibility will be as follows:

- Prompting and supervising service users to take their own medication or to use an inhaler.
- Assisting with the administration of oral medication using a monitored dose system, (Your Care Manager will brief you on this).
- Assisting with the administration of liquid medicines
- Supervising a service user to administer eye or ear drops
- Instilling routine eye drops and dry skin cream

6.4 Ear / Eye Drops

If the care worker is required to assist with or administer eye/ear/nasal drops or medication by inhaler, additional, specific training will be required. A qualified pharmacist, medical practitioner or a registered nurse should provide this training.

6.5 The person conducting the training must be satisfied that the care worker is competent and the care manager must keep a register of all care workers with the additional training. The registered professional remains responsible for the delegation of such tasks and all such tasks must be detailed in the care plan and signed by the registered practitioner and the service user.

- 6.6 There are aids to administer eye drops and inhalers. If the service user's medication can manage such an aid independently, you have no responsibility. If you are supervising a service user's medication and you notice that it is not being taken, or if there are concerns, you should notify the District Nurse, or if one is not involved the GP. You should also notify your Care Manager. You must tell a responsible professional if you are concerned.

UNDER NO CIRCUMSTANCES MUST CARE WORKERS ASSIST WITH THE ADMINISTRATION OF MEDICATION IF THEY HAVE NOT RECEIVED TRAINING OR DO NOT FEEL COMPETENT. ADVICE MUST BE SOUGHT FROM THE SUPERVISOR OR CARE MANAGER IN THESE CIRCUMSTANCES.

6.7 Over the Counter (OTC) Medication

Care workers will only assist or administer medication which has been prescribed or authorised by a prescriber such as by a G.P. for individual service users. However service users may wish to treat minor ailments with OTC preparations (such as Paracetamol) or complementary therapies (such as herbal or homeopathic remedies. In order to support the principal of promoting service users' independence, and to work in line with professional advice from UKHCA's Medication Policy Guidance, MOONSTONE CARE staff will only provide assistance with OTCs as long as the GP, pharmacist or District Nurse has confirmed that there is no contra-indication with existing medication or an existing medical condition and a record is kept.

- 6.8 Assistance with the use on non-medical, skin care preparations is acceptable as long as the appropriate health professional has confirmed that there is no skin or tissue viability problem and this is recorded in the Care Plan. Changes to skin conditions **MUST** be immediately reported to the Supervisor or Care Manager.
- 6.9 Care workers **must** not recommend the purchase of OTC medicines to service users

7. ADMINISTERING MEDICINES

- 7.1 Before taking on the administration of medicines as part of a care plan:

- Care staff will have undertaken a basic training course
- Have the written consent of the service user or their representative
- Written information about the medicines to be administered and the means of administration will be held in the service user's care plan and personal file
- Appropriate recording systems will have been established in the service user's home

- 7.2 When administering medicines, care staff will:

- Wash their hands.
- Where a clinical tasks protocol is in place, undertake such preparations and infection control procedures as required.
- Check the service user's identity.
- Check against the medication record, care plan and risk assessment that the medication has not been changed.

- Check the physical state of the medicines, including the expiry date and labelling and that it has been suitably stored.
- Check the required dose and any special information; such as do not give with milk products.
- Contact the line manager if there are concerns that the dose has been given by somebody else.
- Measure with the supplied liquid measure or count the dose and give it to the service user, if it is not in a compliance aid.
- Record on the medication sheet that the medicine has been given or that it has been offered and refused.
- Return the medicines to a safe storage place as identified on the risk assessment.
- Return the medication record sheet to the service user's notes.
- Wash their hands.

7.3 Refused doses of regularly prescribed medication should be reported to the GP, as appropriate, and recorded.

7.4 Should care workers miss, omit or in any way mal-administer a dose; the error should be reported to the line manager and the relevant health professional consulted i.e. the District Nurse, the Doctor and also the Social services.. If following consultation with a health professional there is a belief that the error could have led to harm and injury, then CSCI and the service user's carer must be informed in writing. The error must be recorded on the MAR sheet and recorded on the service user's file. Error should be reported as incidents under the accident/incident reporting system.

7.5 In the few instances where it is necessary to collect medicines from the pharmacist on behalf of the service user, this must be by negotiation with the service provider and any medication collected must be recorded on the medication record.

7.6 **ADMINISTERING MEDICATION BY SPECIALISED TECHNIQUES**

Care staff may be asked to administer medication by specialist techniques to service user who have been assessed by health care professional, this include:

Rectal administration, e.g suppositories, diazepam (for epileptic seizure)

Insulin by injection.(Medication by injection is done by District Nurse for all our service user's)

Administration through a Percutaneous Endoscopic Gastrostomy (PEG)

To carry out this task, staff would be given adequate training by health care professional so that staff would be confident to carry out this task.

In exceptional cases staff may refuse to carry out this specialised task if they do not feel competent to do so; in this case a competent care worker would be allocated to carry out this task.

8. **SIDE EFFECTS**

- 8.1 In the event that the service user expresses concerns about their medication or indicates that they will not follow the prescribed dose regime (e.g. because of side effects) they must be referred to the appropriate health care professional.
- 8.2 Where the care workers become aware of any changes in the service user's behaviour or physical condition they must contact their line manager who will pass these observations to the appropriate health care professional.

9. COVERT ADMINISTRATION OF MEDICATION

- 9.1 Disguising medication in the absence of informed consent may be regarded as deception. A clear distinction should always be made between those service users who have the capacity to refuse medication and whose refusal should be respected, and those who lack capacity. Among those that lack capacity, a further distinction should always be made between those for whom no disguising is necessary because they are unaware that they are receiving medication, and others who would be aware if they were not deceived into thinking otherwise.
- 9.2 There may be occasions when covert administration may be considered to prevent a service user missing out on essential treatment. In these circumstances, the care manager must convene a meeting of all the involved professionals and carers and family of the service user to assess the care needs of the individual and how best these can be met. No-one can give consent to treatment on behalf of another adult but generally doctors, nurses and therapists are normally allowed to provide treatment which they believe to be in the best interests of the person taking into account not just their physical health but their general well-being and beliefs. The decision must be recorded on the care plan and the details of any covert administration recorded on the service user's medication chart.
- 9.3 The stability of medication may be altered by administering it in a covert way, e.g. in food, and so this should be checked with the pharmacist.

10. MEDICATION AIDS/CONTAINERS

- 10.1 Medicines must only be administered from an approved and properly labelled container. An approved container should be one that has been supplied and filled by a pharmacist or doctor such as a dose-it box (unsealed units) or blister packs (sealed appliances) or medicines in their original containers.
- 10.2 Secondary dispensing e.g. by a family member or others is not acceptable in any circumstances as this involves transferring medicines from the original dispense container. **Care workers should not administer medication from compliance aids filled by relatives.**
- 10.3 The label on the container will give details of the required dose and may include other instructions (such as "complete the course" or "avoid alcohol"). Instructions such as "as directed" or "1-2 tablets" are not acceptable. Where instructions are unclear the pharmacist, prescribing GP or District Nurse must be contacted for clarification. Verbal advice obtained must be recorded on the medication record. Instructions relating to the timing of the taking of medicines (including its relationship with eating) are very important and

must be followed.

- 10.4 Administration of medicines from a container whose label has been altered is unsafe, unless altered and signed by the individual's GP. If a label has been altered in any other way the care worker must inform the Care manager who will contact the GP or Pharmacist and seek their advice. Verbal advice obtained in this way must be followed up with a fax and then recorded on the medication record.
- 10.5 Some compliance aids can assist a service user to self-administer their medication. These appliances should not be overlooked as they may enable the service user to maintain their independence. The local Community pharmacist can offer advice on compliance aids and adaptations.

11. PRESCRIPTIONS/ MEDICATION DOCUMENTATION

- 11.1 The Care Manager will let you know which Pharmacist to go to for each service user. Where Home Care Workers are involved in ordering medicines they should follow this procedure.
- On a Monday morning, the medicine container should be checked. When there is two weeks supply of medication remaining, the GP should be notified and the date entered into the Medicines Order Checklist. The GP will decide whether a repeat prescription is needed, or whether the service user needs to be seen.
 - The date the prescription is sent to the Pharmacist and date the medication has to be collected should also be entered onto the Medicines Order Checklist.

Medicine Arrangement Form

- 11.2 This form will be completed by your Care Manager, it simply records who is responsible for ordering the prescription and:
- Who is responsible for collecting the medicine?
 - Who is responsible for administering the medicine.
 - The name, address and phone number of the Pharmacist.
- 11.3 Relatives or friends may share these responsibilities or they may be carried out by you. For instance, the family may order the prescription and collect the medicine and you may assist the service user to take it. Alternatively, you may be responsible for the whole process. Your Care Manager will clearly brief you in advance.

Medicine Order Checklist

- 11.4 This is a record that must be used whenever you assist with medication. This may be kept on the Dose-It box or with District Nurse records. The Pharmacist will enter the details of all medicines on the record at the time of dispensing. Do not use a medication which is not recorded. The Medicine Administration record shows:
- Details of disposable medicines.
 - A space for you to initial each time the medicine is administered. Entries must not be altered.
 - District Nurse produce the MARS, this will have the names of medicines and time and also the dosage of each medicine.

- 11.5 Only the Pharmacist's directions on the record must specify the dosage. You must initial the record when the medicine has been taken or the letter R if the medicine is refused.
- 11.6 The Medicine Order checklist is also a record of when a prescription has been ordered and when it should be collected from the surgery or Pharmacist. It is necessary because different MOONSTONE CARE Workers may be assisting one service user.
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12. RECORDING

- 12.1 Where you are required to supervise self-administration or are assisting with medication, the following records should be maintained. It is an important record for the service-users benefit, and to protect you in case of late enquiries.
- 12.2 Details of the assistance required and the service user's consent will be recorded as part of the care plan.
- 12.3 Details of medicines to be administered and their means of administration will be on the medication profile kept in the service user's home.
- 12.4 Medicines subsequently prescribed will be added to the medication profile kept in the service user's home.
- 12.5 The cessation of a particular medicine will also be noted on the medication profile kept in the service user's home.

MEDICINE ADMINISTRATION RECORD SHEET (MARS)

- 12.6 A medication record will also be kept in the service user's home. This will be a clear and current record, signed, dated and accessible to other care providers (formal and informal). It will record details of prescribed medicines:
- Record changes and additions to prescribed medicines.
 - Note the collection of any prescribed medicines from the pharmacist.
 - Note the administration of prescribed medicines and of over the counter preparations.
 - Note any refusal of medication, or other concerns, and the action taken to report this.
 - Note any concerns about the taking of additional doses or tampering with containers and the action taken to report this.
 - Note the disposal, with consent, of any medication
 - Record any verbal advice given by the pharmacist or other health care professional.
- 12.7 When the medication record in the service user's home is completed, it will be retained in the service user's home for 4 weeks and then returned to the office for safekeeping in compliance with regulations 12 safe care and treatment .
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13. STORAGE OF MEDICATION

- 13.1 An initial risk assessment will be carried out to highlight any particular problems relating to safe storage of medicines. Medicines requiring cold storage should be properly labelled by
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the pharmacist and stored in the service user's fridge away from food. All medicines which need to be stored in a refrigerator should be kept in a suitable container, such as a plastic box with a lid.

- 13.2 The safe storage of medicines is the responsibility of the service user but care workers should assist with this and raise any concerns with the Supervisor or the Care Manager who may then contact the pharmacist or other appropriate health care professional or the service user's family. Consideration should be given to storing medicines out of reach of any children who may visit.
- 13.3 Where a service user is confused, or otherwise thought likely to take additional doses, a safe storage strategy must be considered in co-operation with others involved in the care of the individual service user. This should be recorded to ensure that everyone involved with the service user's care is aware of where the medication can be found. Any signs of taking additional doses or of tampering with the container must be reported to the GP or pharmacist and recorded.
- 13.4 Medicines should be stored in a dry cool place out of direct sunlight. They should also be stored securely.

14. DISPOSAL OF MEDICINES

- 14.1 The disposal of medicines normally arranged by the service user or relatives. However, if you are arranging it and there are no relatives, the following should apply:
- Medicines should be disposed of when the expiry date is reached or a course of treatment is completed or discontinued.
 - The medicines should be returned to the Pharmacist. The Pharmacist should witness and sign that the medicines have been returned using the Medicines Administration Record.
 - Medicines should not be disposed of in household waste or down the toilet.
 - Medicines should never be retained or used for other service users, or any other person.
 - If a user is admitted to hospital, all their current medication should be handed to the nurse in charge of the ward or the doctor on duty.
 - If a service user dies, medication should not be disposed of in case they are required by the Coroners Officer

15. TRAINING

- 15.1 All care staff will receive basic accredited medication awareness training before they can assist or administer medication. The training will include the following:
- a) Knowledge of the company's medication policy
 - b) Basic understanding of the different legal categories of medication, e.g. over the counter (OTC's), prescription only medication (POM), control drugs (CD's) and as-and-when required (PRN) medication, the criteria for their use, and the implication for their use and the associated risks.
 - c) To understand the safe procedure for handling medicines.
 - d) Basic knowledge about common medications and how they are used.
 - e) How to identify the service user correctly.
 - f) How to support people who are self- administering medication.

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- g) How to administer medication safely and effectively.
- h) How to administer medication by non- invasive routes (oral, ear, eye, nose drops and inhalers or applicators).
- i) To understand and maintain medication records.
- j) To know the procedure for reporting any problems arising with medication.
- k) How to recognise and deal with problems in use such as side-effects and contra-indications.
- l) Procedures for storing and disposal of medicines.
- m) What to do in the event of an error in administration.
- n) It is often a good idea to include a local community pharmacist in training events or just to give a talk to staff. Such training can sometimes be supported with sponsorship or support from pharmaceutical companies. All training should be accredited to National Training Organisation (NTO) standards.