ASPECTS CARE LTD

MEDICATION

POLICY AND PROCEDURE

Dated September 2009 – Reviewed by Paul Graham, Director of Care
Reviewed in line with Mental Capacity Act 2005
Policy Amended June 2022 by Paul Graham – Director of Services

ASPECTS CARE LTD
MEDICINES POLICY

1.1 Introduction

This policy is the overarching medicines policy used within Aspects Care Ltd and any staff working for Aspects Care Ltd who are not registered to a professional body but are responsible for administering medicines.

The policy refers to all formal carers employed by the company unless otherwise stated and applies to the administration of prescribed medication and specific homely remedies as described in the policy. Staff working within multi-disciplinary intermediate care services should follow their own service specific standard operating procedures (SOPs) in addition to this medicines policy.

Throughout this document specific terms have been used which have been defined in Appendix 1.

1.2 The Purpose

To give clear guidance to all staff, including bank staff, involved in all aspects of medicine management.

To ensure unified procedures are undertaken in all Aspects Care Ltd services with regard to medication.

To meet all legal requirements and the standards prescribed by the Care Quality Commission (CQC) or any successor body.

To ensure that procedures, policies, and training in a supportive workplace environment/team are in place so as to reduce risk of medicine related errors and the associated risks to service users and employees.

1.3 Scope

This policy applies to all Aspects Care Ltd staff, including formal carers and bank staff, working within ACH services who are involved in any aspect of medicine management. In addition, this policy applies to staff working for Aspects Care Ltd who are not registered to a professional body, but are responsible for administering medicines.

1.4 Authority

This policy has been approved and authorised by the Directors of Aspects Care.

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1.5 Advice on Medicines

Advice on medicines can be obtained from

- Any community pharmacist
- The service user's GP
- NHS Direct Tel: 111
- The local Out of Hours GP Service

1.6 Principles of Good Practice

a. All medicines are potentially harmful if not used correctly, and care must be taken in their storage, administration, control and safe disposal.

b. The responsibility for prescribing and management of medication rests with the service user's GP in consultation with other members of the local Primary Health Care team and his/her patient. However, everyone involved in caring for a service user is responsible for ensuring that his or her medication is well managed. The person that administers any medicines must ensure that it is administered according to the prescriber's (e.g. GP) written instructions and the pharmacist's label. The administration of any medicine must be recorded and signed for on each separate occasion for each individual product.

c. Any medicine dispensed by a pharmacist becomes the property of the service user for whom it has been prescribed. It must not be used for the treatment of anyone else. Medicines must be administered in a way that respects the autonomy, human rights, privacy, and cultural and spiritual beliefs of the service user and takes full account, where appropriate, of the wishes of their family and carers.

d. The assessment of capacity to consent is vital. People with capacity must give consent before medicine is administered. It is the responsibility of the assessor (i.e. a member of staff authorised to carry out an assessment) to obtain authorisation for administration of medication. This must be given by the service user at the assessment stage unless the service user lacks the capacity to do so. (See section 2)

e. Medication must never be disguised unless on the specific written instruction and guidance of the medical practitioner with the agreement of the care worker. This decision must be undertaken as part of a multidisciplinary team (see section 2.2b Assessment of capacity to consent to assistance with administration of medication). Medicines must never be forcibly administered by care staff under any circumstances.

f. Support Workers, when involved in providing support and assistance to a service user must only carry out duties in accordance with their authority and training duties and in line with this policy.

g. Support Workers must not make clinical decisions or judgments regarding the administration of medication e.g. increase or change of dosage. This policy does not cover every possible situation that may arise. Where care staff have any doubt about the action to take, the line manager or a health care professional or a nominated person (e.g. next of kin), should always be consulted.

h. Where a service user self-administers their own prescribed medication, and the care worker is concerned about the service user's ability to manage their own medication, the care worker must report this to their line manager or other duty manager within 24 hours. The line manager or duty manager should then take appropriate action as necessary e.g. a risk assessment or have a discussion with the prescriber.

i. Support Workers can only administer medicines from the original container, dispensed and labelled by a pharmacist. This includes monitored dosage systems and multi-compartment compliance aids. Support Workers cannot administer medication from family filled multi-compartment compliance aids. Support Workers are not permitted to fill any multi-compartment compliance aids.

j. Any refusal by a service user to take medication should always be recorded and appropriate advice sought from the GP. Any unused or discarded medication must be returned to the community pharmacist (except care homes with nursing who must dispose of their own waste medicines appropriately) with the permission of the service user. A receipt should be obtained and if possible, attached to the Medicines Administration Record (MAR) sheet or kept in the service user's file.

k. All staff must take full responsibility for their own personal medication. Service users must not be put at risk by staff leaving their own medication lying around.

l. Aspects Care Ltd is responsible for agreeing the level of support required and ensuring that the appropriate record keeping, and training needs are met. The person's care plan will require review as needs change.

m. Where multiple providers are contracted to provide services, there needs to be agreement about which provider holds the responsibility for support with medication.

n. Support Workers must not offer advice to service users about over-the counter medication or complementary treatments. *The service user must always be advised to contact their pharmacist or GP.*

1.7 Definitions for Levels of Support

These definitions relate to the service user to the Care Quality Commission (CQC) and may be different to common understanding within Adult Services.

What is the difference between assisting someone to take their medicines and administering medicines to them?

The following descriptions define what assisting with medicines means and what administering medicines means:

- When a care worker assists someone with their medicine, the person must indicate to the care worker what actions they are to take on each occasion.

- If the person is not able to do this or if the care worker gives any medicines without being requested (by the person) to do so, this activity must be interpreted as administering medicine.

a. 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 or all of the following:

- requesting repeat prescriptions from the GP

- collecting medicines from the community pharmacy

- disposing of unwanted medicines safely by return to a *community pharmacy* (when requested by the service user)

- 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 service user 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

- if Support Workers carry out a level one task it must be recorded in the communication sheets in the service user's *documentation*

Adults can retain their independence by using multi-compartment compliance aids and these should be considered if packs and bottles are difficult to open or they have difficulty remembering whether they have taken medicines.

The multi-compartment compliance aid must be filled and labelled by the community pharmacist. The service user may qualify for a free service from a community pharmacist if they have been assessed by that community pharmacist as meeting the criteria under the Disability Discrimination Act (DDA).* Support under the DDA may involve the provision of other compliance aids e.g. easy open tops, reminder charts, large print labels, etc.

Support Workers should only use original containers dispensed and labelled by a pharmacist. This includes monitored dosage systems and multi-compartment compliance aids. Staff must not fill multi-compartment compliance aids themselves.

b. Level 2: Administering Medication

This section refers to the use of tablets, capsules, liquids, ear nose and eye drops, inhalers, patches and topical preparations.

The assessment may identify that the adult service user is unable to take responsibility for their own medicines. This may be due to impaired cognitive awareness (e.g. dementia or learning disability but can also result from a physical disability).

If they have capacity the service user must agree to have the care worker administer medication and consent should be documented in the service user's plan. If an adult is unable to communicate informed consent, then it must be indicated formally that the treatment is in the best interest of the individual.

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

- When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or multi-compartment 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 the ear, nose or eye; and administers inhaled medication (including inhalers and nebulisers)

- When the care worker applies a transdermal patch

- When the care worker puts out medication for the service user to take themselves at a later (prescribed) time to enable their independence. (A Risk Assessment must have been completed).

- Where the carer selects the medication and places the medication into the service user's mouth as the service user is physically unable to do this. This must only be carried out if agreed by a multi-disciplinary team and if detailed in the care plan.

- The need for medication to be administered should be identified at the needs/care assessment stage by the competent assessor and any subsequent reviews and recorded in the service user's plan.

Each service must ensure that there is a written system in place to ensure that only competent and confident staff are assigned to a service user who requires Level 2 administration. Staff that have not received training and have not been assessed as competent will not be required to administer medicines. Procedures should enable Support Workers to administer medication when they have received suitable training and feel competent and confident to do so.

Support Workers should only administer medication from the original container, dispensed and labelled by a pharmacist. This includes monitored dosage systems and multi-compartment compliance aids.

The multi-compartment compliance aid must be filled and labelled by the community pharmacist. Nationally with the evidence available it is recognised that multi-compartment compliance aids are overused and may not be appropriate or beneficial for the majority of individuals.

Support Workers should only use original containers dispensed and labelled by a pharmacist. This includes monitored dosage systems and multi-compartment compliance aids. Staff must not fill multi-compartment compliance aids themselves

c. Level 3: Administering Medication by Specialised Techniques

In exceptional circumstances and following an assessment by an appropriate healthcare professional, after appropriate Level 3 training, a care worker may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
- Use of an epipen
- Insulin by injection including testing of blood sugars and use of an insulin pen.
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG).
- Buccal administration e.g. midazolam
- Oxygen

Please note that this list is not exhaustive. In most instances this additional training is person specific and service user specific, (i.e. if you have been trained to support one person you cannot assume that you can transfer those skills to support another service user without checking with the health care professional who is delegating the task). This must be recorded in the care plan. The Aspects Care Ltd staff and the healthcare professional must make certain that adequate arrangements are in place to ensure continuity of care.

This must be discussed with the service user, carer and their line manager before this is undertaken. Consent must be obtained from both the service user and the carer involved and recorded in the care plan.

Records must show that each individual care worker has been appropriately trained for the administration of a particular medicine in a particular dose to a particular person. The care worker must have agreed to undertake the task and the person must agree to allow the carer to perform the task. In addition, Aspects Care Ltd must have detailed guidelines as to when it should or shouldn't be given and who to contact if they are concerned. If the dose is changed a nurse must re-train staff or perform the task themselves (particularly in the case of insulin). Care staff must also be aware of any other relevant policies in place (e.g. infection control, needle stick injury, epilepsy guidelines etc.).

2. Assessment

2.1 Role of the Competent Assessor (see definition)

When a service user is referred to Aspects Care, as part of the initial assessment, care planning and any subsequent reassessments, the level of support with respect to medication, if any, should be identified or adjusted if necessary and appropriate. This also includes the need to define the level when any services that include medication are being purchased from Aspects Care. All associated requirements should be initiated.

2.2 Capacity

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions. (Please refer to Pan Dorset Mental Capacity Act Staff Guidelines).

The key principles of The Act are:

- A presumption of capacity, unless proved otherwise; every adult has the right to make their own decisions.
- Individuals have a right to be supported to make decisions (e.g. given the right information in the most accessible way).
- Individuals have the right to make unwise or eccentric decisions
- Best interests – anything done for or on behalf of someone who lacks capacity must be in their best interests AND be the least restrictive intervention.

Assessing Capacity and Best Interests Decisions

When deciding whether someone has the capacity to make a decision it must be remembered that this is a 'time and decision specific' test. A service user may be able to make some decisions but not others, or a service user may be able to make a decision on one day and not on the next.

A service user will have the capacity to make a decision if they are able to:

1. understand the information relevant to the decision
2. retain the information related to the decision to be made
3. use or assess the information while considering the decision
4. communicate that decision – this could include alternative forms of communication such as blinking an eye or squeezing a hand when verbal communication is not possible

(a) Assessment of capacity at the point of prescription

It is the responsibility of the G.P. or prescribing practitioner to assess the service user's capacity to accept a prescription for medication. If the service user lacks the capacity to make this decision, the medication may still be prescribed if the prescriber believes it to be in the service user's best interests.

(b) Assessment of capacity to consent to assistance with administration of medication

If a service user requires support to administer medication their capacity to consent to this support must be assessed following the guidelines and principles of the Mental Capacity Act 2005. As part of this assessment the assessor should also consult with relevant people (e.g. family members and carers), to establish whether the service user has the capacity to consent to the necessary support.

If the service user lacks the capacity to consent to support with administration of medication, it is still possible to administer the medication if it is considered to be in their best interests. Making a decision about best interests should take into account all relevant factors such as the service user's own past and present wishes and feelings, the benefits of taking the medication and the views of others who are involved in the care of the service user.

If a service user has appointed a 'personal welfare attorney' under Lasting Power of Attorney, the attorney may be able to make decisions relating to administration of medication. The attorney can only make these decisions if the service user lacks the capacity to do so and must always act in the service user's best interests.

Decisions about the administration of medication in the best interests of a service user who lacks capacity should involve the prescribing practitioner and relevant people such as other professionals, family and carers. Where the prescribing practitioner refuses or is unable to be involved in making the decision and there is an appropriate range of family, carers and professionals available to contribute in making the decision, then it can be made without the prescribing practitioner.

The details of who was consulted in making the decision, how the decision was reached and what attempts were made to assist the service user to make his or her own decision must be documented on the service users file. The final responsibility for determining whether it is in the service users best interest lies with the assessor.

Methods of administering the medication should be agreed including the use of covert options as necessary. The decision to administer medication covertly must not be considered routine. Any decision to do so must be reached after careful assessment of the person's needs.

There should be open discussion and agreements within the multi-disciplinary team and the person's relatives or advocate. The less restrictive option should be chosen, following the principles of the Mental Capacity Act. The decision, the action taken, and the names of all parties concerned should be documented in the person's care plan and reviewed at regular intervals.

If there are fluctuations in the service user's capacity, the consequences of this should be considered and a strategy put in place. Similarly, if there is a decision to administer the medication in the best interests of a service user who lacks capacity, it should be noted whether the service user is likely to be compliant with taking the medication and, if not, a strategy should be put in place.

Care plans should include the assessment of a service user's capacity to consent, and this documented to assistance or with the administration of

medication and confirm that any actions taken on behalf of a service user who lacks capacity are agreed to be in their best interests.

(c) Advance Decision

An advance is where a person makes a decision about refusing treatment at a future time when they may lack capacity. A copy of the Advance Decision should be held in the patients' notes.

(d) Staff Guidelines

Aspects Care Ltd staff can assume that any actions taken under the care plan are agreed to be in the service user's best interests. However, staff have a key role in assessing capacity and best interests ***at the time of administering the medication*.** If there are variations in the circumstances covered by the care plan for example:

- If a service user who lacks capacity but has previously complied with taking medication now refuses to take that medication

- If a service user who previously had capacity to agree to assistance with administration of medication now appears to lack the capacity to agree to that assistance

Then staff should not proceed with administering the medication but should refer to their line manager for further advice.

2.3 Consent

It is the responsibility of the competent assessor to obtain the service user's authorisation when it has been identified that they need assistance to administer their medication. Only a service user who has capacity to make this decision can give authorisation for this assistance.

The assessor must explain to the service user the type of assistance that is proposed, and their consent should be recorded on a consent form and in their care plan. The service user must communicate in their own way that they agree to the assistance. However, this consent must be confirmed every time assistance is given. The consent form cannot be used to assume the service user has given consent at the time the assistance is required. ACH staff must ensure that the service user agrees to accept assistance at the time it is offered.

A service user must be able to get advice and help to reach an informed decision. They must not be coerced, or authority used as a means to gain consent.

If a service user has capacity to consent to assistance but refuses to authorise this assistance and the assessor considers that this places the service user at risk, the refusal should be recorded and reported to the GP or appropriate professional.

2.4 Service user who wishes to self-medicate

Whenever possible the service user should take responsibility for their own medicines. This preserves independence regardless of the social care environment.

Self-administration of medicines is not an ‘all or nothing’ situation. For example, some people might keep and use their own inhalers but not their other medicines. Alternatively, a person might be able to manage his/ her medicines provided that Support Workers assist him/ her, for example:

- A person who has suffered a stroke and is unable to open containers may want to keep medicines and ask Support Workers to assist at the time he/ she chooses to take the medication.

- A young person may be given a tube of cream to apply privately even though Support Workers give other prescribed medicines.

- A person who has limited understanding and awareness may be able to cope with a day’s supply of medicines in a compliance aid.

People (including those with a physical or mental disability) have the right to choose to manage their own medicines if they want to, with appropriate support from Aspects Care Ltd staff. It should not be assumed that people should have their medicines automatically given by staff. This is particularly important for short term respite, or intermediate care, when people may need to be able to manage their own medicines when they return home. The degree of self-medication can vary from a person able to completely managing all the medication arrangements themselves to taking one tablet later on at night after the carer has left it with them earlier, this may also include pain killers if they have difficulty settling.

Service users should always be encouraged to inform staff about any changes relating to their health and medication. A service user who wishes to self-medicate must be assessed by a competent assessor, as being capable of managing their own medication. This should include the risks to the service user themselves and anyone else who may have access to the medicine (e.g. visitors, children and other service users).

Some people may need extra help to be able to manage their medicines. There are a number of compliance aids available to assist in self-medication, any community pharmacist will advise on these.

The robust risk assessment and the care plan should note that the service user will be responsible for their medication. The risk assessment must be reviewed at regular intervals and if there is any change in the service user's circumstances.

In Aspects Care Ltd properties locked storage must be provided for each person in their own room. If the room is shared, there must be separate storage facilities for each person. Any controlled drugs that they take can be kept in here and do not need to be locked in the a centralised controlled drug cupboard.

When assessing if a service user is able to self-administer, or determining the level of support they need, managers and supervisors should discuss with some or all of the following as appropriate to the individual service user:

- Service user
- Carer/relatives/advocates
- Social worker/key worker
- Care staff
- GP
- Consultant
- Specialist nursing staff
- District nurses
- Community pharmacists
- Any other relevant person involved in the service user's care

The level of support should be recorded in the care plan and must also include how to monitor whether the person is still able to self-administer medicines without constantly invading their privacy. If Aspects Care Ltd is responsible for the ordering and receipt of medication for the service user, records must be kept as to when the medication is handed over to the service user. This will help the continuing risk assessment process.

Suspected changes in a service user's capacity and/or ability to self-administer should be reported for review to an appropriate manager or GP and recorded in the service user's records.

There is no need for staff to fill in the administration section of the MAR sheet when people self-administer medicines, but the form should indicate that the person self-medicates. If the local manager chooses to use the form to show that they have checked that the medicine(s) has been taken and it must be made clear that this medication has not actually been given by staff.

2.5 A service user who wishes to take over the management of their medication.

It should be acknowledged that a service user has the right to administer their own medication. It must be agreed between that service user and a relevant Aspects Care Ltd manager that they take on the responsibility and this should be recorded in a care plan and risk assessment. There should also be a signed agreement from the service user or their representative, accepting responsibility for taking their own medicine. If there is a refusal to sign an agreement it should be recorded in the care plan.

2.6 Equality and Diversity

A service user may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage and arrangements made to accommodate them.

Examples are:

- The medicine is provided in a gelatine capsule and the service user is vegetarian.
- The service user prefers to have medicines given to them by a member of the same sex.
- The service user observes religious festivals by fasting and prefers not to have medicine given at certain times.
- The service user does not wish to take their medicines in front of other people.

2.7 Covert administration

There may be certain circumstances in which covert administration may need to be considered to prevent a service user missing out on essential treatment. A multi-professional team plus carers and relatives of the service user must assess and then approve the decision. The decision taken should respect any previous instructions given by the service user and be recorded in the care plan with a date for review.

2.8 Storage

The assessor must note if there is a need to store medication in a specific way (e.g. secure or refrigerated). This information should be recorded on the care plan.

2.9 Other parties involved

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

2.10 Pharmacy

In most cases a service user receiving regular medication will use a single pharmacy for all their prescription medication. Where this is not the case the assessor should agree with the service user, or their representative which pharmacy should be approached to dispense prescriptions.

2.11 Ordering and collection

The usual arrangements for the ordering and collection of prescriptions should be recorded on the care plan. Emergency prescriptions may need to be dispensed by an 'out of hours' pharmacy.

3. Medicines Management

3.1 Level 1 – General Support

Staff will support a service user who is able to, and wishes to manage their own medication, but needs general support as defined above.

Assessors should ensure that the service user accepts responsibility for the process.

3.2 Level 2 – Administering Medication - General Principles

This policy is based on the '*six rights'* as set out below:

- *The right person receives*
- *The right medicine*
- *The right dose*
- *Via the right route (method)*
- *At the right time*
- *And ensuring the right record keeping.*

Only designated, appropriately trained workers can carry out administration of medication. They must be trained to level 2, mentored by a senior worker and assessed competent and confident to administer. If a staff member has not received training or does not feel confident, they should refuse to administer medication.

Aspects Care Ltd must obtain for all new service users, or service users returning from any period of absence, an up-to-date list of the service user's medication from an authoritative source. This may include a fax from the GP or a discharge letter.

3.3 Responsibility

Where responsibility for medication is shared with a relative or carer, the name(s) of this relative or carer should be recorded in the care plan. The care worker should not undertake any duties which fall within the responsibility of a GP or nursing staff, e.g. sutures or catheter removal.

Support Workers must not make any clinical decisions or judgments (e.g. increase or change of dosage) regarding the administration of medication. If there is any change of circumstances relating to a service user's medication care staff must report it to the line manager or a health care professional or a nominated person (e.g. next of kin).

Support Workers may not administer medication:

- Into the vein (intravenously)
- Vaginally
- Via a nasogastric tube (a tube directly into the stomach via the nose)

If it is stated on the care plan that a care worker puts out medication for the service user to take themselves at a later (prescribed) time to enable their independence, it should be left in a safe and secure place and recorded on the Medication Administration Record (MAR) sheet. This must have been risk assessed and recorded in the care plan by the competent assessor.

3.4 A service user discharged from hospital

A service user discharged from hospital may have medication that differs from that which they had before admission. A list of current medication should be provided on a copy of the discharge prescription supplied by the hospital. In exceptional circumstances, if this is not supplied, team leaders, supervisors or key workers should clarify with the hospital ward which medicines should be administered. It is recommended that this is *provided by fax*. Verbal orders must only be used in exceptional circumstances.

Verbal consent should be obtained from the service user to dispose of discontinued or out of date medication. This consent should be recorded in the service user's record.

3.5 A service user admitted to hospital

If a service user is admitted to hospital all medication should be sent with them and a photocopy of the MAR sheet if possible.

3.6 A service user attending an out-patient appointment

If a service user attends an out-patient appointment they should take a copy of the MAR sheet with them if possible.

3.7 Administration of medicines away from their home (including residential and community support)

Where the service user undertakes a planned activity (e.g. attends a day centre or is going on holiday) the person planning the activity should approach the pharmacist for a separate supply to be dispensed.

In the event of an unplanned activity, two Support Workers must dispense the appropriate medication into a suitable container and label it with the service user's name, the name and the strength of the medicine, the dose, the date and must initial the container. This must also be recorded on the MAR chart.

3.8 Medication Administration Record (MAR)

Formal documentation is necessary for **ALL** services. Responsibility for providing MAR sheets rests with Aspects Care Ltd staff. The pharmacist is not responsible.

MAR sheets should be used to record all medicines received, administered and disposed of.

Poor records are a potential cause of preventable medicine errors

Printed MAR sheets are not essential, but they reduce the risk of error and are therefore preferable to handwritten charts. It is Aspects Care Ltd policy to use printed MAR sheets wherever possible.

If a handwritten MAR sheet is used there must be a robust system to check that it is constructed correctly. This must include instruction for a second member of staff to check and initial that the MAR sheet is correct before it is used. In domiciliary care the first member of staff must enter the record and initial the entry. The next member of staff that administers the medication must check that the details are correct and initial the record.

Completing a handwritten MAR sheet

It must be written in black ink with the name of the medicine written in block capitals.

Staff should not construct charts by sticking duplicate medicines labels onto a blank chart.

Correction fluid must never be used on MAR charts.

Aspects Care Ltd should have a list of sample signatures for all persons recording on the MAR chart.

If medicines are not administered, then an explanation must be given for the reason for non-administration. This may include the use of differing letter codes on pre-printed MAR sheets. If a code is used this must defined on the chart.

For variable doses e.g. one or two to be taken at night, the exact quantity must be recorded.

Completing a MAR sheet

The care worker must confirm that a dose has been administered by entering their initials in the appropriate box on the MAR sheet; **this must be recorded immediately after administration for that person.**

Any changes to the MAR sheet should be carried out by carefully cancelling the old entry and making a new legible entry or requesting a new MAR sheet from the pharmacist, whichever is appropriate. Guidance should be sought from a senior member of staff if needed. *This should only occur after direct communication from or with the prescriber.*

When a MAR sheet has been fully completed it must be transferred to the service users file.

Aspects Care Ltd managers must carry out a periodic check of MAR sheets to ensure they are completed correctly. Any discrepancies that are identified must be addressed with the individual care worker or at the team meeting.

a. MAR sheets in residential care homes, day services and supported living

When a service user is admitted to an Aspects Care Ltd residential service, they and/or their informal/ formal carer should be requested to bring with them all medicines. They should be the ones currently in use, in their original containers as labelled by a pharmacist. The medication should be checked to ensure that they are in date. Staff in the service should obtain a current list of medication

from the service user's GP and confirm with the duty manager and/or GP any discrepancies.

For a service user arriving from hospital, a current list of medication should be provided on a copy of the discharge prescription. If, on admission, there are any doubts about what medicines are to be administered the GP or hospital ward should be contacted as soon as possible and the medication reviewed. In the event of an admission out of surgery hours the advice of a pharmacist/NHS Direct should be sought and recorded.

On admission if a printed MAR sheet is not available then a handwritten sheet should be completed by the designated officer in respect of each service user detailing: -

- Name
- Date of birth
- Information on known allergies to medicines
- Name of the GP
- Any known allergies or 'nil known'
- Name, form, strength of each medicine
- The instructions on how to take each medicine (this should match the Label on the medicine)

This handwritten record must be checked and countersigned by a second competent member of staff.

For a service user who is on an established system then all medicines received in an Aspects Care Ltd residential service should be checked against the printed MAR sheet to confirm the name of the service user for whom they were prescribed, the name of the medicine, strength and quantity, date of receipt and signature of the receiver.

If possible, a photograph of the service user should be obtained and attached to the current MAR sheet. If this is not possible staff must ensure that they are confident that they have the right person. If the care worker is unsure, they must speak to a senior member of staff for advice.

Any visiting GP/Consultant should be encouraged to record any changes to medication on the MAR chart. A GP does not have to sign any documents produced by Aspects Care Ltd unless there is a private contract with the GP. If a GP refuses to record any change in dose, then a competent member of staff must cancel the original direction, write the new directions legibly, and in ink, on a new line of the MAR, write the name of the Doctor or other prescriber who gave the new instructions and initial the entry. A second competent member of staff must check and countersign the entry.

b. MAR sheets in domiciliary care services

A printed or handwritten MAR sheet should be obtained for each service user as indicated in the care plan.

The current MAR sheet should be kept in the service user's home or room. The care worker must send completed MAR sheets to Aspects Care's offices for storage on the service user's file. In exceptional circumstances where there is another service provider involved then the designated main provider should take the chart for their own files and send a copy to the other provider.

If relatives, friends or other carers administer medication then they should be asked to make an entry on the MAR sheet to ensure that a double dose is not given. If they do not record on the MAR sheet, then it should be reported to the line manager for a risk assessment to be carried out.

In Aspects Care Ltd placements if anyone other than the approved carer administers medication then they should be asked to make an entry on the MAR sheet to ensure that a double dose is not given. Failure to do so should be reported to the Adult Placement service for a risk assessment to be completed.

3.9 Receipt of medication

All medication must be documented on a MAR sheet or a similar chart to provide an audit trail of medication received, administered or disposed of as appropriate.

All records should include the name of the service user for whom it is prescribed, the drug name, form, strength and quantity, date of receipt and signature of the receiver.

The label on the container should be checked against the information given on the MAR sheet. All medicines should be checked to ensure that they are in date and what the storage conditions are. **Labels must never be altered. In the event of a discrepancy advice must be sought from the GP or pharmacist.**

The above procedure should be carried out in other Aspects Care Ltd services (e.g. domiciliary care) if the care worker collects the medication from the community pharmacy if mentioned in the care plan.

3.10 Supply of Medication

Medicines must only be used for the particular service user for whom they are prescribed.

Bulk supplies of medicines for the use of more than one service user must not be stored by staff unless covered by the section on Homely Remedies.

3.11 Prescriptions

a. Verbal changes to prescribed medication

These can be accepted provided there is written authorisation of the changes, supplied by the prescriber, usually by fax, at the first opportunity.

Whenever possible written confirmation of the change (i.e. a new prescription or a fax of the new instructions) should be obtained. If a fax is not available, then the first person must record the changes by the Doctor and hand the phone to the second member of staff who should repeat the details to the GP.

The following information should be recorded:

- Name of the service user
- Name of the medicine
- Dose and frequency of the medicine
- Name of the doctor
- Time and date
- Special instructions i.e. for two doses only
- Signature of person taking orders and if possible, a witness
- If possible, try and obtain a fax or a new prescription and the details of the person sending it.

c. Ordering of prescriptions in Aspects Care Ltd residential care services

A designated officer will be appointed to ensure continuity of supplies of medication as appropriate in the most efficient manner.

The designated officer will assess each service user's medication on arrival and on a weekly basis to identify any items which have between 7 and 14 days' supply left. Repeat items will be ordered using the prescription request form from the service user's GP or the Intermediate Care GP as appropriate. The necessary information will be supplied with the request to enable the prescribing GP to carry out this task safely. On receipt, all medicines should be double checked with existing records to ensure that they are correct.

d. Ordering of prescriptions in domiciliary care services

If it is identified at the assessment stage that Support Workers are responsible for ordering prescriptions and/or collecting from the GP practice/community pharmacy then this must be documented in the care/support plan. This must include the criteria for reordering **ensuring the service user does not run out of medication.**

e. Obtaining medicines outside working hours

If medicines are required outside working hours then a competent member of staff must contact NHS Direct on 0845 46 47, the GP out of hours service, or local pharmacy for advice.

3.12 Storage

This applies to medication not needing any special storage (e.g. controlled drugs or refrigeration). Support Workers must check the individual labels or leaflets to ensure that medicines are stored appropriately.

In Aspects Care Ltd residential services, all medicines must be stored in a locked cupboard or medicine trolley. If used, a trolley should be secured to a wall or immovable object when not in use.

The supplies for each service user should be kept segregated in a suitable reserved container (internal use and external use medicines should be stored separately).

All keys are the responsibility of the designated officer on duty. Keys for medicine cupboards, trolleys and clinic areas must be kept separately from any other keys and separately from the master key. The number of duplicate keys should be minimised.

A service user in a residential service who is self-medicating must be provided with a lockable cupboard in their own room to store medicines.

The service user will take responsibility for the key.

In Aspects Care Ltd domiciliary care and supported living services medication should be stored appropriately according to the individual circumstances. If there are special requirements then this should be stated in the Care Plan.

3.13 Refrigeration

In Aspects Care Ltd residential services medicines that require storage between 2 and 8 degrees centigrade need to be stored in a lockable refrigerator. The minimum and maximum temperature should be monitored and recorded daily and the refrigerator defrosted regularly. If the temperature falls outside of the range then the care worker must speak to a senior member of staff for advice. The senior member of staff must check with the Pharmacist to confirm that it is appropriate to use the medicine.

In a service users own home medication needing to be refrigerated should be stored separately from food (e.g. in a separate plastic container). If the care

worker suspects that the fridge is not working correctly (e.g. too hot or too cold) then advice must be sought from the pharmacist.

The pharmacist's label, container or patient information leaflet will indicate if an item needs refrigeration.

3.14 Controlled Drugs

The Misuse of Drugs Act 1971 controls the availability of drugs that are considered sufficiently 'dangerous or harmful' with a potential for misuse. These drugs are termed Controlled Drugs (CDs) and it is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation.

If any problems are identified in the handling of controlled drugs you must inform CQC.

Controlled drugs (CD) are likely to cause dependence or misuse in varying degrees. They are classed according to the extent of harm they may cause when misused.

A list of commonly used controlled drugs is included in Appendix 1 and further advice about them may be sought from the community pharmacist. The list should be available to staff for reference purposes (e.g. on a controlled drugs cupboard). Oramorph (morphine sulphate) liquid 10mg/5ml should be treated as a controlled drug.

There must be strict controls for the prescribing, administering, safe custody, dispensing, record keeping and disposal of controlled drugs. There are special legal requirements for CD prescriptions so you should always allow extra time for these to be written

A prescription that does not comply with these requirements may have to be sent back to the prescriber for altering before it can be dispensed.

If Support Workers collect CDs from a pharmacy on behalf of someone else, they may be asked to provide identification.

a. Aspects Care Ltd– Residential Homes

Receipt, storage and recording

A CD register (a bound book or register with numbered pages) must be used to record the receipt, administration and disposal of CDs held in the service in addition to the regular records made on the MAR chart.

Each drug, for each service user, should be recorded on a separate page, with the name, dose and strength of the drug written clearly at the top of the page.

Controlled drugs must be stored in a designated Controlled Drugs cupboard. This designated cupboard must not be used to store anything else. The requirements for CD storage are:

- Metal cupboard with a specified gauge
- Specified double locking mechanism
- Fixed to a solid wall or a wall that has a steel plate mounted behind it fixed with either rawl or rag bolts.

It is sometimes believed that controlled drugs should be stored in a cupboard within a cupboard. This is not the case.

On receipt of the CD, in addition to the MAR sheet, the date and quantity must also be entered into the CD register and initialled by the authorised member of staff, with a second member of staff countersigning the entry as a witness. The correct balance should be verified each time.

When transferring the drug record to a new page in the CD register, the amount remaining must be identified with 'brought forward from page x' written clearly on the new page. It is good practice to keep CD registers for longer than the mandatory two years.

Service users who are risk assessed as competent to look after their own medicines are permitted to store controlled drugs with the rest of their medicines. Through monitoring and review of the risk factors, it should be identified that controlled drugs are not left lying around where they could be taken by someone else. There is no need to keep a record in the CD register when the person is wholly independent. That is, he or she is responsible for requesting a prescription and collecting the controlled drugs personally from the pharmacy. But if the person does not arrange the supply and collection of controlled drugs, but relies on the Support Workers to do so, there should be clear records in the CD register including:

- receipt from the pharmacy
- supply to the person
- any subsequent disposal of unwanted controlled drugs

Controlled drugs are a target for theft, and it is good practice to regularly check them. The CD register should include the balance that remains, which can be compared with the quantity in the CD cupboard. The service manager should carry out an audit on a on a regular basis to ensure that entries have been made correctly and that the balance is correct If a discrepancy is noted, the service manager should investigate and establish what has happened. For example, has

a care worker forgotten to complete the record or have the controlled drugs been stolen. If controlled drugs are missing, this is a serious incident and CQC must be notified. It may also be necessary to contact the police to discuss how to deal with the situation.

If an error occurs when a controlled drug is given, this may have serious consequences for the person involved. *The care worker should contact 999 or the service user's GP for advice. In the event that the GP cannot be contacted advice should be sought from a pharmacist.*

Administration

In Aspects Care Ltd managed homes, CDs should be administered by competent care staff, and this should be witnessed by another appropriate member of staff.

The use of a witness is intended to reduce the possibility of an error occurring. To be effective, the witness must understand what the care worker is doing and therefore needs the same level of training.

Before administering the medicine, the witness should confirm that:

- the care worker selects the correct controlled drug
- the name on the label attached to the controlled drug is the same as the person the care worker intends to give it to
- the care worker has prepared the right dose, included on the label and in the MAR chart
- the care worker gives it to the right person
- the administration is recorded in the CD register as well as signed on the MAR chart

In Aspects Care Ltd managed homes (personal care), any controlled drugs given by injection are the responsibility of community nurses. It is important to make sure that the care home retains a record of all controlled drug administration, especially when the community nurse completes a record that is not left in the care home. If the community nurse is not willing to make a duplicate record in the home's CD register, the witness (carer) should complete this record.

The service user's name, plus time and dose given, should be recorded in the CD register after carefully checking the administration sheet. Once the trained care worker has witnessed the resident taking the medication, the service user's MAR sheet must be initialled by the care worker.

The care worker and the witness should then initial the CD register, after verifying that the remaining balance is correct.

The administration process should be fully completed for each service user, before moving on to the next service user.

Records of this kind are not required if the patient self-administers their medicines. It is good practice to record details of medicines that have been handed over to the patient.

b. Aspects Care Ltd domiciliary care and supported living

A controlled drugs register is not required in domiciliary care. Details of administration should be recorded on the MAR chart. However wherever two staff deliver care (e.g. for moving and handling purposes) they should both witness the administration of a controlled drug and sign the MAR sheet.

Disposal of controlled drugs or if a service user leaves a service

Controlled drugs that are no longer required should be returned to the pharmacy for disposal. This should be discussed with the pharmacist in advance and the returned medication recorded in the controlled drugs register. In care homes records must be made in the CD register in addition to the usual records for the disposal of medicines. In other settings it is strongly advised that two members of staff witness the removal and record accordingly.

If the service user leaves a care service, any medicines handed back to the service user or a new care provider must be recorded in the CD register and disposal form (see also disposal of medicines). It is good practice to get a receipt from the service user / new care provider.

3.15 Administration Procedures

In all Aspects Care Ltd care settings (except nursing homes) all medicines, including controlled drugs, (except those for self-administration) must be administered by designated and appropriately trained staff.

In Aspects Care Ltd Care Homes (nursing) all medicines, including controlled drugs, for service users receiving nursing care are administered by a medical practitioner or registered nurse.

Support Workers should only administer medicines from the original container dispensed and labelled by a pharmacist. This includes monitored dosage systems and multi-compartment compliance aids. Staff must not fill multi-compartment compliance aids themselves.

It is not acceptable for one carer/nurse to prepare the medicine and give it to another care worker to take to the person. If the care worker giving the medicines

does not have the container with label, they cannot be sure that the person receives the right dose of the right medicine at the right time, as prescribed.

NB. Monitored dosage systems (MDS) / multi-compartment compliance aid (MCAs) have been promoted as a safe system of medicine administration. However, these systems are merely a convenient form of packaging for a limited group of medicines.

Safe practice is not guaranteed by use of a system alone but is promoted by only having staff who are trained and competent to give medicines.

It should not be presumed that medicines must be in a multi-compartment compliance aid for staff to be able to administer/assist with medicines.

Medicine should be given to one service user at a time. It should be drawn up according to the directions, taken directly to the service user and given immediately. Staff and managers should do everything possible to allow the service user administering medicine to do so uninterrupted. The service user administering the medication should not be distracted until the task is complete, e.g. if a phone rings or assistance is required somewhere else the medication procedure should be completed first.

Prescribed medication should have clear and concise instructions, which include the maximum dose and how it should be taken. For ‘when required’ medicines clear instructions must be obtained from the prescriber as to when the medicine should be administered, how often this may be repeated and what the maximum dose is over 24 hours.

If it is a new prescription for the service user, staff should ensure that they have the right information for safe administration. This information should be from the pharmacist, GP or hospital. Further information regarding the medication can be found in the patient information leaflet.

Some medication may have variable doses, which will need to be checked with separate charts or booklets, e.g., warfarin and prednisolone. If this is the case, every time, before administration of the medicine the care worker must check the separate booklet for the correct dose and the dose administered should be entered on the MAR sheet.

When a person has difficulty swallowing, there may be rare occasions when it is necessary to break a tablet in half to comply with the prescribed amount, as there is no liquid alternative. This must only be carried out if instructed by the prescriber either in the label or via written instruction. This must be double checked with the community pharmacist before administration and recorded.

If a service users cannot swallow tablets or capsules, then the problem should be discussed with a healthcare professional who will be able to find out whether a suitable liquid product is available. This could be a liquid version of the original medicine or a different medicine that has the same effect. In either case, this will have to be discussed with the prescriber or pharmacist. Normally tablets should not be crushed, and capsules should not be opened either to make them easier to swallow or to hide them from the service user because this may affect the way that the medicine works (see also section on swallowing difficulties).

Some foods or drinks may affect the active ingredient of the tablet or capsule or how it is absorbed if they are taken together. This is not considered as safe practice unless professional guidance of a pharmacist *is obtained, or it is written in the service user information leaflet.*

Before administering any medicines, the care worker carrying out the administration should wash their hands, clean the medicine preparation area and gather the following equipment:

- The service users Medicines Administration Record sheet (MAR)
- A pen (this must be black)
- A jug of water and clean glass/glasses.
- Clean and dry medicines measure/s

The MAR sheet should be checked for the following:

- The service user's name.
- The dose has not already been administered.
- Any instructions, noting in particular recent changes.
- What time the medicine is due.
- Select all the correct medicines for this time of day for that person. Even when medicines are supplied in MDS, there may be other medicines in the fridge and remember that this person may have different medicines since the last time you were on duty. This is why it is so important to refer to the MAR chart instead of relying on memory.
- The pharmacists' label on the medication container corresponds with the instruction on the MAR sheet. If these two differ, then clarify the instructions with the duty manager.
- Note any special instructions to be followed, e.g. before or after food, chewed or dissolved in water.
- Ask the person if they want their medicines before you take them out of the pack. People can refuse medicines for different reasons. When this is an important medicine, it may be better to wait a little while and ask them later. If the person continues to refuse, you must never force the medicine on them, and this means that hiding medicine in food or drink is not acceptable practice in any setting.

- Some medicines are meant to be taken occasionally when there is a specific need, for example, tablets for pain. If the directions say ‘to be taken as required’, you need to find out whether the person has any pain before you prepare and offer the tablets. Other medicines like this include treatments for constipation, indigestion, and anxiety.
- Make sure that there is a glass (tumbler) of water to wash the tablets or capsules down.
- Encourage the person to sit upright or to stand.
- If the tablets/capsules are in a monitored dosage or multi-compartment compliance pack open the appropriate section and empty the tablets/ capsules into a medicine pot and hand it to the person. If the tablets/ capsules are in bottles or strip packs transfer the appropriate number of tablets/ capsules into a medicine pot and hand it to the person.

It is almost impossible to swallow tablets or capsules without drinking some water. Even if people say they can manage without, taking tablets and capsules with a drink of water is a good habit to encourage. A hot cup of tea instead of water is not a good idea because many medicines are badly affected by heat.

It is very difficult to swallow tablets or capsules when lying down. It is very likely that the tablet or capsule could get stuck in the throat or gullet where it could cause difficulty with swallowing or could damage the lining of the gullet.

It is very important not to handle any medicines. So you need to prepare them by a ‘clean’ technique’ — that is pushing a tablet or capsule out of the blister directly into a medicine pot.

Some medicines may be harmful to the care worker if they have direct contact with them. It may be advisable to wear plastic gloves if you know there is a health and safety risk.

The dose of some medicines depends on the results of blood tests. An example is warfarin. Each setting should have a system to let the care worker or people providing care know what the correct dose is. The latest information needs to be kept with the MAR sheet.

Always make a record of exactly what you have done at the time. This includes a record when the person refuses the medicine.

a. Liquid medication

This should be administered using ‘liquid measures’ which are available from the pharmacist. These include:

- Oral syringes
- Calibrated medicine pots
- Measuring spoons (do not use teaspoons)
- If the medicine is a syrup or mixture, make sure that you use the medicine spoon or measure that the pharmacist provided — do not just guess or use any spoon or allow the person to drink from the bottle.
- *When a bottle is opened the date should be recorded ensuring that instructions on the label have not been covered. The item should be returned back to the pharmacy for disposal if the expiry date has been reached unless otherwise stated on the product or in the Patient Information Leaflet (PIL).*

b. Creams, ointments and lotions

Checks should be made to ensure the correct medicine is being used and that directions and any warnings are understood. When a new tube or jar of cream or ointment is opened the date should be *recorded ensuring that instructions on the label have not been covered. The item should be returned back to the pharmacy for disposal if the expiry date has been reached unless otherwise stated on the product or in the Patient Information Leaflet (PIL).*

If there are any queries about how to apply these medicines, a pharmacist should be consulted.

If you are applying medicines to the skin, it is really important to use gloves both for your own protection and also to prevent cross-infection (see Infection Control Policy). These medicines are directly absorbed through the skin. If you do not protect yourself, your body will also absorb the medicine.

If two or more different preparations have been prescribed check with the GP or pharmacist if the order of administration and timing are important. Use each container only for a specific patient, as this will prevent cross infection

Procedure

Care staff administering the cream must wear disposable gloves.

Hands should be washed before and after a procedure and gloves must always be worn to apply the cream. This is good infection control and good practice and will prevent cross contamination and microbial contamination of the cream.
The affected skin area should be clean, and any residue of a previous application should be removed by gentle cleansing of the area.

The cream, ointment or lotion should be applied making sure that enough is taken from the container to complete the application. If too much is taken the

remainder should not be returned to the container as this will contaminate the remaining medicine.

The prescription label should always explain how to apply the medicine, if the label says, “apply as directed”; the medicine should not be applied without first checking what “as directed “means.

The cream should be spread over the surface of the skin or **gently** massaged into the affected area until absorbed. Some medicines need to be applied sparingly. Again, the pharmacist’s label should say if this is the case. If there is no information on the label check the patient information leaflet or ask the pharmacist. Remember Emollients should not be rubbed in but be applied in a sweeping motion, rather like applying butter to toast. Apply gently in an upward direction finally swipe gently down the length of the limb to replace the hairs to their natural direction of growth. This prevents the cream clogging hair follicle.

If a further application is needed remove the glove and replace with a clean one. Any excess cream should be *left on the glove* and not returned to the pot*. Gloves should be disposed of appropriately.*

Any clothing should be replaced.

c. Eye Drops and Eye Ointments

The directions should be read carefully, and this guidance followed:

- Two different types of eye drops should never be administered into the service user’s eye at the same time, or the second drop will run out. Wait at least five minutes before administering the second drop.
- The service users head should be tilted back slightly.
- The lower lid should be pulled down and one drop allowed to fall into the space between the lid and the eye.
- If more than one drop of the same eye drop is required in the same eye, there should be a one minute interval before putting in the second drop. Wipe away any excess from the service user’s face
- When drops are prescribed to be put into both eyes, it is good practice to have separate bottles marked left and right to reduce the possibility of cross contamination.
- The procedure is similar for eye ointments; allow about half a centimetre length of ointment. Unless stated differently in the patient information leaflet.
- The service user’s eye should not be touched with the dropper or applicator.
- The container should be discarded 28 days after opening unless it is stated otherwise on the leaflet or container, e.g. preservative free.

NB. If two or more different preparations have been prescribed, they should not be given at the same time. Check with the pharmacist or GP if the order of giving and the timing are important.

d. Nose Drops

The service users head should be tilted well back, and the correct number of drops allowed to flow down into the nose. The service user's head should be kept tilted for a few minutes to allow the drops to be absorbed. Wipe away any excess from the service user's face

e. Ear Drops

The service user's head should be tilted to one side or ask the service user to lie on their side. Gently pull their ear lobe down. The required number of drops can then be administered into the ear. The service users head should be left tilted for 3 – 4 minutes after administration of the drops. Wipe away any excess from the service user's face

f. Transdermal Patches

Although these patches are applied to the skin, they do have a systemic, not a topical effect, i.e. they are absorbed. At the moment their use is limited to the treatment of angina, hormone replacement therapy, analgesia and smoking cessation.

The patches are similar in appearance to a sticking plaster, and they are applied in much the same way. It is most important that the oestrogen patches used in hormone replacement therapy are always applied below the waistline.

To apply, the skin must be clean, dry and undamaged and the patch applied firmly. The site should be varied for each new application, preferably a non-hairy site if possible, so that the skin does not get sore from repeated application in the same place. If a rash is noticed contact the GP for further advice.

g. Inhaler

There are many different types of inhalers available; they are usually prescribed for conditions such as asthma or chronic obstructive pulmonary disease (COPD). The manufacturer's instructions should always be referred to or access http://medguides.medicines.org.uk/demonstrations.aspx for guidance.

Listed below are the general points to follow for using a ***metered dose inhaler;***

- Shake the inhaler before use.
- The service user should breathe out as fully as possible.

- The mouthpiece of the inhaler should be placed between the lips.
- The service user should start to inhale slowly.
- The inhaler should be pressed down once to spray one dose into the mouth.
- The service user should continue to inhale until their lungs are full.
- *The service user should try to hold their breath for 10 seconds if possible or as long as they can without feeling uncomfortable but for no longer than 10 seconds. They should then exhale slowly*.
- *If two puffs are required the process should be repeated.*
- If more than one different inhaler is to be administered, there may be a requirement to administer in a particular order. If this is not indicated on the label, please check with a pharmacist or the prescriber.
- *The service user may be required to use a spacer device with the inhaler, such as a volumetric or and aerochamber.*
- *If you identify any problems using the device, contact the pharmacist or GP.*

3.16 Refusal

It is an individual's right to refuse medicines. The general consent given by a service user does not give a care worker the right to administer medication against a service user's wishes. Support Workers should record the reason for refusal, with the appropriate code on the MAR sheet. If the refusal continues for 24 hours, then the manager of the service, the prescriber and/or the pharmacist should be contacted for further advice.

3.17 Swallowing difficulties

Care staff should not crush tablets; particularly if it is a 'long lasting' formulation (Retard, Modified Release, Slow Release etc.). If a service user is experiencing difficulty swallowing any medication, then the care worker should report it to their manager who should contact the service user's GP or community pharmacist for further advice. It may be appropriate to change the formulation to a liquid or soluble tablet, if there is one available. If there is no alternative, then written consent must be obtained from the prescriber and a risk assessment should be carried out by an appropriate member of staff stating that the care staff are acting on advice from the GP and it should be recorded in the care plan.

This advice should be checked with a pharmacist to ensure that it is appropriate to crush the medication. A procedure must be put in place as to how this will be undertaken and recorded in the care plan.

3.18 When Required Medication (PRN)

'When required medications' (PRN) are those that a doctor has prescribed to be given only when certain conditions or criteria are met, e.g. pain relief. In such circumstances the person may not need the tablets every day.

Consideration should be given to the person's capacity to refuse the medication. When providing Support Workers with information the needs of the person must be identified e.g. if signs of pain are expressed in a non-verbal way.

There must be clear guidelines in the person's plan of care, particularly if the person is not able to make the decision themselves about when they have the 'when required' medicine.

To ensure that the medication is given as intended a specific plan for administration must be recorded in the care plan and ideally kept with the MAR sheets. The care provider must ensure that they check with the prescriber:

- what the medication is for
- when should the dose be administered
- what dose needs to be administered
- how often the dose can be repeated
- what the maximum dose can be administered within 24 hours
- when the prescriber needs to be contacted

The care provider should ensure that an adequate supply of medication is available, and that the medication is in date.

ALL administration of 'when required medication' should be recorded on the MAR sheet with the exact time and quantity it is given to make it easier to see when it is appropriate to give another dose.

It is recommended that this information is recorded and made clear on the MAR sheet. Advice should be sought if any of this information is not available. If 'when required' medication is taken on a regular basis the prescriber should be informed to review the service user's medication.

'When required medication' must be listed on the MAR sheet with the maximum daily frequency and or the time lapse between any administrations and any special conditions to trigger a review.

In residential settings a record does not have to be made at each medical round to show the person has been offered the medication. However, the care plan should demonstrate that staff know what the medication is for and have made an assessment on whether the person requires the medication.

PRN medication should not be offered or given only at the times listed on the MAR chart or at specific medication rounds. As it is for occasional use the person should be offered the medication at the times, they are experiencing the symptoms either by telling a member of staff or by staff identifying the person's need as outlined in the care plan. The exact time the medication was given, and the amount given should be recorded on the MAR.

If PRN medication is given regularly then a referral to the prescriber should be considered for a review of the person's medication, as their medical condition may have changed, and the treatment required may need altering. Similarly, if the medication is not having the expected effects the prescriber should be contacted. In both cases the response to the medication should be clearly recorded.

PRN medication that is still in use and in date should be carried over from one month to the next and not disposed of. A record of the quantity carried over should be recorded on the new MAR so there is an accurate record of the quantity in stock and to help when performing audits.

PRN medication is best supplied in an original box rather than a monitored dosage system (MDS). This allows for a check on the expiry date and reduces waste.

In domiciliary care the administration of PRN medication may not be at the time of the care worker's visit. In such circumstances the care plan must detail how the person's needs are to be met. For example, the medication may be left out for the person to take at a time suitable for them. Robust records kept of what medication was left, who by, where and in what container.

3.19 Non – prescribed medicines (Homely Remedies)

It is recognised that there is a need to be able to treat minor ailments without necessarily consulting with the service users GP. A homely remedy is treatment for mild to moderate symptoms that need immediate relief for example toothache or indigestion.

There may be occasions when the service user requests you to purchase some over the counter medicines on their behalf. If this occurs, then it is important to ensure that you check with the Pharmacist or GP whether it is safe for them. If you notice that a service user purchases a lot of medication, it is important to try and encourage them to tell staff what they are taking and when they are taking them. This would include any medication, vitamins, homeopathic and herbal remedies.

Always check the dose, precautions and any other important information that is available on the service user information leaflet or check with a Pharmacist.

Any administration of a homely remedy should be recorded on the reverse of the MAR sheet or on a separate record sheet.

This record should include the reason why the homely remedy was administered, the medicine name, strength and dose administered.

Use of a homely remedy must not be extended beyond 48 hours without medical advice being sought.

Support Workers should not offer advice to a service user about over the counter medication or any complementary therapy.

3.20 Errors - Protection of employees and service users

Errors can occur in the prescribing, dispensing or administration of medicines. Most medication errors do not harm the individual although a few errors can have serious consequences. It is important that errors are recorded, and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.

Carers must immediately report any error or incident in the handling and administration of medicines. This would be to your line manager or person in charge of the setting.

Any procedures, policies and training must be implemented in a supportive workplace environment / team. They are also intended to reduce risk of medication error and the associated risks to service users and employees.

Where the medication error may cause significant harm then a CQC Notification Form must be completed and sent to CQC, and a Safeguarding raised with the local authority.

Where the error is not likely to cause significant harm then the Registered manager will review the error to see if patterns are emerging.

Those administering medication should expect:

- Not to be asked to administer medication until suitably trained.
- To receive training in accordance with the policy as part of their induction and medication training annually as part of their mandatory training.

- To be supported by colleagues, service users, relatives and managers when they are administering medication by creating an environment, which enables employees
- To undertake this task free of any expectation that they will undertake any other duties
- To be free of interruptions
- The medication must be secured in the event of an emergency

Employees have a responsibility to:

- Ensure that medication is presented in clearly labelled appropriate container with a pharmacist's label
- Book the medication in accurately
- Complete the MAR sheet accurately
- Record any instance of non-compliance on the MAR sheet. Instances should always be reported to a manager
- Concentrate on the important task of administering medication to the exclusion of all other duties and distractions
- Report any instance of a medication error immediately by seeking medical advice via the service users GP or NHS Direct.
- Report the error to a Manager
- Ensure that errors are reported. Failure to do so could result in serious consequences for the service user and for the individual employee in criminal law.
- Complete an accident incident report.

Managers should:

- Ensure that staff receive appropriate medication training regularly
- Ensure all staff receive a practical medication observation once every 12 months by someone who is deemed competent.
- Provide a supportive environment for the staff when undertaking medication duties to ensure distractions are minimised and that where medication is stored and prepared for administration has restricted access
- Ensure that employees feel confident about their role and responsibilities and feel that their line managers will reinforce the importance of the task with service users and carers
- Ensure that medication procedures and forms are audited regularly (as good practice this should not exceed three months) and that processes and systems reviewed for trends or practices that might contribute to errors
- Maintain an awareness of the quantities of medication in stock and to ensure that excess is not kept in stock and ensure that service users have regular medication reviews. It is advised that people over 75 should have a 6 monthly medication review, if on 4 or more medications, or annually if

on less than four types of medication. Employees should record if they have asked the health professional to review the medication.
- Ensure that employees who report errors immediately will be supported

All members of staff have an important role to play in risk identification, assessment and management.

To support staff in this, the company tries to provide a fair and consistent working environment and does not seek to apportion blame. Aspects Care Ltd hopes this will encourage a culture of openness and willingness to admit mistakes.
Staff are therefore actively encouraged to report any situation where things have, or could have gone wrong.

When errors are reported or identified by an audit the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action, i.e. to systems and procedures are implemented retrospectively.

Managers may wish to consider consulting with a pharmacist when carrying out an audit.

If it is found from the investigation that employees have not followed guidelines and safe practice or have acted illegally, maliciously, negligently or recklessly in line with their duty of care, an investigatory interview may be undertaken in line with Aspects Care's disciplinary procedures.

3.21 Disposal of medication or when a service user leaves the service

Medicines should be returned to the pharmacy when any of the following occur:

- A course of treatment has been completed or discontinued.
- The expiry date has been reached.

If a service user dies (these medicines should be retained for 7 days before disposal) NB: In the event of sudden death medicines should be kept securely until it is known whether or not an inquest is to be held.

Any medication returned to the pharmacy should be recorded on the MAR sheet or appropriate form. If possible verbal consent should be obtained and recorded on the service user's record. It is good practice to ask for a receipt of any medicines returned to the pharmacy. In domiciliary care it is good practice to have two signatures when returning medicines back to the pharmacy.

NB. This process is different in care homes providing nursing care.
In care homes (nursing) the home is responsible for making arrangements for the removal and safe disposal of waste medicines. Two members of staff must witness the disposal.

If the service user leaves a care service, any medicines handed back to the service user, or a new care provider must be recorded on the MAR sheet or appropriate form. It is good practice to get a receipt from the service user / new care provider.

4. Training Support Workers to Safely Administer Medication

4.1 General

In all social care services, all medicines, (except those for self-administration), should be administered by designated and appropriately trained and competent member of staff.

It is the employer's responsibility to ensure that the Support Workers have been trained and judged competent appropriate to the work that they are to perform.

Specialist techniques will be judged by the health care professional who delegated the task.

Aspects Care Ltd has established formal means to assess whether the care worker is sufficiently competent in medication administration before being allowed to give medicines and this process must be recorded in the care worker's file.

The training for care staff includes:

- Basic knowledge of how medicines are used and how to recognise and deal with problems in use.
- The principles behind all aspects of the policy on medicines handling and records.

Support Workers may, with the consent of the service user, administer prescribed medication, so long as this is in accordance with the prescriber's directions (The Medicines Act). However, when medication is given by invasive techniques, for example insulin injections, Support Workers will need additional specialist training to Level 3.

There are three levels of training for Support Workers.

- Level 1 (induction) should be received by all Support Workers.
- Level 2 (basic) is essential before any care worker administers medicines.
- Level 3 (specialised techniques) will only apply in specific situations.

Refresher training takes place annually.

4.2 Level 1: Induction

Level 1 forms part of induction training. The importance of this level is that it raises awareness of the management of medicines. It also identifies what the care worker is **not** able to do before completing Level 2 training.

4.3 Level 2: Administering Medication

Level 2 may be described as basic training and is carried out by a recognised trainer. The training provides the care worker with knowledge and practical skills to safely select, prepare and give different types of medicines, a process that is referred to as 'medicine administration'.

Basic training is necessary for the following:

- Establishing from the service records which medicines are prescribed for a service user at a specific time in the day.
- Selecting the correct medicine from a labelled container including monitored dosage system and multi-compartment compliance aid.
- Measuring a dose of liquid medicine. Applying a medicated cream/ ointment; inserting drops to ears, nose, or eye: and administering inhaled medication.
- Recording that a service user has had the medicine or the reason for not administering it.
- What to do if a service user refuses medicine that the care worker offers.
- Who to inform if a medication error occurs.
- Who to inform if the resident becomes unwell after taking his/her medicines.
- How to dispose of medication.

4.4 Level 3: Administering Medication by Specialised Techniques

Level 3 relates to those circumstances following an assessment by a healthcare professional, when a care worker is asked to administer medication by a specialist technique including:

- Rectal administration, e.g. suppositories, (diazepam for epileptic seizures)
- Use of EpiPen
- Use of oxygen
- Buccal administration (e.g. Midazolam)
- Insulin by injection.
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG).

Please note that this list is not exhaustive. In most instances this additional training is person specific and service user specific, i.e. if you have been trained

to support one person you cannot assume that you can transfer those skills to support another service user without checking with the health care professional who is delegating the task. This must be recorded in the care plan. The manager and the healthcare professional must make certain that adequate arrangements are in place to ensure continuity of care.

This must be discussed with the service user, carer and their line manager before this is undertaken. Consent must be obtained from both the service user and the carer involved and recorded in the care plan.

Records must show that each individual care worker has been trained by a healthcare professional (usually district nurse, CPN etc.) for the administration of a particular medicine in a particular dose to a particular person. The care worker must have agreed to undertake the task and the person must agree to allow the carer to perform the task. In addition, the care provider must have detailed guidelines as to when it should or shouldn't be given and who to contact if they are concerned. If the dose is changed the nurse must re-train or perform the task themselves (particularly in the case of insulin). Care staff must also be aware of any other relevant policies in place.