CareVille
CARE TAILORED TO YOU

Medication Administration Policy

CM25

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 9: Person-centred care	People using the service and/or those lawfully acting on their behalf must be given opportunities to manage as much of their care and treatment as they wish and are able to, and should be actively encouraged to do so. This may include managing their medicines.
Regulation 12: Safe care and treatment	Care and treatment must be provided in a safe way for service users, including the proper and safe management of medicines.

Key Lines of Enquiry

KLOE	How this applies to Access to Files and Records
Safe	Robust medication procedures, with appropriate risk assessments and emergency plans, help ensure the safety of our service.
Effective	Appropriate staff training in relation to medication (including appropriate record-keeping) helps ensure the effectiveness of our service.
Responsive	By promoting independence and choice when it comes to medication we ensure that our service is responsive to the needs of individual service users.

Related Documents

This policy should be read in conjunction with our:

- Autonomy and Independence Policy
- Collection of Prescriptions Policy
- Consent Policy
- Dignity and Respect Policy
- Risk Assessment Policy

Policy Statement

Policy Aims

To set the standards, for safe practice in the management and administration of medications, for staff employed by Careville Ltd.

The aims of this policy are to ensure that:

- Patients/clients' needs are safeguarded.
- Accountabilities for the management of medicines are clear.

Policy Statement

Most people receiving care in their own homes are prescribed some form of medication at some time as part of their treatment by their doctor or nurse. Many service users are able to administer their medication safely themselves and require no help.

However, others will require assistance, ranging from simple reminders and help with packaging through to actual administration of medication.

In some cases, this might include the administration of "controlled" drugs, which requires care workers to know how they are being safely stored and administered in the home setting.

What does the law say?

From April 2015, the Health, and Social Care Act 2008 (Regulated Activities) Regulations 2014 has replaced the Essential Standards with new Fundamental Standards.

Regulation 12, Safe Care and Treatment, includes a requirement for the "proper and safe" management of medicines and for sufficient medicines to be made available to meet service users' needs and ensure their safety.

Guidance accompanying the regulations states that, where a Careville Ltd supports the management of medication:

- the provider must provide medication management, in a safe way;
- care and treatment assessments, planning and delivery (including those related to medication and when service users start to use the service, are admitted, discharged/ transferred, or move between services):
    - should be based on risk assessments that balance service users' needs and safety with their rights and preferences
    - should include arrangements to respond appropriately and in a timely manner to service users' changing needs
    - where appropriate, should be carried out in accordance with the Mental Capacity Act 2005
- medication reviews should be part of service users' care and treatment assessments, plans or pathways and are completed and reviewed regularly in relation to changes in medication
- the provider should comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare Products Regulatory Agency (MHRA) and via the Central Alerting System (CAS)
- arrangements should be in place to ensure Careville Ltd can take appropriate action in the event of a clinical/medical emergency
- the administration of medications should be timely to ensure that service users are not placed at risk, particularly as a result of any non-compliance by the service user
- any arrangements for giving medicines covertly, where this is thought to be in the service users' best interests, should be in accordance with the Mental Capacity Act 2005
- staff responsible for medicines management and administration should be suitably trained and competent. They should work only within the scope of their qualifications, competence, skills and experience (including when administering medication). This is particularly important when the service user has been prescribed "controlled drugs" the administration of which we have agreed to have a role, as determined by the care plan.

Autonomy and Independence

Careville Ltd works on the principle that:

Every service user has the right to manage and administer their own medication if they wish to.

We provide support and aid to enable safe self-administration wherever possible. Careville Ltd believes that encouraging self-medication promotes the independence and autonomy of service users and will enhance their dignity and privacy.

However, some service users may not wish to manage their own medication and others may be unable to even if they wish.

The choices made by service users — e.g. to administer and manage their own medication — are always respected by staff and recorded in the plan of care.

No assumption is made that a service user cannot self-administer their medication purely based on their condition or mental capacity.

As such, the following procedure should be adhered to:

- At the initial assessment, all medication taken and when, how, where, and how much of each one should be listed. It should be explicitly stated under what circumstances care staff are permitted to assist with medication.
- Service users who are suspected to be lacking capacity are assessed in line with the "best interest" principles of the Mental Capacity Act 2005. Where a service user can be enabled to self-medicate with additional support, or where they can self-administer parts of their medication, such support is provided.
- Staff provide appropriate support to any service user who wishes and is able to take all or some of their own medication, providing this is in the care plan.
- Medication is only ever administered to a service user on the basis of their explicit consent or agreement to take the medication except where "best interests" decisions have been taken as a result of a person's mental incapacity.
- All new service users will have their health and social care needs fully assessed and any need for help with the collection or administration of medication identified.
- Any request for support from staff identified within a care plan is discussed with managers or nurse consultants before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently.
- No staff member should proceed with the administration of medication (tablets, liquids or creams) unless they have the explicit agreement of a nurse consultant or manager and this has been entered in the plan of care.
- Any staff member who is unsure of what to do regarding medication in any given situation should contact their nurse consultant or manager immediately. In all cases where help with medication is required the explicit consent of the service user is required.
- When a staff member does assist with medication, this needs to be recorded in the daily notes immediately.

Medication Reconciliation (Listing of Medicines)

Medication reconciliation is the process of creating the most accurate list possible of all medications a patient is taking — including drug name, dosage, frequency, and route — and comparing that list against the physician's admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patient at all transition points.

In order to ensure that Careville Ltd contributes fully and effectively to its service users' safe taking of their medicines, Careville Ltd will carry out the following "medicines reconciliation" procedures in co-operation with the other professionals and services involved.

Careville Ltd will always ensure that it has the following information prior to any involvement, and keeps it up to date. This information will be particularly important where service users have been prescribed "controlled drugs" and where the service user has been unable to give their consent to the taking of their medicines, resulting in "best interest" decisions being taken about the prescribing, supplying, storing and taking of their medication.

The following information is always required:

1.
Person's details, including full name, date of birth, NHS number, address, and weight (where appropriate in relation to their medication needs).
2.
GP's details, including previous and current GP, where a change of GP has taken place.
3.
Details of other relevant contacts who might affect their medication, as defined by the service user and/or their family, members or carers (for example, their consultant, regular pharmacist, specialist nurse).
4.
Checks of known allergies and reactions to medicines or ingredients, and the type of reaction experienced.
5.
A list of medicines the person is currently taking, including name, strength, form, dose, timing and frequency, and what it is taken for.
6.
Information about recent changes to their medication, including medicines started, stopped or dosage changed, and reason for change.
7.
Date and time the last dose of any "when required" medicine was taken, or of any medicine given less often than once a day (weekly or monthly medicines).
8.
Other information, including when the medicine should be reviewed or monitored, and any support the person needs to carry on taking the medicine.

9.
Checks on what information has been given to the service user and/or family members or carers about their medication.
10.
Details of any professional responsible for coordinating the safe taking of the person's medication (which might be the service user, carer and/or professional).

Levels of Support with Medication

Careville Ltd recognises two main levels of support that can be provided for service users who have identified needs in handling their medication.

Level 1

Providing general support

This includes:

1. requesting repeat prescriptions from the GP
2. collecting medicines from the pharmacy
3. disposing of unwanted medicines safely, e.g. by returning them to the supplying pharmacy or GP practice
4. providing an occasional reminder or prompt to an adult to take their medicines
5. manipulating a container, e.g. opening a bottle 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

The policy is always to:

Provide general support only with the consent of the service user concerned identify the exact nature of the support in the needs assessment include what has been agreed in the service user's plan of care record all support provided on the care plan make regular checks that the support provided is as agreed and meeting the person's needs review the arrangement regularly as part of the reviewing of the whole plan of care.

Level 2

Assistance with administration of medication

Any need for medication to be actually administered by staff is identified at the care assessment stage and recorded in the service user's plan. The service user must agree to have the care worker administer the medication and the consent is also documented. If the person is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual and comply with the requirements of the Mental Capacity Act.

Medication is only ever administered by a designated, appropriately trained member of staff.

The policy is always to:

check that the medication is written in the Service User Plan know the therapeutic use of the medication administered, its normal dose, side-effects, precautions and the contraindications of its use; this is particularly important where the service user is taking a "controlled

drug" for which strict protocols should be developed in line with individual circumstances make certain of the identity of the service user to whom the medication is being given check that the prescription or the label on the medication is clear and unambiguous and relates to the service user in person check the expiry date check that the service user is not allergic to the medication keep clear and accurate signed records of all medication administered, withheld or refused.

ensure that where a service user is taking a "controlled drug" they follow the protocol agreed in the person's care plan (for example, to witness and record in a case of self-medication, or to ensure that the drugs are administered in the presence of at least one other person if involved in the actual administration).

A medication record sheet is kept in the home of any service user receiving help with medication as part of their care plan.

Any mistake or error in administering drugs must be reported to a parent (in the case of a child), line manager, supervisor or responsible medical practitioner without delay. Staff must never in any circumstances administer medication that has not been prescribed, give medication to a service user against their wishes, give medication that has been prescribed to another person, or alter in any way the timing or dosage of medications. If a care worker does not feel competent to administer the medication they should voice their concerns to their line manager. It is important that only staff who are appropriately trained and agree to perform the role administer medication.

Monitoring of Medication

Staff should always be aware of the nature of the medication being taken by individual service users and should report any change in condition that might be due to medication or side-effects immediately to a child's parent, their line manager or supervisor, or to the GP or community pharmacist.

Careville Ltd will work closely with community pharmacy services and with service users' GPs to ensure that they are provided with adequate support and a seamless and integrated service relating to their medication needs.

?

Key Question: How should unwanted medication be disposed of?

Where Careville Ltd is responsible, unwanted or surplus medication is recorded and then returned to the community pharmacist for disposal and a receipt obtained. Controlled drugs are disposed of in line with local procedures, which might involve contacting a licensed waste disposal service. Careville Ltd will seek pharmaceutical advice in order to follow the correct procedures.

Covert Administration of Medication

Disguising medication in the absence of informed consent may be regarded as deception and should never be seen as a routine procedure.

A clear distinction should always be made between those service users who have the capacity to refuse medication and whose refusal should be respected, and those who lack capacity. Among those who lack the capacity, a further distinction should be made between those for whom no disguising is necessary because they are unaware that they are receiving medication, (such as unconscious service users) and others who would be aware if they were not deceived into thinking otherwise.

In these circumstances, the Registered Manager must convene a meeting of all the involved professionals, carers and family to assess the care needs of the individual and how best these can be met. No-one can give consent to treatment on behalf of another adult but generally doctors, nurses and therapists are allowed to provide treatment which they believe to be in the best interest of the service user, taking into account not just their physical health but their general well-being and beliefs.

Covert administration of medication should only be undertaken with written instructions from a health care professional

The decision to administer medication covertly must be recorded on the care plan and the details of any covert administration recorded on the service user's medication chart. This must be reviewed on at least a monthly basis.

The stability of medication may be altered by administering it in a covert way, e.g. in food, and so the Service should check this with the pharmacist.

Storage of Oxygen

If a service user is prescribed oxygen the individual should have an assessment completed, should discuss storage and administration with the pharmacist who supplies the oxygen. Oxygen cylinders should be stored safely under cover and not subject to extreme temperatures. This should be in a dry, clean well-ventilated area away from highly flammable liquids, combustibles and sources of heat and ignition. A statutory warning notice should be displayed in any room/area where oxygen is stored, stating;

Compressed gas. Oxygen: No Smoking. No naked lights."

An oxygen concentrator may be supplied if the service user requires continuous oxygen, which the GP can arrange.

In the case of fire, following evacuation of the residents, it is the responsibility of the Registered Manager or delegated officer, to inform the fire brigade officer that oxygen cylinders are present and where they are located.

?

Key Question: What if the service user doesn't want to take their medication?

Careville Ltd accepts that there are circumstances whereby some service users will fail to comply with their prescribed treatments. This might include self-medicating service users failing to take their medication as directed or non self-medicating service users refusing their prescribed medication, or failing to swallow it and then disposing of it.

In such cases the service is clear that its staff have no right to force non-compliant service users to take their medication but that staff do have a duty to refer all such occurrences back to the original prescriber, to the service user's GP and/or to the service user's nurse or key worker. It is vital in these circumstances that the member of staff record the unwillingness to take the medication on the service user's chart.

Training

All new staff receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems.

Additional training is provided by competent trainers to those fulfilling additional roles relating to the administration of medication.

Staff never undertake any duties or roles that they have not been trained to do or for which they do not feel competent.

Training records are kept of all training accessed. These will be periodically reviewed and staff are expected to attend any refresher training required.

Monitoring and Review

The Managing Director will check this policy is working properly and they will review it at least once a year. We will make improvements to the policy wherever we can.

Employees are invited to suggest any ways the policy can be improved.

Key Points to Take Away

- Every service user has the right to manage and administer their own medication if they wish to.
- Medication is only ever administered by a designated, appropriately trained member of staff.
- General support should only be provided with the consent of the service user concerned.
- Covert administration of medication should only be undertaken with written instructions from a health care professional.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director