

Devon County Council

CP1329-16

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Medication Policy

CP1329–16 Supporting Independence.

(Appendix H)

This document is for information only and must not be used for responding to this tender

MEDICATION POLICY

For:

Supporting Independence

**(Non-Care Quality Commission
Regulated Providers)**

February 2017

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to this order

1 Introduction and Context

1.1 Policy Context

1.1.1 'Supporting Independence' services offer care and support to adults living in the community, who require assistance to maintain or recover their independence. Supporting a client to manage their medication effectively and safely can be an important part of enabling a person to continue to live independently, and achieve their My Plan outcomes.

1.1.2 However, where people live independently in the community, responsibilities for medication rest primarily with the prescriber and the client. In delivering packages of Care & Support, the Council's expectation is that clients are encouraged and supported to self-medicate and independently manage their own medication. The Council and Provider role is therefore one of taking appropriate actions on behalf of clients to help prevent avoidable problems with medication occurring, and to manage any problems that do occur through working with the client, and/or their most relevant Practitioners. The County Council's Medication Policy is aimed at supporting that role.

1.2 Legal Context

1.2.1 This document is for the sole purpose of supporting the delivery of 'assistance with medication' activities. Supporting Independence contract holders should refer to their contract Terms & Conditions and Service Specification for the legal positions relating to 'assistance with medication'.

1.2.2 'General support and the administration of medication' does not in itself fall into the definition of Care Quality Commission (CQC) activities that require Registration, unless these are delivered as part of a package of care to the client that does involve other activities that should be regulated. This policy is designed to contribute to the safety and wellbeing of Social Care clients who have been assessed as requiring a package of care and support that does not involve any CQC regulated activities. Providers retain full responsibility for ensuring that the activities they are carrying out remain compliant with CQC guidance.

1.2.3 From the point of declaring their availability to deliver a client's care and support package, Supporting Independence contract holders have a duty of care to ensure that any medication is appropriately handled, as an employer and service provider. This Policy is aimed at helping Providers assess the degree to which they are meeting their duty of care.

1.3 Contractual Context

1.3.1 This document is for the sole purpose of supporting the delivery of 'assistance with medication' activities. Supporting Independence contract holders should refer to their contract Terms & Conditions and Service Specification for the contractual positions relating to 'assistance with medication'.

- 1.3.2 The Supporting Independence contract carries no requirement for providers to accept client packages of care. However, from the point of declaring their availability to deliver a client's care and support package, contract holders should be able to assess, deliver or refer on the client's 'assistance with medication' requirements. The Council's Medication Policy sets out the expectations for how that assessment, delivery and communication should occur.

2 Pre-requisites to the provision of support and administration

2.1 Consent and capacity:

- 2.1.1 The client's overall consent should be obtained and recorded on a medication agreement form, to ensure that clients are in agreement with the identified service interventions. However, consent should specifically be given in relation to any support with medication management. An client may remove consent at any time to any or all interventions. The consent may be provided by a legally appointed representative, e.g. Authorised by the Court of Protection or an client with a registered Enduring or Lasting Power of Attorney for Health and Welfare.

- 2.1.2 Consideration should be given to an client's mental capacity to consent. (Mental Capacity Act 2005)

2.2 Assessment and recording the level of support required:

- 2.2.1 The Council and Provider role is one of taking appropriate actions on behalf of clients to help prevent avoidable problems with medication occurring, and to manage any problems that do occur through working with the client, and/or their most relevant Practitioners. A key prerequisite for the successful delivery of that role, is an assessment of the level of support that a client needs with their medication.

- 2.2.2 Devon County Council's Medication Policy describes 3 levels of support. The categorisation of a client's need for support into one of these three levels establishes clarity about the assistance needed by a client, and accountability into the decision about who is competent enough to meet that need.

2.3 Communicating and agreeing how support will be delivered:

- 2.3.1 Another key pre-requisite for the successful 'assistance with medication' role, is the effective communication between the client, carers, families, support workers, nurses, G.P's, and Social Care practitioners about the assessed level of support that a client needs with their medication.

- 2.3.2 The assessment and categorisation of a client's need for support into one of the three levels in this medication policy should be used to establish a common language within which a Supporting Independence provider can both receive and share information.

2.4 Client records and Care planning

2.4.1 The assessment and categorisation of a client's need for support into one of three levels offers a consistent language for a Supporting Independence provider to record, discuss and review the client's assistance with medication needs. Supporting Independence providers should take all the necessary steps to ensure information gathered and held, is made available to support workers.

2.4.2 Provider held records should clearly state the level of support with medication that the provider will deliver – and any support being delivered by a third party.

Provider held records should reflect the results of provider liaison with the client's carer or friend or Practitioner (where appropriate) to risk assess the support with medication needed. In particular the provider should record and share with its support workers the degree to which carers or friends are going to be involved in administering medication. E.g., who carries out the ordering of medication, who collects, storage and accessibility, disposal etc. It should describe the client medication needs or requirements for the client, e.g. ensuring that an client's inhaler is where they would expect it to be. These records should indicate clearly whether it is Level 1, 2 or 3 support that is required.

3 **Determining Levels of support**

There are 3 levels of Support within Devon County Council's Medication Policy. These are:

3.1 Level 1 tasks consist of support given to an client when they take responsibility for their own prescribed medication. Support might include requesting repeat medication, collecting dispensed medication, opening medicine bottles under the direction of the client or an occasional prompt to apply creams, or take their medication. Good quality information and advice may be sufficient in enabling an client to meet their health care need.

At no point is the support worker "selecting" the medication – this is the responsibility of the client. The client should have the mental capacity to direct the support worker and to instruct them what to do – in other words they should be able to:

- Understand how to take their medication, the right medicine, at the right time and in the right way.
- Understand the consequences of not taking it or not following the prescriber's instructions
- Identify their medications
- Make choices and communicate those choices

The medication related support needs at this level should be identified in the provider's client records and Care Plan. Support Workers should have received the appropriate

training from the Supporting Independence Provider to work with clients at this level of support.

- 3.2 Level 2 tasks consist of administering medicines and other clinical tasks. Support Workers should have received the appropriate training from the Supporting Independence Provider wherever there is an expectation for them to work with clients at this level of support.

Administration may include the selection and preparation of medicines, creams or eye drops for immediate administration. The support worker should only administer or prepare medicines from the original container or blister pack, dispensed and labelled by a pharmacist or dispensing GP for the named patient in accordance with the medication profile identified on an up to date Medication Administration Record (MAR) chart. Where these conditions are not satisfied, this should be referred back to the Supporting Independence Provider Manager who will as appropriate discuss with the GP.

Support workers may refuse to assist with the administration of medication if they do not feel competent to do so. They should raise this with their appropriate Supporting Independence Provider Manager who will discuss alternative options the GP or other relevant Practitioner/ Prescriber.

Level 2 tasks (unlike level 3 tasks) do not have to be restricted to a specifically named client. An example of this is the administration of buccal midazolam, provided the support worker has received appropriate epilepsy training.

- 3.3 Level 3 tasks consist of administering medicines that are usually undertaken by Community Nurse Practitioners. However Practitioners could potentially delegate a number of these healthcare tasks on a case-by-case basis to sufficiently competent Supporting Independence providers to deliver on the client Practitioner's behalf – if the Supporting Independence provider is willing for that to happen.

Level 3 tasks require specialised techniques that should be anticipated as being beyond the scope of a typical Supporting Independence provider's support worker training. Supporting Independence providers should anticipate that additional training would be required from a registered health professional before they would be able to safely undertake tasks at this level.

3.4 Delegation of a level 3 task

The responsibility for delegated level 3 health care tasks remains with the Practitioner delegating the task. Accountability for delivering the health care task is with the support worker and Supporting Independence provider.

Supporting Independence Providers will also require the relevant Health contact details to agree the level of support that the Supporting Independence Provider will deliver as detailed in the Care Plan, and whether any tasks are to be delegated from the Practitioner supporting the client.

The delegation of level 3 tasks is on a case-by-case basis. Practitioners can only delegate level 3 tasks to the Supporting Independence Provider if the named support workers proposed to carry out the task are appropriately trained to deliver the specific task to the named client.

A registered and competent Practitioner should provide this training and follow-up support to the support worker to ensure the skills are maintained and the care delivered is of the required standard so that the delegated level 3 task can continue to be delegated.

An client in need of a level 3 task, or their appropriate or nominated representative if they lack capacity, will also need to agree that it is a Supporting Independence provider that undertakes the task; this arrangement should be recorded appropriately.

Before any delegated Level 3 Health task is agreed, the Supporting Independence Provider support worker should ensure that sufficient guidance has been provided by the Practitioner setting out the task and how it is to be delivered in a safe and appropriate way; this should be incorporated within the provider's client records.

Once a level 3 task for an client is delegated to the Supporting Independence provider, the provider will be responsible for ensuring it takes place by an appropriately trained support worker.

A lack of Practitioner capacity to undertake tasks does not negate the need for a Supporting Independence support worker to be appropriately trained if delivering a delegated task.

4 Record Keeping

4.1 For Level 1

The Supporting Independence provider should record clearly on their client records and Care Plan the details of the medication assistance given. Where the support worker provides a "prompt" to the client to take their medications, the support worker should accurately record the medication they have prompted the client to take, by recording it in their records. This recording would confirm the process of prompting only, not the act of observing that medications have been taken unless this was also agreed.

(Ref: The Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain, 2006)

4.2 For Level 1, 2 and 3

The Supporting Independence provider should record if a client chooses not to take their medication and what actions the support worker had taken to encourage compliance and also report immediately the decision to decline taking their medication to the Supporting Independence Provider Manager.

4.3 For Level 2 and 3

Administration, where this task forms part of the agreed and risk assessed tasks for the support worker, an up to date medication administration record chart (MAR chart) should be used.

4.4 Templates to assist record keeping

Many businesses find that record keeping can be a difficult task unless there is a good plan for gathering and sharing important information that they may need to find quickly in the future. Supporting Independence providers that intend to take on any level of assistance with medication will need to ensure that they have appropriate record keeping mechanisms.

5 **Training requirements**

5.1 Level 1 Support Tasks relating to medication:

Because the client is telling the support worker exactly what to do, the Care Quality Commission (CQC) advice is that support workers can carry out Level 1 support tasks in relation to medication following induction training, providing that this is covered within the responsibilities of their role and clearly describes the level of support that support workers are trained to offer.

All support workers should understand the limitations and feel confident to challenge and subsequently discuss with their Supporting Independence Provider Manager.

5.2 Level 2 Administration Tasks:

Supporting Independence Providers should ensure their staff are adequately trained. This training should cover a basic knowledge of how medicines are used and how to recognise and deal with problems that may arise. The training should cover the principles behind all aspects of this medication policy, medication handling and record keeping.

The areas covered should include:

- Understanding medicines
- Understanding the medication policy, record keeping and stock control
- Medication administration including the administering of different formulations e.g. tablets, liquids, eye drops, patches, inhalers.

The training should be recorded on the Supporting Independence provider's training database and include which course has been completed and the date of completion.

Support staff should receive yearly update training and be signed off as competent to Level 2 by a trained Supporting Independence Provider Manager. This should be recorded within the support workers training/personnel file.

5.3 Level 3 Administration Tasks:

A registered and competent healthcare professional should provide this training and follow-up support to the support worker to ensure the skills are maintained and the care delivered is of the required standard so that the delegated level 3 task can continue to be delegated.

In addition to the training received for level 2 above the healthcare professional should give training specific to the level 3 task.

Before any delegated Level 3 Health tasks is agreed, the Supporting Independence Provider should ensure that that sufficient guidance has been provided by a health professional setting out the task and how it is to be delivered in a safe and appropriate way; this should be incorporated within the client's provider held Care Plan and records.

6 **General Principles of Handling Medications:**

6.1 Level 1, 2 and 3

Medications remain the property of the client to whom they have been prescribed. They should not be shared with other clients under any circumstance.

Support workers should not advise clients about medication, but would direct the client to a suitably qualified professional e.g. a GP or Pharmacist.

6.2 Level 2 and 3

Where the client is supported by family or other informal or formal carers, support workers should not administer medication to the client until a formal and recorded agreement has been made as to who will take or share responsibility for administering the medications. This should be specifically detailed within the provider held client records and Care Plan. Where possible the Support Worker should enable the client to have access to the latest copies of the Patient Information Leaflets for each of the medicines supplied by the pharmacy.

7 Storage and Security of Medicines:

Clients should be encouraged to store medications safely, following the manufacturer's and pharmacist's instructions and out of reach of children.

If there is an assessed and recorded risk that a client would be in danger of inadvertently over-dosing, then a decision may need to be made to store medication securely away from the client. This is an important and sensitive decision which could be seen to be denying the client their rights. This decision should therefore only be made after consultation with medical professionals such as the GP or other relevant Practitioners. Any such decision should be reviewed and the outcome recorded, on an ongoing basis taking into account the capacity and presentation of the client. In the circumstances that the above action is necessary, this should be done through, and the outcome recorded within a Best Interest Assessment following MCA principles.

The record of any such decision will be kept securely in the provider held client records and Care Plan.

8 Ordering and Collecting/Receiving Medications:

In relation to ordering prescriptions including emergency prescriptions support workers can assist clients to order prescriptions. The choice of pharmacy rests with the client at all levels of support with medication

8.1 Level 1

When collecting or receiving medicines from the pharmacy, support workers are to give the medications to the client for them to confirm the prescription is correct.

Where prescribed medications are collected by the support worker they will be required to show the pharmacist proof of identify and may be required to sign the back of the prescription. The support worker may also be required to record in the client's receipt book and where possible obtain the client's signature, any monies handled by the support workers and the medications collected.

8.2 Level 2 and 3

When collecting or receiving medicines for administration by support workers, the support worker should record the following information for each medicine:

1. The client's name
2. The quantity received/collected
3. The name of the medicine
4. The form/type of medicine e.g. tablet/liquid etc
5. The strength

6. The Support Worker's name (printed) and signature
7. The date that the medication was collected/received

As with Level 1, where prescribed medications are collected by the support worker they will be required to show the pharmacist proof of identify and will be required to sign the back of the prescription. The support worker may also be required to record in the client's receipt book and where possible obtain the client's signature, and monies handled by the support workers and the medications collected.

8.3 Medication received on hospital discharge

Where medication is brought home by the client after a hospital stay, the Supporting Independence Provider should ensure that the medication brought home is accurately recorded onto the provider's MAR sheet. They should seek to correlate this against the detail within any hospital discharge summary that is available, and update their client records and Care Plan accordingly. Any areas that the Supporting Independence Provider Manager is not clear on should be clarified with the hospital and the name of the doctor should be recorded on the MAR chart along with any advice given. All discrepancies or clarifications should be communicated to the responsible prescriber for the patient.

9 **Disposal of Medicines:**

Responsibility for the disposal of medication rests with the client where they have the mental capacity to do so, or their non-professional carer/relative. In exceptional circumstances support workers can do this in accordance with the Best Interest Assessment decision.

Medication can be returned to, or collected by a pharmacy, dependent on quantities and the age of the medication held.

For medication support at level 2 and 3 the support worker should record the detail of all medication returned to the pharmacy, describing the quantity, name of the medication and sign and date.

In the circumstances that a significant amount of medication is being disposed of the support worker should make the Supporting Independence Provider Manager aware so that any further investigation into areas of concern can be undertaken.

Under no circumstances may any unused medicines be disposed of in the domestic rubbish. The only route for the appropriate disposal of medication is by return to the pharmacy.

In the event of the death of the client, although the medicines become the property of their estate and are therefore theirs to dispose of safely, carer/relatives should be advised that they should be kept safe for 7 days within the client's home before disposal in case the Coroner's Office requires them.

10 Non-prescribed medicines (Over-the-counter):

Not all medications can be taken together e.g. some “over-the-counter” treatments for colds contain paracetamol and if taken in combination with some prescribed medication such as co-codamol, could cause a paracetamol overdose. Support workers should advise the client to check with their pharmacist or GP if the client is going to be taking non-prescribed, over-the-counter (OTC) medication alongside prescribed medications.

10.1 For level 1

Medication support will only be offered to clients who have capacity to manage their medication. The client should be free to decide whether it is necessary to consult the GP/Pharmacist regarding their medication. The support worker should record they have advised the client to consult their GP/pharmacist. Ultimately the decision rests with the client as to whether or not they will do so.

10.2 For level 2 and 3

Individuals able to choose and those wishing to purchase their own remedies for minor ailments should be supported to consult directly with their local pharmacist or GP. The Supporting Independence Provider Manager should ensure that this is clarified with the client and recorded. Where the client cannot request support directly the support worker should request that their Supporting Independence Provider Manager contacts the client's GP to gain confirmation that the client can take the over the counter medication. The outcome of the conversation should be recorded. If over the counter medication is already in the home the support worker should establish if the client has had confirmation from the GP that it is satisfactory for the support worker to provide administration support.

Advice should always be sought from the pharmacist or GP about any potential interaction between non- prescription medication and the client's regular prescribed medication.

All staff have a duty of care to encourage clients to follow up on symptoms of a minor nature e.g. tooth ache, headache, with their local pharmacist or GP.

10.3 Guidance where non-prescribed medicines are to be taken:

- The member of staff administering the medication should make a record on the MAR chart of what has been administered, dating and signing the chart.
- To avoid any errors in 'time administered' prescription instructions, the time the medication is given should be recorded in the appropriate column using the 24hour clock method.

- The advice of the manufacturer's instructions needs to be followed; should an client complain of the same complaint for more than 48 hours or staff have any concerns about their condition the client should be referred to a GP if the GP is not already aware, or, in the event of an emergency immediate medical attention should be sought.

11 Reporting concerns or refusals

11.1 Level 1, 2 and 3

If a support worker has any concerns or issues in respect of how the client is managing their medication, they should report this immediately to their Supporting Independence Provider Manager and record their concerns in the provider held client records and Care Plan.

11.2 Level 2 and 3 Refused medication

The Supporting Independence Provider Manager will seek advice from the GP or Out of Hours Doctor, and pass this advice to the support worker.

- Examples of concerns might include, the client is presenting as unusually confused and/or there has been a change in their physical or communication behaviors or it is suspected that the client is not taking the medicine e.g. not swallowing
- Individuals should never be forced to take medicines against their will.
- If an client refuses a dose of a medicine excluding as required (PRN) medication the client's medication record should be marked to indicate this. A Supporting Independence Provider Manager should be informed; they should discuss this with the GP or pharmacist as appropriate and document the advice given.
- If the client is asleep and the dose is not given the record should be marked accurately to reflect the circumstances. Where a medication cannot be given regularly because the client is asleep the timing of their medication may need reviewing and should be highlighted to the GP.
- Seek advice from the community pharmacist or GP in the event of refusal due to inability to swallow a solid dose, alternative forms of medicines may be available in liquid form instead of tablets which may be easier for the client.
- If possible, client's choice should be established, and consideration given to alternative routes of administration or alternative treatments or preparations, in discussion with the preferred pharmacist
- Regular attempts should be made to encourage the client to take their medicine.

There should be consultation with carers, relatives, advocates and the GP or pharmacist unless this is inappropriate. The method of administration should be agreed with the GP or pharmacist.

12 Level 2 and 3 - Practical Administration of Medicines

12.1 Direct administration

Medicines should be dispensed directly from their original containers or Pharmacy filled compliance aid and only to one client at a time. There should be no secondary dispensing of doses into secondary containers in advance of administration unless there are exceptional circumstances as detailed in section below.

12.2 Dispensing of liquid medication

Staff should follow the administration of medication procedure. It is recommended that a pot or syringe with milliliter gradations be used to dispense liquids. Doses of 5ml or below should be measured with an oral syringe. Preferably, where possible, doses of less than 20ml should be measured with an oral syringe. Doses above 20ml can be measured using a pot marked with milliliter gradations or an oral syringe

12.3 Administration from blister packs

Compliance aids which are fully and recently labelled by a pharmacy and are sealed and tamper evident (that is to say that it would be obvious if tablets had been removed from a pocket because the foil was punctured) e.g. Venalink, may be used to administer the tablets as set out in the device. Support staff should not administer medicines which have been put into an unsealed compliance device, such as a Medidose, by family or friends of a client.

12.4 Medication with limited shelf life once opened

Any medication whose shelf life will be time limited upon opening should be clearly labelled upon opening with the date they were opened.

Examples will include topical preparations in tubs or tubes, insulin, eye and ear drops

- For a tub of cream the shelf life is one month after the date of opening
- For a tube of cream the shelf life is three months after the date of opening
- For a tube of ointment the shelf life is six months after the date of opening
- For a tub of ointment the shelf life is three months after the date of opening
- For eye – ear – nasal drops the shelf life is 28 days after the date of opening
- Bottles with loose tablets/capsules should have their shelf life printed on the label, where this is not present it should be discussed with the pharmacy.
- Oral Liquids the shelf life is within 6 months of opening

12.5 Topical MAR charts

Topical medicines should be recorded on a Topical MAR chart, which is kept within the provider held client records and Care Plan. When in use, topical preparations on the main MAR chart should be marked "see separate topical chart" in the event that one is available.

12.6 Timing of doses

Reference should be made to the dosage instructions on the MAR chart and on the label of a medicine and to the patient information leaflet when deciding the time(s) of doses. Due to the nature of the Supporting Independence Provider service it may not be possible to achieve the exact timings identified on the medication label and MAR sheet. The Supporting Independence Provider Manager should ask for advice from either the GP or Pharmacy regarding the achievable timing for support with medication (such as those that need to be taken prior to eating or those that need to be taken on an empty stomach).

12.7 When required (PRN) Medicines

There will be circumstances where medication is prescribed for a client that can be taken as required, i.e. that the medication will not be taken by the client on a regular basis. A PRN plan will need to be completed by the Supporting Independence Provider Manager, and recorded within the provider held client records and Care Plan. This should identify the member of staff, the conditions the medication is prescribed for, and the circumstances in which it should be taken.

The time at which administration of PRN medications has taken place should be recorded on the MAR Chart, to ensure that future doses are not given until the specified time period has elapsed.

12.8 General information regarding swallowing problems

Very occasionally, it may be necessary to give medicine in food or drink where the client agrees or it has been determined through a Best Interest Assessment because no liquid form is available and the client simply cannot swallow tablets. Where an individual has a new problem with swallowing this should be discussed with the GP. The GP may undertake a medication review to decide if all the medication is still required and any suitable alternatives that are available. Support staff should document this in the provider held client records and Care Plan, and a copy of the prescription kept for the client's records as written confirmation.

12.9 Crushing medication or mixing with food or drink

There may be occasions where tablets or capsules need to be crushed or opened and this can only be carried out with the consent of the client. Support workers may

only administer medicines in an unlicensed manner on the instruction of the prescriber. The GP may do this by writing on the FP10 (prescription form) "To be crushed and taken..." and this can be printed on the labels by the pharmacist

12.10 Splitting tablets

Occasionally it may be necessary to split a tablet to achieve the required dose – and if required should be recorded on the MAR chart/medicine label. This should only be done where the tablet has been scored by the manufacturer, if the tablet is not scored, the worker should report this to their Supporting Independence Provider Manager who will take advice from the client's Pharmacist or GP.

12.11 Spoiled doses

Occasionally, a medication dose might be 'spoiled' and cannot be given. Where possible the spoiled dose should be retrieved and returned to the pharmacy.

If in conventional packs, take another tablet or capsule from the pack, assuming the reason for the medication being spoiled is not associated with refusal. Where it concerns a compliance aid obtain advice from the GP.

12.12 Missed Doses

Taking subsequent doses too close together could increase the risk of side effects. Following a missed dose the Support Worker should contact the Supporting Independence Provider Manager for further advice. The Supporting Independence Provider Manager should seek pharmaceutical advice and then inform the support worker of any required actions. The MAR chart should be used to record that a dose has been missed. The Supporting Independence provider should consider the need to complete an incident reporting form.

13 **Procedure for administration**

1. Read the medication label and compare to the MAR chart to ensure that the medication being administered is prescribed for that client and that it is the correct medicine.
2. Refer to the client's MAR chart for times and dosage required, prior to dispensing any medication.
3. Consult with the client, if they do not have capacity with regards to their medication management, this will be recorded on their Care Plan following a Best Interest decision. Check that they agree to take the medication. Check for any preferences on how they should receive it. Where clients have particular needs this should be noted in the Care Plan and referenced on the MAR chart

4. Check on the MAR chart and care plan to identify if the client is allergic to any medication.

5. Check on the MAR chart that it has not already been administered by another colleague or discontinued by the doctor. If the dose has already been signed as administered undertake a check that this has definitely been done before administering a second dose or not administering the medication at all. This may involve a count of medication against signatures.

Should you be unclear whether the medicines have already been administered, you should immediately contact a Supporting Independence Provider Manager who will provide guidance and seek advice from either the prescriber or the GP.

6. Select the appropriate bottle, box or Pharmacy Prepared Compliance aid for the client concerned. Check the name and strength of the medicine with the MAR chart.

7. Examine the label and check the instructions are the same as recorded on the MAR chart. Check that the administration is in accordance with any additional dosage information on the label e.g. with food. Times of administration should be as detailed within the Patient Information Leaflet, e.g. client should not have to wait until late to have their breakfast just because a medicine needs to be given at a specific time before eating.

8. Where medication is contained within conventional boxes, bottles etc., check that the medication is in date.

9. If the client takes more than one tablet or capsule at a time, it will probably be most convenient to place all these in a small clean container and then hand this to the client. Medication should be administered in accordance with the details within the Patient Information Leaflet.

Tablets which are to be dissolved before administration should be put into approximately half a glass of water and allowed to dissolve completely - or as advised in the Patient Information Leaflet. They should be stirred before handing to the client. Note some medicines disperse rather than completely dissolve.

Tablets and capsules should not be handled prior to administration.

When medication is dispensed from a blister pack or box put a small dot on the MAR chart as each medicine is selected as a check that this has been done. Initials should not be added until administration of all the required medicines has taken place. Each medication administered will need a client signature.

In the circumstances of compliance aids where support workers or Supporting Independence Provider Managers are not in a position to be absolutely certain what each medication is. The MAR sheet can be completed using one signature for each compartment of medication administered from the compliance aid. The time of the administration should be recorded also.

10. For oral medication ensure the client is sitting in a well supported position and has sufficient fluid with which to swallow the medication.

11. Hand the medication to the client. Some clients may prefer to have the medication put onto a spoon.

NB Where physical assistance is required with skin applications, protective barrier gloves should always be worn.

12. Ensure that the medication has been taken, stay with the person whilst the medication is being taken.

13. The medication record should be signed immediately by the support worker after the administration has taken place. If the directions indicate a variable dose such as 1 or 2 then the quantity administered should be recorded.

14. If a medication is not taken for any reason, this should be recorded on the MAR chart. If the dose has already been removed it should not be returned to the container from which it was removed.

15. Recording on the chart is the responsibility of the person administering the medication. Where a Support Worker identifies that there is a missing signature on a MAR chart, they should immediately report this to their Supporting Independence Provider Manager who will initiate an investigation.

16. Administering a medicine means that the client has taken the medication, however if a support worker suspect that it is not swallowed or if refused etc. they should indicate that on the record. They should report their concerns to their Supporting Independence Provider Manager.

17. PRN medicines for administration (on a when required basis) should be examined at every visit to see if administration is indicated at that time of day and to give the client the opportunity to request the drug. If a client does not request the drug, offer the medication, explaining what the medication is for.

14 Suspected Adverse Drug Reactions (ADRs)

All drugs may have some side effects, most of which do not cause problems. Many drugs interact with other drugs and the computers used by doctors and pharmacists are programmed to warn of interactions and grade them according to seriousness. However, occasionally a client may suffer an adverse drug reaction (or interaction). Particular care should be taken to observe clients when a new drug is introduced and any unexpected or unacceptable reactions should be reported immediately to the GP or the pharmacist.

Adverse drug reactions, particularly unexpected ones are reported to the medicines and healthcare products regulatory agency by GPs Pharmacists or Nurses, using the Yellow

Cards Scheme (see the back of BNF). In this way information is logged centrally about new drug reactions.

15 Changes during an Administration Cycle

15.1 Verbal Orders to change or stop/cancelling medicines

Verbal orders should only be accepted by the Support Worker in an emergency when the client's health would be put at risk if the order was not acted upon immediately. (Verbal orders are only to be accepted in exceptional circumstances and not where regular changes or adjustments are being ordered.)

If a medicine prescriber makes a verbal order in the exceptional circumstances described above, the Supporting Independence Provider Manager should action the request and ensure that written confirmation is obtained from the prescriber within 24 hours.

15.2 Amending MAR charts: (Subject to the conditions above)

The responsibility of amending MAR charts lies with the Supporting Independence Provider Manager.

Where the Support Worker is administering medication that has been the subject of change by instruction of the GP it should be recorded appropriately on the MAR and referred back to the Supporting Independence Provider Manager who will obtain written confirmation of the change and make the amendment to the MAR chart.

15.3 Adding an item

There may be additions to medication for clients, and in these circumstances a MAR sheet should be completed by the support worker to include the additional item or items.

In circumstances where there are frequent changes to medication for clients using compliance aid it might be more beneficial to make changes using boxed and bottled medication until the circumstances have stabilised to a point where compliance aides can be used again.

Note: There should be a separate profile box completed for each medication detailed on the MAR chart.

16 Medications with specific requirements and medical devices

16.1 Specialist drugs obtained directly from hospital, mental health services etc.

There are some drugs which may not be ordered or supplied via the GP and community pharmacy. These include "hospital only medications", clinical trials medications and specialist medications (for example some psychiatric medications). The original

prescriber will undertake the responsibility for ongoing supply but support workers may be called on to administer this medication.

Records of these medications should be kept in the same way as routine medications. A MAR chart is to be written up, and the medication administered in accordance with the instructions on the medication profile. Sufficient information should have been given regarding any monitoring needs, side effects etc., but if this has not occurred the prescriber should be contacted.

16.2 Blood glucose testing meters

These should not be used by Support Workers, Blood glucose testing meters should only be used by staff that have been trained and assessed as competent – this would generally be a community Nurse

16.3 Warfarin

Warfarin is an anticoagulant for blood; it is managed by a variable dose arrangement through the use of different strength Warfarin tablets which are labelled and colored differently. For clients on warfarin there should be an agreed robust process for managing this medication. Where Supporting Independence Providers do have involvement in supporting a client with warfarin, the level of involvement should be recorded within the provider held client records and Care Plan. There should be a documented process for the client, which includes who will calculate the dose of the warfarin and how this will be communicated to the support worker.

The Community Nurse will take a blood test to obtain an INR result which will determine the level of warfarin required until the next blood test and results are undertaken.

There should be written communication of the dose to be used. Dose changes should be notified to the client, this would be informed by the blood test result recording in the anti-coagulant therapy record book (yellow) or record sheet. The support worker is to check with the client whether there has been a change to the anti-coagulant medication, where this can not be determined the support worker is to refer back to the Supporting Independence Provider Manager for further guidance.

The confirmation of the level of dose should be stored with the clients Warfarin MAR chart, for cross- referencing. The date of the next blood (INR) test should be recorded in the Warfarin MAR chart.

16.4 Controlled Drugs

Controlled drugs will be identified when delivered or received alongside general medication, where these have been delivered within a blister pack or in an original package, i.e. a box or packet; they should be recorded on the MAR chart alongside all other medication. Where they are contained within a compliance aid they will not be the

subject of specific identification and therefore will be included within the general medication within the compliance aids or blister packs.

16.5 Medication requirements outside of support worker visits

The Supporting Independence provider will need to apply their 'assistance with medication' assessment to determine the degree to which the leaving out of medication with clients for taking at a later time would be appropriate. The medication assessment may indicate that other safer options should be considered, such as medication review including review of timings; easy opening containers, Telecare prompting assistance, etc. Where necessary, a documented risk assessment should be carried out to determine the best way forward.

17 Admission to hospital

If a Support Worker is present at the time that a client is admitted to hospital, the Support Worker should ensure that the client is sent if possible with their repeat prescription slip and their medication. The Support Worker should record actions in the provider held clients and Care Plan, and advise their Supporting Independence Provider Manager of the admission and the actions taken.

18 Managing errors in Administration of Medication

18.1 General Guidance

Throughout the process of safely managing the administration of medication, nothing should stand in the way of staff reporting promptly and honestly errors that occur. The management of such errors should be undertaken in a professional and sensitive way.

When an error occurs, the priority consideration should be the health and personal safety of the client. Any errors should be fully investigated and learning points identified.

The Supporting Independence Provider Manager of the support worker involved should undertake a fact-finding investigation into the error. The investigation should be completed promptly, in an objective way. If the Supporting Independence Provider Manager is not competent in the management, control and administration of medication, or is unable to draw a satisfactory conclusion from the factors involved in the error, advice should be sought from Senior Management.

Action to be taken following administration of incorrect medication

1. In the case of a severe reaction e.g. anaphylaxis call an ambulance
2. Inform client
3. Inform Supporting Independence Provider Manager
4. Inform GP or out-of-hours Doctors
5. Advise the client's relatives where they consent for this information to be shared
6. Record the incident in the client's Care Plan, and on the provider's incident reporting form

7. Follow through any further advice given by GP e.g. hospitalisation, organising to have blood test.

18.2 Guidelines for Service Managers investigating Errors in the Administration of Medication

- The support worker/s involved should be informally interviewed in a supportive manner, to provide specific details and background pertaining to the error and action to be taken following the incident.
- Remedial action should be agreed and detailed on the incident reporting form.
- Any learning should be shared amongst the staff group. Additionally the learning can be shared at Management meetings or more widely across the organisation where appropriate.
- Professional guidance should be considered when there is confusion about the cause of the error, or if the support worker lacks insight or knowledge relating to the error.
- There should be a review of any training needs and any supportive supervision required.
- The Supporting Independence Manager should seek advice when required, from their senior managers and HR, with regard to professional issues and actions required. The Supporting Independence Provider Manager should consider whether the issue should be logged with the Council's Safeguarding Team.

18.3 Near-miss, errors and incident reporting

Near-miss incidents should be reported immediately to the Supporting Independence Provider Manager for appropriate action.

Reportable incidents should be reported immediately to the Supporting Independence Provider Manager for appropriate action.

Analysis of reports of errors and near-miss incidents can be used to help identify shortcomings in systems which may be contributing factors or might be the direct cause of such incidents. Supporting Independence Provider Managers should examine reports of errors and near-miss incidents regularly but at a minimum of twice a year, to identify any common causes of errors and to arrange for changes in systems if these are the cause.

Where Supporting Independence Provider Managers become aware of systems or practices which could lead to errors they should take appropriate preventative action. Any learning should be shared across the service.

19 **Staff signatures**

The Supporting Independence Provider service should retain a list of any staff authorised to administer medicines, which includes a record of their initials. This should be regularly reviewed and updated to reflect the current staffing position within the service.

20 Allergies/adverse effects

Any allergies or adverse effects should be documented on the provider's MAR records. Where an client has no allergies "nil known" should be written to highlight that this has been checked. The type of allergy/adverse effect should be recorded. For example "penicillin causes rash".

21 Medications administered by Doctors or Community Nurses

Community Nurses/Doctors visiting an client's home for administration of medication are responsible for keeping their own medication administration records. Where these records are made they should be available within the client's home for access.

22 Medications audit

Supporting Independence providers should give consideration for the need to undertake medication audits on a regular basis. If the audit highlights any concerns the frequency of the audit should be increased. Any issues revealed should be the subject of prompt improvement by the provider.

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23. Glossary

Assessment/ Care assessment: The process of identifying and recording the health and social care needs and risks of an client, and evaluating their impact on daily living and quality of life, so that appropriate action can be planned.

Care Manager: The person responsible for a client package of care, including assessment and review.

Care Record: The daily record of care actually provided.

Care Visit: A visit to a service user's home for the purpose of providing care.

Client: Person receiving a service arranged by Devon County Council.

Compliance Aid: A device used to aid compliance. This includes special bottle tops or opening devices, reminder charts, Haleraid® devices, eye drop guides. They also include devices such as 'multi compartment compliance aids', also known as 'dosette boxes', which are usually filled by service users or their families/ friends. They also include pharmacy-filled monitored dosage systems, which are sometimes known as blister-packs (not to be confused with manufacturers' original blister strips).

Covert Medication: Is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication.

Care Plan: A client plan which sets out the agreed objectives, following assessment, and sets out how these are to be achieved.

Healthcare Professional: Healthcare staff that are registered with a professional body e.g. doctor, dentist, pharmacist, nurse, pharmacy technician.

Informal Carer: A person who provides care for a service user without receiving remuneration, usually a family member, friend or neighbour.

Medication, Medicine: The terms 'medicine' and 'medication' are used interchangeably. For the purposes of this policy they relate to medicines prescribed for the service user by a doctor, dentist or non-medical prescriber.

MAR Chart: Medicines Administration Record Chart. The form used to record the administration of medicines.

Medicines Risk Assessment: Systematic check of the hazards and risks for the Service User and care staff associated with the medicines in use. It addresses problems such as difficulties with compliance, forgetfulness, complex drug regimes, hoarding of medicines etc.

Practitioner – clinical professional

Support Worker: A member of the provider's staff team.

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