Medication Policy and Related Standards and Guidance for Reablement, Senior Reablement, Community Care Workers and Health Care Assistants

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DOCUMENT CONTROL SHEET

Purpose of document:	The purpose of this policy is to protect the service user against the risks associated with the unsafe management use and of medication, by ensuring appropriate arrangements are in place for obtaining, recording, storing, safe keeping, handling, using, safe administration and disposal of medication.
Dissemination:	The policy will be communicated to staff via line managers and on the internet.
Scope:	This is embedded into the text of this policy
Review:	April 2017
This document supports:	relevant governance documents, standards and legislation are embedded into the text of this policy
Key related documents:	Section 1.3 refers
Equality and diversity:	An Equality Impact Assessment has been completed
Quality:	A Quality Impact Assessment has been completed
Consultation:	GCS: Medicines Management Committee Clinical Policy Group
Financial implications:	There are no costs associated with this policy being implemented

Version Control Information	
Summary of Key Changes	**Previous Version Archive Date**
Clarity that RW can only prompt, assist or administer from dosette box filled by a pharmacy or dispensing doctor.	
Use of term MAR chart changed to Medication Record (MR)	

Contents:

Abbreviation	Full Description
GCSNHST	Gloucestershire Care Services NHS Trust
RW	Reablement Worker
SRW	Senior Reablement Worker
CCW	Community Care Worker
MDT	Multidisciplinary Team
GCC	Gloucestershire County Council
HCA	Health Care Assistants
MR	Medication Record

1. Introduction

1.1 For many service users taking medication and being assisted with related tasks is an everyday but essential aspect of their life. Regardless of how the support is arranged, or who is providing it, the service user can reasonably expect that the people who support them understand good practice, follow guidance and have demonstrated an ability to meet required standards to ensure their support is compliant, safe, appropriate and that they will have their medication and related tasks at the times they need them.

1.2 Each service user must be enabled to take their own medication as fully as their understanding and physical abilities allow, therefore the service user has the right to administer their own medication without assistance.

1.3 This policy must be used with the following organisational documents
Record Keeping
Consent
Mental Capacity
Infection Prevention and Control Standard Precautions
Infection Prevention and Control Hand Decontamination
Competency Framework and associated assessments for Reablement workers

2. Purpose

This Medication Policy and associated documents is designed to:

- Protect the service user against the risks associated with the unsafe use and management of medication, by ensuring appropriate arrangements are in place for obtaining, recording, storing, safe keeping, handling, using, safe administration and disposal of medication.
- Describe how the decisions, processes and actions will be carried out
- Safeguard both service user and staff by setting out good practice and the responsibilities of all concerned.
- Meet the legal requirements and standards prescribed by law and regulatory bodies.
- This policy covers prompting, assisting and administration of oral and non-oral medication

This policy is designed for use by reablement workers, senior reablement workers and health care assistants based within multi-disciplinary teams and and community care workers who are based within unscheduled care. For ease of reference the term reablement worker (RW) is used within this policy but encompasses all those groups described above

3. Definitions

3.1 Definitions within this policy are described within appendix 1

4. Roles and Responsibilities

4.1 General Roles Responsibilities and Accountability

Gloucestershire Care Services NHS Trust (GCSNHST) aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition **GCSNHST** will ensure that;

- All employees have access to up to date evidence based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

Managers and Heads of Service will ensure that:

- All staff are aware of, and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

Employees (including bank, agency and locum staff) must ensure that they;

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GCSNHST policy.
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2007).

4.2 Roles, Responsibilities and Accountability Specific to this policy

Managers have a responsibility to ensure reablement workers have an appropriate level of knowledge and ability to undertake activity related to medication safely and competently.

They must also ensure that mechanisms are in place so that any concerns or doubts regarding medication or related tasks are reported at the earliest opportunity.

Reablement Worker/Senior Reablement Worker/Community Care Worker/Healthcare Assistants

Those responsible for providing support for medication and related tasks must;

- Follow the written support plan for the individual.
- Carry out the activity in a safe manner and to the best of their ability and take responsibility for their actions
- Obtain the service user's consent to assisting with or administering medication and related tasks each time the medication is given or a related task carried out
- Ensure the medication is prompted or assisted with, or administered according to the directions on the label
- Complete the Medication Record (MR) and / or Daily Communication Record Sheet accurately
- Report any medication and related task errors or incidents to their line manager immediately a concern is noted.
- Notify their Manager if the level of support required appears to have changed including when a service user self-administers their own prescribed medication, and there is concern about the service user's ability to manage their own medication

- **Not** make clinical decisions regarding medication e.g. increase or change of dosage. The prescriber's instructions should always be followed.

Health Care Team

Members of the health care team, which may include GPs, Pharmacists, pharmacy technicians and nurses working in the community, are crucial for ensuring the safe management of medication

The primary responsibility for prescribing and management of medication or other treatment and in monitoring the service user's health rests with the service user's GP in consultation with other members of the primary care team and his/her patient. This includes reviewing the need for continued prescribing of medication.

Nurses working in the community are also involved in monitoring the health of the service user and the effects of medication. They can be a source of advice, guidance and support to staff in the management of medication.

Pharmacists

Pharmacists have an important role in providing advice to service users and staff on the safe storage, recording, handling, management and disposal of medication, and also advice on possible side effects and following specific instructions. Pharmacists may be involved in the initial assessment of pharmaceutical needs and will be able to help and advice service users regarding specialist containers and the safe use, transportation and disposal of medication. In many areas, pharmacists can also provide a 'medicines use review' (MUR) which is a formal 'Medication Review' and 'Medicines Handling Assessment' and may be necessary to fully assess the pharmaceutical needs of the service user. This may include a domiciliary visit by the pharmacist. All patients/service users can be assessed under the Disability Discrimination Act 2005, if, as a result of the assessment, it is deemed that the Act does not apply, services would have to be formally commissioned as they fall outside the current community pharmacy contract.

The RW need to be aware of the range of pharmacist support provided within their area, the role of the pharmacist may vary from area to area, further details can be obtained from the Medicines Management Team at CCG

5. Policy Guidelines

5.1 Capacity, Consent, Covert Administration and Choice

Standard and Guidance

Assessment of the service user's capacity to give their consent is vital. If the service user's capacity is being challenged, an assessment must take place under the Mental Capacity Act. People with capacity must give consent each time medication is given. The support plan summary should clearly state action to be taken if circumstances change, and any specific preference that have been identified relating to equality and diversity.

The need for confidentiality should always be considered i.e. when and to whom information about an individual may be disclosed or discussed, e.g. doctor, pharmacist, other care professionals, relatives/solicitor with Lasting Powers of Attorney etc. The people that the service user is happy for their information to be shared with should be recorded in the service user record.

Guidelines for changes in circumstances

The RW administering the medication can assume that any actions in the support plan summary are agreed to be in the service user's best interest. However, they have a key role in assessing capacity and best interests at the time of administering the medication. Variations in circumstances should be covered by the support plan summary e.g. what to do if a service user:

- who previously had capacity now appears to lack the capacity to agree to administration, or
- who lacks capacity but has previously complied with taking medication now refuses to take that medication

For any circumstances that cause the RW concern but are not covered by the support plan summary, the RW, should not proceed with administering medication but should refer to their line manager for further advice.

Valid Consent

The RW requires consent from the service user before assisting with or administering medication or related tasks. It is the responsibility of the Practitioner/Facilitator to obtain initial consent from the service user at time of assessment and during subsequent reviews and make a record in the support plan summary. Written consent should be maintained on the service user's file.

However, where consent is given it must not be assumed to be permanent, the individual may withdraw their consent at any time. The Practitioner/Facilitator and the RW must ensure a service user's consent is continuously assessed.

Consent may ordinarily be assumed if the service user commences the treatment. If the individual refuses, or conducts themselves in a way to suggests refusal then consent may not be assumed. The service user can be approached again a little later but if refusal continues advice must be sought from the GP or registered practitioner leading that service users care and a record entered onto the daily communication record sheet or the medication record as appropriate. 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.

More information on consent and capacity can be found at Appendix 2 and in the appropriate organisational policy documents and on the GCC Safeguarding website.

Covert Administration of medication

'Covert' is the term used when medication is disguised and given without the knowledge or consent of the person receiving them, for example, in food or in a drink.

Administering medication by deception is potentially an assault. Responsibility for covert administration lies with the MDT and the GP and any relatives and advocates and not the practitioner/facilitator, or RW.

With the service user's consent, making the medication more palatable by taking the medication with food or drink is acceptable and is not the same as disguising medication without the service user's consent (covert medication). Advice must be sought from the pharmacist or GP regarding altering or

crushing the medication or mixing it with food or liquid to ensure it does not interfere with the properties of the medication and they will also advise on more palatable forms of medication.

Choice

A service user may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage, arrangements made to accommodate them and relevant details recorded in the support plan and/or support plan summary and information to service provider form. There is very little published information about cultural requirements in medication management, however, the Royal Pharmaceutical Society document "The handling of medicines in Social Care" states that the following have been established and should be carefully considered by care services;

- Vegetarians and people from some religious groups do not want gelatine capsules (made from animal products)
- Some people may prefer to have medication given to them by people of the same gender
- Some religious festivals include fasting and some people prefer not to have medication given at certain times
- Some religions may have specific requirements for medication preparation or content. Information specific to Muslims is on www.islamset.com/bioethics/8thfigh.htm#2

Generally, care workers should promote the independence of the service user and sensitively work with their views and wishes in accordance with the support plan and/or support plan summary.

5.2 Levels of Support – Prompt, Assist or Administer

The RW should always seek to promote the independence and dignity of the service user. The service user's autonomy, human rights, privacy, cultural and spiritual beliefs must be respected and where appropriate, the wishes of their family and carers must be taken into account.

Medication prescribed for a service user becomes their property as soon as it is dispensed. Medication must not be shared with another person.

In order to carry out their duties the RW must only prompt, assist or administer in accordance with the details specified in the service user's records

The service user's medication needs will be identified by the Assessor. The goal plan or referral will specify the approach for supporting the service user and detail the 'level of support' the service user requires with their medication and related tasks. It will also set out how, when and what the RW may do.

The RW must work to the support plan and/or support plan summary, information to service provider and the policy.

5.2.1 Prompt

To prompt means to remind a service user who has mental capacity to make their own decisions to take their medication or carry out a task, for example to remind them to take their medication at a particular time or with food. The service user will be responsible, in whole or in part, as detailed in the

support plan summary for the safe management of their medication.

A prompt could be the RW saying to the service user 'have you taken your medication yet?' or 'is it time to take your medication?' or similar.

As part of the prompt, medication can be passed to the service user in a container. Pharmacy monitored dosage systems can be used as the service user decides whether to take the medication or not.

Every instance of prompting should be recorded on the Daily Communication Record.

5.2.2 **Assist**

To assist means to physically help a service user who has mental capacity and ability to instruct the RW on what it is they require, for example, preparing items for continence maintenance, opening a medication container or removing tablets from a blister pack, for someone unable to use their arms/hands this can include 'giving' the tablets to the service user using a container. Pharmacy filled monitored dosage systems can be used as the service user decides whether to take the medication or not.

The service user will be responsible, in whole or in part, as detailed in the support plan summary for the safe management of their medication.

Every instance of assisting should be made on the daily communication record sheet.

5.2.3 **Administer**

To administer means to select, measure and give medication to a service user or carry out a related task as specified in the support plan and/or support plan summary, which will specify the practice the RW are to follow and their responsibility for ordering, recording, storing and disposing of the medication, in whole or in part. Essentially, administration is where a RW makes a judgement regarding a service user's medication in the best interest of the individual.

Administration of medication will only be agreed in special circumstances where assessment under the Mental Capacity Act has determined the service user does not have capacity to make decisions for themselves regarding medication, cannot self-medicate, instruct others or manage their medication, does not have an appropriate family carer and cannot be supported by assisting or prompting. This may for example apply to a service user with advanced dementia.

The RW must only administer medication from the original container, dispensed and labelled by a pharmacist. This includes pharmacy filled monitored dosage systems and compliance aids.

The RW **cannot administer** from family filled monitored dosage systems or compliance aids as they need to follow the pharmacy or dispensing GP instructions and the Patient Information Leaflet, thereby reducing the risk of errors occurring.

Every instance of administering must be recorded on a Medication Record (MR). Any refusal by a service user should be recorded and advice sought from the GP.

For further information, see the following Care Quality Commission (CQC) publication.
Medicine administration records (MAR) in care homes and domiciliary care

5.3 Risk Assessment

A structured risk assessment must be conducted as part of the assessment or review completed by the senior reablement worker / co-ordinator when there is any involvement in medication. The risk assessment will examine the actions and resources required to safely and competently manage medication and related tasks, and will highlight the risks and hazards and how they may be managed. The medication risk assessment will be kept in the persons home with a record also made on the service users electronic record e.g. BICA.

5.4 A Brief explanation of Medication

A drug is something which when taken into the body may change or affect one or more of the body's functions.
Medication is a preparation that contains a drug that is used to;

- treat a condition - e.g. an antibiotic to treat certain infections
- control a condition - e.g. a medication to lower your blood pressure
- treat the symptoms of a condition - e.g. a painkiller for toothache
- prevent someone from becoming unwell - e.g. a vaccination against disease.

All medication is potentially harmful if not used correctly, and care must be taken with storage, use and disposal. Safe use of medication means it is given in such a way as to maximise benefit and avoid causing harm. GPs and pharmacists are able to advise on ways of managing medication to meet needs, e.g. to prescribe liquid medication for a service user who has difficulty swallowing, or avoiding rectal medication for wheelchair users.

Today's medications are powerful compounds that can control disease and illnesses, ease discomfort and prolong life and are generally beneficial. Unfortunately no medication is without potential side effects and some are worse than others and vary from person to person. They are prescribed where the benefit of the treatment outweighs the risks of the side effects. Some of the most common side effects are rashes, stiffness, breathing difficulties, shaking, swelling, headaches, nausea, drowsiness, vomiting, constipation and diarrhoea. Please note this is not an exhaustive list.

Side effects are not the only potential problem with medication; sometimes people take medication when they do not need it or use it in the wrong way or even take someone else's medication.
Usually these things happen by accident or because of misunderstandings. Often the consequences are mild but sometimes they can be severe or even life-threatening. Medication can be dangerous if not treated or handled carefully.

Medication dispensed by a pharmacist, doctor or supplied by a non-medical prescriber or registered practitioner under a patient group direction (PGD) becomes the property of the service user to whom it has been prescribed; it should not be used by anyone else. It should be acknowledged that a service user has the right to administer their own medication without help from a RW.

Their ability to do so would be part of ongoing risk assessments. Suspected changes in a service user's capacity and/or ability to self-administer should be reported to an appropriate manager for review and recorded in the service user's records. There are a number of compliance aids available to assist in self-medication,
Information about **Medicine Classifications** can be found at appendix 3

5.5 Recording Procedures

Medication is at all times the property of the person for whom they are prescribed and should be treated in the same way as any other valuable possession. RW have a duty of "care" and must account for medication taken: When administering they must also account for medication received and destroyed

It is important to clearly and accurately record medication being taken or used, what is done and when as it happens on either a Daily Communication Record Sheet for prompting and assisting or a MR for administering. The reason for this record is to ensure anyone is able to understand exactly what has happened and be able to account for all of a service user's medication.

The record must always;

- be written in ink
- be legible
- be understandable, coherent and in a language that shows respect for the individual
- be accurate
- be complete
- be up to date
- be dated
- detail the time that the medication was given or the task carried out
- detail what was given or carried out
- have the name of RW printed alongside the record.
- be signed by the RW.

The record should also include;

- when medication is not taken
- if the service user vomited shortly after taking it.

When variable doses are prescribed, e.g. one or two tablets, the indicators for different doses must be clear and the maximum daily dose must be specified, particularly important when a RW is administering. The actual dose taken must be recorded on the MR or Daily Communication Record sheet when it is taken.

Some medication is meant to be taken occasionally when there is a specific need for e.g. tablets for pain, constipation, indigestion or anxiety and can be either prescribed or bought "over the counter", these are often referred to as "as and when medicines". Prescribed "as and when medicines" should have details of when it is to be taken and a description of the physical or psychological symptoms that will be exhibited when the medication is needed. The RW cannot administer this type of medication but are able to assist a Service User that has capacity to decide to take the medication; a record must be made on the Daily Communication Record sheet when it is taken.

The dose of some medication depends on results of a blood test i.e. Warfarin or Lithium. The result of the blood test and the prescribed dose must be recorded in the service user's record book, i.e. for Warfarin this is the 'Yellow Book'. Care Workers/Personal Assistants who are prompting or assisting service user's with this type of medication must ensure the service user knows what dose to take, but cannot be involved in interpreting the information in the 'Record book' as this lies outside their responsibility. Where service users do not seem able to continue this responsibility, the RW must notify their line manager who should ask for a review of the commissioned support.

Where the RW is administering, they must ensure they know the frequency of the blood tests, and that the result and prescribed dose are entered into the 'Record book' and signed and dated by a Healthcare Professional or recognised family member at the appropriate frequency. The dose administered must be entered onto the MR along with the details of the RW administering the dose. The 'Record Book' should be kept with the MR for reference. The RW must not continue to administer unless the service user is having regular blood tests at the agreed frequency and results and doses are being entered into the 'Record Book'. If the service user is not having regular blood tests, the RW must inform their line manager.

Prompting and Assisting - Daily Communication Record Sheet
RW who prompt or assist Service Users to take medication must record all actions on a Daily Communication Record Sheet, clearly stating whether the service user was 'prompted' or 'assisted' with their medication**.**

Administration - Medication Record (MR)
When administering medication the RW must have a MR to refer to and record all administration or omission of medication. There may be circumstances in which alternative methods of recording medication are agreed with service user as part of their support plan and/or support plan summary to meet their particular needs, this must also be recorded. The MR lists a service user's medication and doses along with spaces to record exactly when and how much is given. The following information must be recorded:

- Which medication is currently prescribed for the person
- Details of the service users dispensed medication
- When it must be given
- The strength and form of the medication
- What the dose is
- Any special information, such as giving the medication with food.
- In the event of refusal to take medication, this must also be recorded.
- Any homely remedy or OTC medicines seen to be administered must be recorded on the MR chart.

The prescription sheet or TTO sheet must be stapled to the medication record sheet.

The MR must be completed contemporaneously. Unless a monitored dosage system is in use each medication must be recorded separately

The provider of the service is responsible for providing the MR, they should have their own MR as they are required to do so by the Care Quality

Commission (CQC). Pharmacists and GP's are not responsible for providing a MRs.

The MR details must match the details on the labels of the dispensed medication, unless the GP has updated these and provided written instructions. Any changes to the dosage should be recorded, giving details of the doctor who authorised the changes and when, if possible the GP should alter the record and initial it. Medication ordered or received by a RW must be recorded and administration should be in accordance with the label on the container or the updated GP's instruction.

If anyone else administers medication, including homely remedies, such as family members or the Service User themselves they should be encouraged to complete the MR. This will ensure continuity of care and reduce the possibility of medication being omitted or administered too frequently. Every entry on the MR must be initialled legibly by the administering person.

5.6 Medication Refusal

It is an individual's right to refuse medication. The general consent given by a service user does not give a RW the right to administer medication against a service user's wishes. If medication is not taken a record should be made on the MR with the reason why using the appropriate code which will be listed on the chart with an explanation of what the code means.

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. If the medication was already assembled it must be disposed of appropriately and this must also be recorded. This is safer than the possibility of returning it to the wrong container.

5.7 Guidance

The 'five rights'

The process for prompting, assisting or administering firstly requires ensuring the following 'five rights' are met;

RIGHT SERVICE USER: It is essential that the RW correctly identify the service user. The usual checks are name, address and date of birth. If the service user is not known to the care worker, an open question such as "What is your name?" should be asked. Do not use a closed question e.g. "Are you xxxxx?" (This is known as positive patient identification). Medication prescribed and dispensed for one person should not, under any circumstances, be given to another person or used for a purpose different from the one it was prescribed for.

RIGHT MEDICATION: Select all of the correct medication for the service user for the time of day. Even when medication is supplied in a monitored dosage system, there may be other medication in the fridge. In order to identify the medication correctly, the medication pack must have a label attached by the pharmacist or dispensing GP. If the label becomes illegible or detached, immediate advice should be sought from the pharmacy or dispensing GP that supplied the medication. The RW must not alter labels on dispensed medication pack.

When prompting or assisting, the service user has responsibility for their own medication and should therefore know what they have to take and when, the RW should follow the service user's instructions.

When administering, it is the responsibility of the RW to "check in" the medication. If any discrepancies are found between the instructions given on the label and those on the medication form, the medication must not be given and immediate advice sought from the supplying pharmacist or dispensing GP. If medication is not given, details must be entered onto the MR. To administer refer to the MR and check the label on the medication to ensure it is being given to the right person. Do not rely on memory. Check;

- the name of the service user
- the name of the medication
- the form of the medication e.g. tablets, syrup
- strength
- dose, i.e. number of tablets to be given
- frequency i.e. number of times per day
- that the medication has not already been given to the person by somebody else
- all medication is within the expiry date which indicates when the medication is no longer to be used. Treatment with medication that is outside the expiry date is dangerous as medication deteriorates.

RIGHT DOSE: Check the amount and frequency that the medication is to be taken. The directions from the prescriber are transferred to the label and the MR. These should match and be followed exactly.

RIGHT ROUTE: Care should be taken NOT to make assumptions. Check the medication label and information leaflet which will explain HOW the medication should be taken. Some tablets, for example, are dissolved under the tongue or between the lip and top gum, not swallowed.

RIGHT TIME: The label will detail the prescriber's instructions and should be supported by the medication information leaflet. As before, check this and if there is any doubt about the directions, contact the supplying pharmacy.

5.8 Procedure for Prompting, Assisting and Administering Medication

Once the 'five rights' have been established, the process is:

Self-administration checklist

- Is the service user able to read the information on the container?
- Can the service user open the container?
- Does the service user understand what the medicine is for?
- Does the service user understand any special instructions to be followed?
- Does the service user understand the dose to be taken?
- Is the service user aware of the need to check for possible side effects?

To prevent cross-infection

Wash hands with soap and water and dry carefully or use hand gel before and after handling medication.

Check for Special Precautions

Check the label to see when it should be given and for any other special precautions or instructions on the MR or 'Patient Information' leaflet which

should be supplied with each medication, including those supplied in monitored dosage systems, and must be followed by the service user and RW. For example:

- To minimise their effect on the stomach lining, irritant medication should be taken with meals or snacks
- To prevent interference with the absorption of the medication, medication that interacts with food or which is destroyed by digestive enzymes should be taken between meals or on an empty stomach.

To prevent errors

Take the medication and the MR chart or the Daily Communication Record sheet to the service user. Check the service user's identity and the dose; give the medication as instructed on the MR, label and patient information leaflet.

To prevent the need for disposal

Ask the service user if they want their medication before taking them out of the packaging, people can refuse medication for different reasons and it may be better to wait a little while and ask again later. If the service user continues to refuse, they must never be forced and the RW should seek advice from their line manager or a medical professional.

If the service user needs to swallow the medication, to ensure that it reaches the stomach without undue delay encourage them to sit upright or to stand and swallow the medication with a good drink of water. Observe to ensure that the service user has swallowed it completely.

Comply with the recording procedure by always making a record of exactly what has been done at the time it is done, including when the service user refuses the medication.

5.9 Helping Service Users who cannot swallow

If a service user cannot swallow tablets or capsules, this should be discussed with a Healthcare Professional who will be able to advise whether a suitable liquid product is available. This could be a liquid version of the original medication or a different medication that has the same effect. In either case, this will have to be discussed with the service user, prescriber and/or pharmacist.

For advice on covert administration see section 5.1

If a service user is having difficulty swallowing the RW should;

- record this on the Daily Communication Record or MR
- report it to their line manager and to the prescriber
- seek advice from the pharmacist/prescriber to consider alternatives.

5.10 Monitored Dosage Systems (MDS)

MDS is merely a convenient form of packaging for a limited group of medications. Safe practice is not guaranteed by use of a MDS and if one is used it must be a recognised product.

A pharmacist or dispensing doctor filled MDS which has been labelled **can be** used when administering provided that each medicine can be identified at the time of administration. This can be achieved by using a separate MDS card for each medicine or by providing information on the card/label about each

medicine e.g. colour, size, shape, markings where the MDS contains several medicines.

MDS works well when a service user's medication is regular and does not change frequently. Providers and RW must consider carefully how any changes in medication can be quickly dealt with by the supplying pharmacy. This may involve:

- Introducing new medication into the pack
- Removing medications from the pack.

MDS can only be used for some tablets and capsules, the following should not be put into MDS:

- Medication that is sensitive to moisture, e.g. effervescent tablets
- Light-sensitive medication e.g. chlorpromazine
- Medication that should only be dispensed in glass bottles, e.g. glyceryl trinitrate (GTN) tablets
- Medication that may be harmful when handled, e.g. cytotoxic products like methotrexate
- Medication that should only be taken when required, e.g. painkillers which are usually taken as needed and supported by a care plan
- Medication whose dose may vary depending on test results, e.g. warfarin.
- 'as required' medication.
- Support may not only be MDS but can include – large print labels, easy open tops etc.

The NHS may not fund MDS and suppliers of medication (pharmacists, dispensing GPs) do not have to provide a MDS except when the service user is assessed as requiring support to self-medicate under the Disability Discrimination Act 2005. If agency policy realising the use of a MDS, then the agency must pay for this service. In other circumstances the service user may be asked to pay for the equipment.

Appropriate paperwork must be completed by the service user and the pharmacist for the medication to be dispensed in a MDS.

Long Term Oxygen Therapy (LTOT)

- LTOT is usually prescribed in hours per day and litres per minute e.g. 2L/min for 15 hours per day and delivered using a concentrator
- Delivered via a nasal cannula; oxygen masks may be used in certain circumstances
- The oxygen flow rate should never be adjusted as higher flow rates can lead to a worsening of a patient's respiratory condition
- Oxygen flow is viewed by a small ball hovering against a gauge indicating the litres per minute delivered. The centre of the ball represents the actual flow rate to be delivered
- Where an oxygen concentrator is installed a backup cylinder will be supplied in case of electric supply loss (the concentrator will alarm is electric supply fails)
- LTOT use must be recorded e.g. '2L/min used during intervention' or recorded if the patient has not used as prescribed; and this should be reported

Intermittent Oxygen Therapy (IOT)

- Intermittent oxygen may be used to relieve increased severe breathlessness as a result of activity, e.g. PRN. The flow rate is prescribed and usually given for up to 15 minutes during recovery phase, or oxygen may be used during the exercise itself at the prescribed flow rates; this should not be increased.
- Intermittent oxygen used as needed (PRN) must be recorded in the patient notes with the flow rate and time used

Safe Use of Oxygen

- Never use or store oxygen and the tubing near a naked flame, water or heat source
- Training in the safe use of oxygen is advised
- The Home Oxygen Supplier contact details will be on the oxygen cylinder/concentrator
- For specialist support with home oxygen use please call the Gloucestershire Respiratory Team 0300 421 6666

Inhaled Therapy

- Inhalers are common delivery devices for medicines but must be taken effectively and training on how to support the patient in the use of common devices will be necessary
- Nebulisers deliver a higher concentration of drug. The plastic drug ampule must be broken and emptied into the delivery chamber.
- Nebulised therapy usually takes between 10 and 15 minutes.
- Ensure drug chamber is empty before the next does is added. NB there will always be a small amount of liquid left after each dose has been nebulised; this should be discarded
- Training in the use of inhalers and nebulised therapy is advised

5.11 Assistive Technology and Telecare Solutions

Telecare products are designed to help people live at home independently in their own home and provide support and reassurance to carers. There is a range of technology available which can support a service user with prompting and/or assisting medication. It will not administer medication.

5.12 Changes in Medication

All changes to medication must be clearly documented in the MR or Daily Communication Sheet

Those responsible for administering medication may only do so in accordance with written instructions or confirmation from the appropriate health care professional. The RW must not accept verbal orders to change medication or vary dosage. All changes must be recorded on the MR as soon as written confirmation is received.

If the change in medication significantly affects the support or care provided, the Manager or Practitioner/Facilitator should be consulted as it may be necessary to review the support plan summary.

5.13 Possible Side Effects

Side effects normally appear at the start of taking a course of medication and not further on in the treatment. Suspected side effects and adverse reactions must be recorded and the GP must be contacted. The GP may decide the

benefits of treatment outweigh the problems, or they may decide to stop or change the treatment.

Side effects and adverse events can also be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) using a Yellow Card, it is normally the GP that does this, however anyone can. The card is in the back of the BNF (British National Formulary) book or can be done online at www.yellowcard.gov.uk

Signs to be aware of are:

- Falls
- Drowsiness and confusion
- Incontinence
- Diarrhoea
- Constipation
- Cold hands and feet
- Tremor
- Abdominal pain
- Skin rashes
- Breathing difficulties
- Swellings
- Nausea
- Vomiting
- Stiffness
- Headaches
- Weight gain

The above list is not exclusive, if it is suspected that something may be wrong, the line manager should be advised as soon as possible.

Further information about medication prescribed for the service user will be found in the 'Patient Information' leaflet which should come with each container of medication. RW are encouraged to read the 'Patient Information' leaflet for each medication prescribed for the service user to be aware of the possible side-effects.

Where medication is supplied in monitored dosage systems, the pharmacist or dispensing GP should provide a copy of the 'Patient Information' leaflet for each medication within the pack. Ask the pharmacist for these if they are not available to you or the service user. These Patient Information leaflets must be current, new leaflets should be provided at each dispensing.

5.14 Errors with Medication and Related Tasks

Errors can occur in prescribing, dispensing, prompting, assisting or administering medication. Most medication errors do not harm the individual although some can have serious consequences. The RW must report errors in the prompting, assisting or administering of medication and related tasks to their line manager; this may result in appropriate further training and competence testing. It is important that errors are recorded and the cause investigated to learn from the incident and prevent a similar error happening in future. Failure to follow these guidelines could result in a safeguards alert being raised. Examples of administration errors are:

- Wrong dose is given, too much or too little
- Medication is given at the wrong time
- Medication is not given
- Medication is given more than once
- Medication is given to the wrong person (a criminal act if deliberately done)

If a RW is aware of having made an error in prompting, assisting or administering medication or notices that an error has been made, the following action must be taken:

- Seek advice from the GP, appropriate Healthcare Professional or A&E. Some errors may appear trivial, e.g. omitting a dose of paracetamol or antibiotics, however, since it is not appropriate for a RW to gauge the seriousness, advice from a professional must be sought. Medication errors must not be treated as trivial and must all be reported.
- Notify the line manager.
- Enter details of the error on the MR or Daily Communication Record Sheet including a note of any changes or deterioration in the service user's health or behaviour.

The line manager must:

- Notify the Care Quality Commission of the error in writing, this comes under Care Quality Commission Regulation 37
- Consider raising a Safeguarding alert following the procedures of the organisation.
- Inform the service user's practitioner/facilitator.
- Investigate the cause of the incident.

If serious negligence or an attempt to cover up an error is discovered, this will be treated as a disciplinary offence and the safeguarding alert process will be followed, including informing the Police where this is appropriate.

Errors should not be ignored. A culture that allows staff to report incidents without the fear of an unjustifiable level of recrimination must be encouraged by:

- Having a clear incident reporting system
- Investigating reports to learn from the incident and decide whether there is a need to offer training to an individual or review existing procedures in order to prevent a similar error happening in the future
- Recording any action taken
- Reporting serious incidents to the regulatory body.

5.15 Storage of Medication

All medication must be stored in a manner consistent with the care setting, requirements of individual medications and taking account of all relevant legislation

In a person's own home

The service user (or designated person when the service user lacks capacity) will be responsible for the safe keeping of the medication and will decide where and how to store it. Guidance should be offered by the practitioner/facilitator as part of the risk assessment carried out during the assessment and subsequent reviews. The service user should be advised to

keep medication away from children in their own homes, and to keep external preparations separate from internal medication to avoid them being ingested accidentally.

Permanent storage sites should not be located near to a heat source or within a humid environment. Precautions should be in place to maintain appropriate stocks of medication dependent upon need.

Oxygen storage/use should be away from heat sources such as radiators and naked flame; including smokers. Spare oxygen cylinders may be kept in dry outside storage

Dry powder inhaled therapies must not be stored in bathrooms/kitchens where there is high humidity that may cause the clogging up of the device

Refrigerated Storage

Some medication must be stored in refrigerator e.g. antibiotic syrup, because at room temperature they break down or 'go off'. The temperature of the fridge should be 2-8ºC. The 'Patient Information Leaflet' supplied with the medication will state whether it needs to be kept in a fridge. The RW who administer medication in the service user's home should, after asking permission, check that the fridge is working correctly if it is used to store medication. If there appears to be a problem, the RW should advise the service user and consult with the GP, pharmacist or their line manager.

Manufacturers specify that some creams and ointments are to be stored in a "cool place" (below 15 degrees centigrade), this does not necessarily mean a refrigerator. For advice regarding storage contact the dispensing pharmacist.

Causes of deterioration in Medication

During storage medication may be subject to chemical reactions which can lead to their deterioration. This is because a medication is almost always a mixture of active ingredients, which may in time interact with each other. This may cause a loss of effectiveness or an increase in its side effects. Bacterial growth may occur due to the breakdown of the preservative or physical changes may occur causing it to appear cloudy or a change of colour or odour, however, chemical changes can occur in a medication without any alteration in its appearance.

Changes in medication and the speed with which changes may occur are affected by its storage conditions which include temperature, humidity, light and atmospheric gases. **It is essential to follow the manufacturer's instructions regarding storage conditions.**

Exhaling into the mouthpiece of a dry powder inhaler will lead to clogging of the device and prevention of the dose being inhaled properly. A good technique must be encouraged when using inhaled therapy and the RW should have training in using and assisting in the use of inhaled therapy

Factors affecting stability of Medication

(a) Temperature

The rate of most chemical reactions is increased with temperature. In general, medication should be stored in cool places, but be sure to follow the storage instructions which can be found on the packaging, containers

or accompanying leaflets. The instructions may include any of the following:

Store at room temperature	15°C - 25°C
Store in a cool place	less than 15°C but **not** necessarily in a fridge
Store in a refrigerator	2°C - 8°C

Therefore, always avoid leaving or storing drugs above radiators or hot water pipes, near ovens or near windows in direct sunlight.

(b) Humidity

Medication is usually most stable in a dry form. Therefore tablets are more stable than liquids and often have longer expiry dates. Tablets and powders will deteriorate more quickly if in contact with water or damp or steamy conditions, therefore, always avoid storing medication in kitchens or bathrooms. It is very important to always replace lids of tablet bottles securely after use. Sometimes manufacturers provide desiccants (moisture absorbing crystals) in containers to keep the capsules or tablets dry, ensure that these are not thrown away and that the Service User is aware and does not confuse it with the medication.

Inhaled therapy devices must be kept in a place away from humidity to prevent the clogging up of the device

(c) Light/Oxygen

Discoloration of medication is often caused by the effects of air on the medication. This effect is speeded up in the presence of light. Medication should therefore be stored in dark conditions whenever possible i.e. not in glass fronted cupboards.

5.16 Expiry Dates

It is essential that the manufacturer's instructions regarding expiry dates are strictly adhered to.

'Use by March 2012' means do not use after 31 March 2012.
'Expiry date March 2012' means do not use after 31 March 2012.
'Use before March 2012' means do not use after the last day of February 2012.

Expiry dates should be checked regularly. Many antibiotic syrups and some other liquids have quite short expiry dates. Eye drops, once opened, must be discarded after 28 days as sterility cannot be maintained and infection could be introduced into the eye. Some tablets that are prescribed to treat angina have an 8-week life once the bottle has been opened. Once opened clearly write the date of opening on the label.

5.17 Disposal of Medication

Situations when medication might need to be disposed of include:

- A service user's treatment is changed or discontinued - with the Service User's consent the remaining supplies should be returned to the pharmacy
- Service user passes away - The service user's medication records should be kept.

- The medication reaches its expiry date - some expiry dates are shortened when the product has been opened, for example eye drops. When applicable, this is stated in the Patient Information Leaflet (PIL).

Where a service user in their own home is managing their medication, they are responsible for safe disposal but the practitioner/facilitator or RW may advise.

Where the RW is responsible for managing the medication, they must record the disposal of dropped or spilt medication.

- The RW is not responsible for the disposal of any medication other than a single spilt or dropped dose.

Any medication for disposal must be returned to a community pharmacy for safe disposal and must not be disposed of in hazardous waste or down sinks / toilets.

5.18 Homely Remedies

Anyone can buy 'homely remedies' from a suitable shop, often referred to as 'over the counter' medication, for example, paracetamol for a headache. They are treatments for minor ailments and are ***not prescribed*** for an individual.

If a service user has capacity and decides to take a homely remedy, a RW can assist them with their requirements, but cannot offer advice. An appropriate record must be made on the Daily Communication Record Sheet.

Homely remedies **cannot** be administered to a service user who lacks capacity to make a decision about taking the medication, unless it is part of the support plan summary. If a homely remedy is given to a service user in line with the support plan summary a record must be made on the MR.

When a service user takes any non-prescribed homely remedies the recorded details should include;

- name of the medication
- dosage
- time given
- reason the service user took the homely remedy
- name and signature of the RW

Service Users who purchase their own medication should be encouraged to tell the RW when and what they have taken, details of this should also be recorded. The service user should also be encouraged to confirm with a GP or pharmacist that the medication they have purchased is compatible with any prescribed medication that they are taking.

Herbal remedies must be treated the same as homely remedies. They are often thought to be completely safe in all circumstances, however many herbal remedies are very potent and can react with prescribed medication.

Symptoms appearing to be minor may be indicative of a more serious condition; treatment should not extend beyond 48 hours unless agreed by the GP. The RW must be alert to any possibility of overdose such as paracetamol found in many headache or cold remedies.

If unsure, consult the pharmacist or registered practitioner involved in the care.

5.19 Situations where a service user may be prompted or assisted to use homely remedies

Symptom / problem	Possible treatment	Comments
Mild pain	Paracetamol, (not aspirin which may cause bleeding and fluid retention)	Check that any prescribed medication being taken does not contain paracetamol as this could lead to an overdose.
Cough	Simple linctus Proprietary brands	1. See GP if signs of infection – yellow or green sputum. 2. Proprietary brands may contain stimulants. 3. If remedy contains codeine it may cause constipation. 4. Service User may find it useful to use linctus containing expectorant. 5. If Service User is diabetic, linctus must not contain sugar.
Mild diarrhoea	Fluid replacement 24 hour fast Kaolin Loperamide Rehydration with oral rehydration sachets	1. May have complex causes, if not easily resolved check with GP. 2. Kaolin and morphine is often popular with Service Users but is not necessarily a good choice. 3. Initial treatment would normally be a 24 hour fast and fluid replacement.
Constipation	Long term use of stimulant laxatives is not appropriate. Dietary consideration is important	1. Constipation may be a side effect of prescribed medication. 2. Best to seek advice and not use homely remedy. 3. Ensure adequate fluid intake.
Indigestion, heartburn	Magnesium compounds Aluminium compounds Proprietary preparations	1. Pain in chest area can be due to angina or myocardial infarction (heart attack). Ensure these are not the cause. 2. Many antacids have high sodium content – may need to check with GP if this is a problem. 3. Magnesium preparations tend to loosen stools whereas aluminium preparations tend to constipate.

Haemorrhoids	Soothing cream or suppositories, proprietary preparations	1. May be combined with other symptoms which need medical attention such as constipation, diarrhoea, high blood pressure. 2. May cause bleeding which leads to other problems – consult GP. 3. Be careful of proprietary preparations which contain local anaesthetics as these can cause sensitisation. 4. Some products contain steroids and the maximum period of use is 7 days.
Sore mouth	Oral hygiene preparations	1. Check whether dentures fit properly or whether there are signs of gum recession on natural teeth, refer to dentist if necessary. 2. Is the tongue raw? This can be a sign of vitamin deficiency. 3. Are there any signs of infection such as thrush. 4. Ulcers which are difficult to heal should be seen by a GP or dentist.
Skin rashes	Emollients Calamine Cool bath	1. Do not use antihistamines or local anaesthetics as these can cause sensitivity. 2. Consider whether the rash is drug- related.
Sunburn	Calamine lotion Proprietary preparations	1. Calamine may be messy but it is effective. 2. Use proprietary after-sun preparations if mild sunburn. 3. Check whether light sensitivity may be due to other medication being taken e.g. amiodarone or chlorpromazine 4. Use a sunscreen to prevent the sunburn happening

5.20 Drug Formulation and ways of taking it

Most medication is specially prepared in a form designed for convenience of taking and to ensure that doses are accurate. Other forms of medication are designed to make taking the medication as easy as possible, for example most children and some adults cannot swallow tablets and therefore need a liquid preparation.

Some service users may need to have a drug administered by injection, suppository or nasogastric/PEG tube. Competency assessment following specific training is required before the RW is able to perform these activities.

More information about the types of medication available can be found at appendix 4

5.21 Strengths of Preparation

Strengths of tablets may be written in different ways and it is important to be sure what has been prescribed. Generally it is good practice to avoid using

decimal points and abbreviations to reduce the risk of errors. In the examples given below the second option would be the preferred format.

Solids

1g	=	1 gram		
1mg	=	1 milligram	=	0.001 grams
1mcg	=	1 microgram	=	0.001 milligrams = 0.000001 gram 1000mg – 1g

Liquids

1L	=	1 Litre		
1ml	=	1 millilitre	=	0.001L

Gases
L/min = litres per minute
Example:
2L/min = 2 litres flow rate on the oxygen cylinder/concentrator

Examples

1: Digoxin 0.125 mg daily	=	Digoxin 125microgram daily
2: Alfacalcidol 0.25 microgram daily	=	Alfacalcidol 250 nanogram daily
3: Levothyroxine 0.1mg daily	=	Levothyroxine 100microgram daily

If you are at all uncertain about the dose of a medication that is to be given, you must seek help from your manager or a pharmacist.

5.22 Label Interpretation

Understanding label instructions

It is essential that the instructions on medication labels are clearly understood by anyone supporting a service user with their medication. In the event of any uncertainty as to the precise meaning of the instructions, the RW should refer immediately to their line manager, pharmacist or the service user's GP.

The time medication is taken can be very important and is sometimes misunderstood from the label instructions.

If the instruction is that the medication should be taken once a day, it is often most convenient for the service user to take that medication with their breakfast. However, it should be ensured that the medication is not adversely affected by being taken with food. Some medication can cause drowsiness therefore it would be better for it to be taken at bed time. In general it is important to give the medication at the same time each day.

If the instruction is that the medication should be taken each morning further clarification may be necessary as to whether this should be taken with breakfast or immediately on rising. Some medication will work much more quickly if given on an empty stomach.

Medication which is to be taken twice a day is commonly taken with breakfast and tea. However, some medication needs a 12 hour period in between taking the two doses. A 12 hour period needs to be adhered to wherever possible as a longer or shorter gap may cause side effects due to a too high or a too low concentration in the blood.

With antibiotics it is important to spread the dose across 24 hours without disturbing sleep. For antibiotics TDS – morning, mid-afternoon, bedtime.

If medication needs to be taken three or four times a day this is normally during the daytime rather than throughout the 24 hours and should be spaced evenly to ensure effectiveness and to avoid a too high or a too low concentration in the blood.

If medication is required to be taken at night, care needs to be taken to ensure exactly when that should be. If the level of support is 'administration', the RW should avoid giving medication too early and it should not be left in a container for the service user to take later. Sleeping tablets are normally best given half an hour before bedtime.

If the instruction on the label indicates that the dose is variable for example "one or two tablets" then the indicators for the different doses must be clear for the person supporting the service user and the maximum daily dose must be specified. The actual dose given to the service user must be recorded on a MR chart or Daily Communication Record sheet in the usual way.

Very occasionally medication may be labelled to be taken "as directed" (PRN). As long as the service user has capacity the RW can assist with PRN medication but ideally this should be prescribed as a regular medication to reduce risk .

There are many possible variations on the instructions that may appear on medication labels. When a service user starts a new medication it is a good idea to check any instruction with the pharmacist and to mention other medication the service user is taking.

Legal requirements of labels
General requirements

a. All labels must be indelible.
b. All the details on a label must be in English although some details may be given in another language as well.
c. Labels must be clear and legible.
d. All medication containers must be labelled with "Keep out of the reach and sight of children".

Labelling of dispensed items

The label on a dispensed medication must include:

1. The name of the patient/service user.
2. Name and address of the pharmacy or details of the dispensing GP or hospital doctor supplying the medication.
3. Date of dispensing.
4. Name of medication.
5. Form of medication i.e. tablet, liquid etc.
6. Number of tablets dispensed or quantity of liquid/cream.
7. Strength of medication where appropriate.
8. Directions for use. "As directed" is not an acceptable instruction where the RW is responsible for administering medication
9. "For external use only" if product is a cream/ointment/lotion etc.

10 An expiry date **may** be shown on the label where a medication deteriorates quickly when started e.g. antibiotic liquids, sub-lingual Glyceryl Trinitrate tablets.

11. Additional 'warning label' information **may** also be included, see 'Additional Labels'

5.23 Meeting needs not covered in the guidelines

Managers at senior level or higher, have the authority to vary the instructions in these guidelines in consultation with health professionals and other relevant people. On these occasions the exception will be for a single named service user and training will be given to the group of staff involved in that persons care.

6. Consultation

6.1 GCS: Medicines Management Committee

6.2 Clinical Policy Group

7. Resources

7.1 There are no cost implications associated with the introduction of this policy.

8. Training

8.1 Training for RW will have a blended approach consisting of;

- A formal introductory and information providing session
- The opportunity to read supporting policy and related documents.
- Completion of the Medicines Workbook
- Formal assessment of workbook and related competencies.

8.2 All RW must be assessed as competent and this should be evidenced in their personal development record prior to undertaking any medication related activity.

8.3 Specific core competencies related to medication are relatively straightforward tasks that staff assessed as competent may undertake.

Tasks requiring this will include

- Inhaled medication (e.g. for asthma)
- Medicated cream or ointment
- Eye, ear or nose drops
- Prompt or Assist with pre-assembled injection devices e.g. Epi-pen or for Anaphylactic reactions or insulin in a pen-device
- Assistance with oxygen management and Transport of oxygen cylinders.
- Rectal administration, liquid or suppositories e.g. Diazepam, Paraldehyde for seizures
- Administration of Buccal Midazolam
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG) a naso-gastric tube or jejeunostomy (stomach)
- Administer nebuliser medication - only in those circumstances where the Service User is stabilised and the dosage is pre-measured

9. Implementation

9.1 The policy will be communicated to staff via line managers following the approved process.

9.2 The policy will be made available on the organisations Intranet and it will also be highlighted in team meetings.

9.3 Information on who to contact for access to the policy from outside the organisation is available on the Internet.

10. Audit

Compliance will be monitored through a variety of routes.

- Review of incidents and complaints relating to RW medication support via the appropriate governance pathway.
- Review of service user support plans and medication administration records as part of planned audit.
- Review of RW understanding and practice as part of appraisal processes.

11. Equality Impact

11.1 This policy has been subjected to a Quality and Equality Impact review. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group.

12. Quality Impact

12.1 This policy has been subjected to a Quality and Equality Impact review. This concluded that the policy will not negatively impact upon the quality of health and social care services provided by the Trust.

13. Review

13.1 The policy will be reviewed every 3 years unless legislation change or practice development dictates sooner.

14. References, Bibliography and Acknowledgements

Long Term Conditions
http://www.dh.gov.uk/en/Healthcare/Longtermconditions/index.htm

Mental Health and Wellbeing
http://www.dh.gov.uk/en/Healthcare/Mentalhealth/index.htm

Safer Management of Controlled Drugs
http://www.drugslibrary.stir.ac.uk/documents/04141667.pdf

The Legal Framework

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) (Amendment) Regulation 2007
- The Data Protection Act 1998
- The Care Standards Act 2000
- The Health and Social Care Act 2008
- The Health Act 2006
- Health and Safety at Work Act (1974)
- Hazardous Waste (England and Wales) Regulations (2005)
- Control of Substances Hazardous to Health Regulations (2002)
- Health publication Health Technical Memorandum 07-01: Safe Management of Healthcare Waste

- Mental Health Act 1983
- Mental Capacity Act 2005
- Access to Health Records Act (1990)

Other Useful References

- Dignity at Work
- Protection of Vulnerable Adults scheme in England and Wales for adult placement schemes, domiciliary care agencies and care homes: A practical guide
- The Handling of Medicines in Social Care

Websites

Care Quality Commission (CQC)
www.cqc.org.uk
Department of Health
http://www.dh.gov.uk/en/index.htm
Royal Pharmaceutical Society
http://www.rpharms.com/home/home.asp
Medicines Information Website
http://www.medicines.org.uk/
Medicines and Healthcare products Regulatory Agency
http://www.ukhca.co.uk/
Skills for Care, responsible for creating a well-trained social care workforce
www.skillsforcare.org.uk
Association for Real Change, support for providers of services to people with learning disabilities

Appendix 1

Definitions

Term	Meaning
Administer	To select, measure and give medication to a services user as specified in the support plan and/or support plan summary. The RW will only administer in specially agreed circumstances where assessment of the service user under the Mental Capacity Act has determined that the service user does not have the capacity to make decisions regarding medication for themselves and cannot self-medicate, instruct others or manage their medication, and cannot be supported by assisting or prompting
Ambulance Practitioners	Paramedics and Emergency Care Practitioner employed by GCSNHST
Approved person	The person with responsibility for assessing competency in relation to medication and related tasks
As required medicine	Medicine to be given when required for a defined problem e.g. pain or constipation. The RW cannot administer this medication but are able to assist a service user who has capacity to decide to take the medication
Assist	To physically help a service user who has mental capacity and ability to instruct a RW on what they require, for example, opening a medication container or moving tablets from a blister pack
Carer	An individual who provides care for someone on an informal basis and is not paid to do so usually a relative, friend or neighbour
Care Manager	Professional responsible for the support plan summary and Risk Assessment
Care Quality Commission (CQC)	The national body that regulates social care provision for adults, including residential care homes and domiciliary support services. CQC has a legal duty to inspect provisions and services to ensure that standards are upheld
Care setting	The place where a service user receives support
Care Worker	A person paid to provide support to a service user as detailed in the support plan summary provided by the Commissioner
Competent	Assessed as able to do a particular task
Consent	Agreement from the service user for medication to be administered or assisted with or for a task to be carried out before it takes place. It is the responsibility of the Practitioner/Facilitator to obtain agreement from the service user at the assessment stage unless the service user lacks capacity, in which case the mental Capacity Assessment should be considered

Continuing Personal Development	A lifelong learning approach to support career planning, through managing and getting the most from experiences and achievements
Daily communication Record Sheet	A form used to record the details of prompting and assisting with medication and related tasks, and any other information regarding the medication or relating tasks
Facilitator	An unqualified social worker, occupational therapists or nurse who carried out the social care assessment, the risk assessment and together with the service user develops the support plan and/or support plan summary, including detailing the medication and related task requirement
General Sales List (GSL)	Medication sold over the counter in supermarkets, corner shops and garages without the supervision of a pharmacist. For example small quantities in paracetamol, vitamins and cough medicine
General Practitioner (GP)	A doctor based in the community
Healthcare Assistant (HCA)	Non-re within set competencies supported and monitored by a qualified practitioner registered provider of care
Healthcare professional	Qualified medical and health related professionals, includes GP, nurse, pharmacist and NHS Direct
Health team	Health Professionals who are responsible for the service user's health care. This may include the primary care team, the GCSNHST and Strategic Health Authority
Homely remedies	Treatments for minor ailments that do not need prescription from a doctor can be bought over the counter such as paracetamol for a headache, also includes herbal remedies. Often referred to as 'over the counter' medication
Inspection	An assessment of the standards being met, Adult Services inspections are carried out by CQC
Medication	All medication products – tablets, capsules, ointments, oral syrups and mixtures, drops, inhalers, creams and injections
Medication Review	A structured, critical examination of a patient's medication, carried out by a GP or pharmacist at least once in every 15 months with the objective or reaching agreement and treatment, optimising the impact of medication, minimising the number of medication-related problems and reducing waste
Medication Record (MR)	A form used to record the administration of medication and any other information regarding the medication or related tasks. Usually designed to show what was given, the dose given, the time given and the identity of the person who gave it
Medicine Management	All aspects of managing medication including responsibility for ordering, collection, storage, giving and

	disposal
Mental Capacity Act	The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this
Monitored Dosage Systems (MDS)	A convenient form of packing medication by putting them in separate blisters or compartments for each time of day. Safe practice is not guaranteed by use of a MDS
My Performance	An ongoing process between the supervisor and employee aimed at improving overall performance
Nurses working in the community	Including district nurses, community nurses, paediatric nurses, community mental health nurses (CMHN), other specialist nurses, health visitors and school nurses
Pen (medical)	An injection devise for use with insulin cartridges or a disposable injection device prefilled with medication
Pharmacist	"Chemist" who advises on and dispenses medication
Practitioner	A qualified social worker, occupational therapist or nurse who carried out assessments and risk assessments and together with a service user develops the support plan and/or support plan summary, including detailing the medication and related tasks requirements
Prescription Only Medicine (POM)	Medication that can only be obtained from a pharmacy in the presence of a pharmacist with a prescription written and signed by a registered medical practitioner or dispensing doctor or hospital doctor, or for some drugs, a dentist or nurse prescriber (not general nurses)
Prompt	To remind the service user who has mental capacity to make their own decisions about taking their medication, to take their medication at a particular time or with food etc.
Risk assessment	Systematically check the risks and hazards for service users and Staff. Agree an implement a plan to safely administer, assist or prompt medication or to assist with related tasks
Self Directed Support	Self Directed Support (SDS) allows service users to make decisions about the support they require, this can either by managed by themselves or by a 3rd party, or alternatively a 'Managed' service is when GCC manages the support on behalf of the service user
Service User	A person who receives a service through Adult Social Care
Staff	People directly employed by GCC or people employed by independent provides contracted with GCC or people directly employed by a service user
Support Plan	The support plan is completed by the service user and their family or friends in any manner they wish to use, it

	brings together the service user aspirations, goals and desired outcomes and shows how the service user would like their needs to be met
Support Plan Summary	A tool to record all essential data in a consistent manner regarding the support required, how the eligible social care needs are going to be supported, solutions agreed to manage identified risks, the cost involved, who will be managing the money, the contingency plans and the review requirements to assess its effectiveness. The support plan summary forms out legal 'care plan' with the service user and must be completed if the service user is having a personal budget, but is optional if the service user is having their support managed by GCC
Workbook (Medication)	A training aid to assist the understanding and competence of those involved in medication and related tasks
Yellow Book	Used to record details of taking Warfarin
Yellow Card	Used to record medication side effects and adverse reactions

Appendix 2

Capacity and Consent

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.

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 decision
- Best interests – anything done for or on behalf of someone who lacks capacity must be in their best interests AND
- Be the least restricting intervention.

Mental Capacity Assessment

When a practitioner is deciding whether someone has the capacity to make a decision, it must be recognised this is 'time and decision specific'. 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.

All practical methods possible in order to help the service user understand the decision that needs to be made. 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 long enough to make a decision
3. Use or assess the information while considering their decision
4. Communicate that decision, when verbal communication is not possible, alternative forms of communication such as blinking an eye or squeezing a hand are appropriate.

If the service user is unable to do any one of the above, they are unable to make the decision for themselves.

If the medication support a service user requires is 'Administration' and the service user lacks capacity to consent to this, they must be formally assessed following the guidelines and principles of the Mental Capacity Act 2005.

An MCA1 is used to assess capacity to make day to day decisions and is sufficient for homely remedies and prescribed medications and should be completed by the Practitioner/Facilitator. As part of this assessment, relevant people such as family members and unpaid carers should be consulted to inform the decision. The details of those consulted, 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 in the service users support plan summary.

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 as guided by the clinical team.

For significant decisions, for example if the administration of medication, or a related task is intrusive or may have serious side effects, a MCA2 should be completed by the person responsible for prescribing the medication.

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 if specified in the Order. The attorney can only make these decisions if the service user lacks the capacity to do so, and the Order says they can, and must always act in the service user's best interest.

Medication cannot be compulsorily administered to individuals by RW, SRW, and CCW. Please see the

- Mental Health Act 1983
- Mental Health Act 1983 as amended by the 2007 Act

The legal position pertaining to medication and related tasks is continuously under review and is subject to change. Managers and Care Workers must ensure they keep up to date on the law, local and national guidance. Further advice may be gained from legal professionals

Appendix 3

Medicines Classifications

The Medicines Act 1968 defines three main groups of medication, these are:-

GSL General Sales List medication that can be bought or supplied over the counter in supermarkets, corner shops and garages without the supervision of a Pharmacist as they are thought safe enough e.g. small quantities of paracetamol, vitamins, some cough medicines. GSL medicines may also be dispensed on a prescription.

P **Pharmacy** medicines that may only be sold or supplied from pharmacies under the supervision of a pharmacist. P medicines include all those that are not GSL or POM. e.g. Night Nurse, paracodol, veganin. P medicines may also be dispensed on a prescription.

POM Prescription Only Medicines can only be obtained from a pharmacy in the presence of a pharmacist using a NHS prescription or a private prescription which can only be written by a registered medical practitioner, dispensing doctor or hospital doctor, or for some drugs, a dentist or nurse prescriber (not general nurse).

CD **Controlled Drugs** certain POMs have more stringent controls and these are classed as Controlled Drugs (CDs). They have special storage requirements under the Misuse of Drugs Act 1971 which apply in a nursing or residential care home but do not apply in a service user's own home.

A list of all available medication and the category they belong to i.e. GSL, P or POM is available from pharmacists. The British National Formulary (BNF) specifies which medications are POM or CD but does not distinguish between P and GSL medication.

Important sources of information about medication are;

- the British National Formulary,
- the Monthly Index of Medical Specialities (MIMS) which can be obtained from MIMS PO Box 270, Southall, Middlesex UB1 2WF,
- the Electronic Medicines Compendium (EMC)*(free to use),
- the service user
- GP, community nurse, pharmacist, and NHS Direct

Controlled drugs

Controlled drugs are prescribed and dispensed for individually named people, in the same way as other medication. They are usually used to treat severe pain, induce anaesthesia or treat drug dependence; some are used to treat conditions such as attention deficit hyperactivity disorder (ADHD). Controlled drugs can be abused, for instance when they are taken without any clinical reason to do so, therefore they have additional safety precautions legal requirements for the storage, administration, recording and disposal of controlled drugs. These are set out in the Misuse of Drugs Act 1971 and the subsequent 2007 amendment which specify who is allowed to supply and possess CDs.

Extra time should always be allowed for controlled drug prescriptions to be written due to the special legal requirements. If the prescription does not comply with the requirements, it may be sent back to the prescriber for altering before it can be dispensed. If RW, SRW, CCW collect controlled

drugs from a pharmacy on behalf of a service user, they may be asked to provide identification. Anyone who wilfully misuses a service user's medication will be subject to investigation and appropriate actions. Any queries regarding the management of medication should be directed to the line manager.
Controlled drugs are divided into five categories.

Schedule 1:	Includes drugs which are primarily not used medicinally such as cannabis and LSD. A special Home Office Licence is needed in order to possess these.
Schedule 2:	Includes drugs such as diamorphine, morphine, pethidine, cocaine which are subject to full CD requirements relating to prescriptions, storage and records. In residential or nursing homes they must be stored in a special cupboard and a register of the use of these drugs must be kept in addition to the administration records on the Medication Administration Record (MAR) sheet. Special storage is not necessary in a domiciliary setting.
Schedule 3:	Includes most barbiturates and buprenorphine. These drugs are subject to the special requirements for prescriptions but records do not need to be kept in a register and they do not need to be stored in a CD cupboard. Buprenorphine and temazepam are an exception as they must be stored in a CD cupboard.
Schedule 4:	Benzodiazepines and anabolic steroids. There are no special requirements for writing prescriptions, records do not need be kept and they do not need to be stored in a CD cupboard. Schedule 4 exists mainly to exert control on the destruction of these drugs by importers, exporters and manufacturers. A Home Office licence is also required to import/export anabolic steroids.
Schedule 5:	Includes those preparations which are exempt from virtually all CD requirements because they are dilute and therefore not as liable to abuse e.g. Oramorph® 10mg/5ml solution. There are no special requirements for writing prescriptions, additional records do not need to be kept and they do not need to be stored in a CD cupboard. However note that Oramorph **Concentrate** 100mg/5ml is a schedule 2 and must legally be kept in a CD cupboard.

Sometimes, local 'Good Practice' policy will increase the requirements for particular drugs, for example temazepam may be recorded in CD registers in residential homes where there has been a problem with tablets going missing or Oramorph® may be treated as a CD although its low concentration means that it is not legally a schedule 2 controlled drug. In residential care homes the administration of controlled drugs is witnessed by a second designated

appropriately trained member of staff.

Use the links below for further information on the safer management of controlled drugs,
Care Quality Commission guidance on The safe management of controlled drugs in care homes
The Department of Health - Interim guidance - safer management of controlled drugs: guidance on the destruction and disposal of controlled drugs

Types of Medication

Types of Medication

It is useful to understand the importance of some types of medication prescribed and administered to individuals, for example:

- Antibiotics - used to fight infection
- Analgesics - used to relieve pain
- Anti-histamines - used to relieve allergy symptoms, e.g. hay fever
- Antacids - used to relieve indigestion
- Anti-coagulants - used to prevent blood clotting e.g. for thrombosis, following heart attack, during some surgical procedures
- Psychotropic medication - used to treat depression
- Diuretics - used to get rid of excess fluids in the body
- Laxatives - used to alleviate constipation
- Hormones e.g. insulin, steroids, hormone replacement therapy (HRT)
- Cytotoxic medication - used to treat some forms of cancer
- Anti-cholinesterase inhibitors - used to treat some forms of dementia.

Oral Preparations

The most convenient and frequent route of taking medication is orally i.e. by mouth, this includes tablets, capsules and some liquids such as syrups and sprays. The drugs in the medication are absorbed into the bloodstream through the walls of the intestine.

Tablets

These are solid dose forms containing one or more drug compressed into various shapes. In most instances they also contain other ingredients necessary for their manufacture, disintegration or appearance. Some tablets are film-coated or sugar-coated e.g. ibuprofen. This is usually to disguise the unpleasant taste of the tablet.

Do not break a tablet unless it is scored as this may cause incorrect dosage, gastrointestinal irritation or destruction of a medication in the stomach.

Slow release tablets In some tablets the active ingredient is released slowly to produce a prolonged effect after the tablet has been swallowed whole. These tablets may be referred to as sustained-release (SR), long acting (LA) or modified release (m/r). The difference between sustained release and modified release tablets is only a matter of degree, the British National Formulary (BNF) now refers to all tablets which have some mechanism to control the release of the active ingredient as modified release.

It is important not to break, crush, bite or chew this type of tablet because controlled release, long acting, sustained or slow release preparations are designed to release the medication more gradually than standard formulations. The intention is that they last longer and may not need to be taken so often. If they are ‘broken’, more of the medication is released and the absorption rate will be altered, this could:

- Increase the chance of side effects
- Lead to poor compliance as it may taste unpleasant
- Lead to failure of the treatment as the effect is not lasting as long as it should.

The RW, SRW, CCW should ask the service user to swallow these whole and not to chew them.

Examples include:-

Voltarol retard	diclofenac SR 100mg tablets or 75mg tablets
Inderal LA	propranolol 160mg SR capsules
Adalat retard	nifedipine m/r 20mg tablets or 10mg tablets

Enteric-coated tablets Some drugs can irritate the stomach and cause indigestion, e.g. aspirin, diclofenac, prednisolone. In many cases these tablets are covered with an enteric-coating. This coating only breaks down when the tablet reaches the small intestine, this prevents the tablet disintegrating in the stomach and causing irritation. Therefore it is important not to break, crush, bite or chew this type of tablet, ask the service user to swallow these whole and not to chew them.

Capsules

The drug is enclosed in a gelatine shell which breaks down after the capsule is swallowed, releasing the drug. Capsules can be in a modified release form similar to tablets.

Liquids

Liquids can occur as syrups, solutions, mixtures or suspensions. In a suspension the drug is dispersed within the liquid but not dissolved. All suspensions must be shaken before taking to ensure that the drug is evenly distributed throughout the bottle, this prevents overdosing or under dosing.

Sub-lingual and Buccal tablets and sprays

Sub-lingual tablets e.g. Glyceryl Trinitrate (GTN) are designed to be dissolved under the tongue and are absorbed into the blood stream very quickly. GTN is also available in a spray, which is also used under the tongue. This route is used when a rapid effect is required or when the drug is broken down significantly in the gastro-intestinal tract or liver before reaching the blood stream.

Buccal tablets e.g. Suscard® are placed between the upper lip and gum and left to dissolve. Good practice would be to use a different site each time to avoid dental caries. They produce a prolonged effect unlike sub-lingual tablets.

Rectal Preparations

Suppositories

Suppositories are solid unit dose forms suitably shaped for insertion into the rectum. The rectal route is used either for a local effect e.g. Anusol® for haemorrhoids or for a general effect e.g. diclofenac for an anti-inflammatory action. In certain situations a drug cannot be given orally and the rectal route may be an alternative e.g. service user is vomiting or unconscious.

Enemas

Enemas are solutions, suspensions or emulsions which are packed in a special container designed to assist the insertion of the solution into the rectum e.g. Predenema® for ulcerative colitis/Crohn's disease, Relaxit® for constipation. The majority of enemas produce a local effect.

Injections
Administration of drugs by injection usually produces a rapid response and this method can be lifesaving in emergencies. In all cases the solutions for injections are sterile preparations of a drug dissolved or suspended in liquid. There are various types of injection:

Intravenous
The drug is injected directly into the vein and therefore directly into the bloodstream.

Intramuscular
The drug is injected into a muscle.

Sub-cutaneous
The drug is injected under the surface of the skin e.g. most insulin's.

Topical Applications
Conditions affecting the skin, ears, nose, eyes and vagina are best treated using drugs applied directly to the area involved, this produces the maximum effect with the minimum of side effects. However, in order to do this the instructions should be followed carefully avoiding a higher dose than recommended or application for longer than necessary.

Skin preparations
Cream - non-greasy, water-based preparation used to apply drugs to an area of the body or to cool or moisten skin. They usually have a preservative to reduce growth of bacteria

Ointment - greasy preparation used to apply drugs to an area of the body or to act as a protective layer or relieve dry skin conditions. These also contain a preservative.

If applying medication to the skin, gloves must be used for protection and also to prevent cross-infection. These medications are directly absorbed through the skin and if not protected, RW, SRW, CCW will also absorb the medication.

Ear drops
There are solutions or suspensions of drugs for instillation into the ear.

Nasal drops/sprays
These are usually simple solutions of drugs in water and are intended for instillation into the nostrils for their local effect.

Eye drops
These are sterile drug solutions or suspensions for instillation into the eye. They are used for antibacterial, antiviral, anaesthetic, anti-inflammatory, glaucoma or diagnostic purposes. Contamination during application must be avoided.

Eye drops must be discarded within 4 weeks (28 days) after first opening or earlier if directed to do so in the patient information leaflet.

Pessaries
Solid dose forms suitably shaped for inserting into the vagina where they dissolve or melt. This route is used for a local effect e.g. Canesten® pessaries for vaginal thrush.

Patches
These are applied to skin where the drug is absorbed into the blood stream to produce a systemic affect e.g. pain control, Hormone Replacement Therapy (HRT), Glyceryl Trinitrate (GTN).

Inhalation
Drugs used to treat asthma e.g. Salbutamol, are inhaled for a direct effect on the respiratory tract. There are many different types of inhaler, the correct technique for their use is vital to ensure an adequate dose reaches the lungs. For this reason different inhalers may suit different people. Examples of inhaler types include:

Metered dose aerosol inhaler (MDI)
i.e. Cyclohaler® Diskhaler® Turbohaler® Accuhaler®. The drug inside the inhaler goes straight into the airways, therefore, a much smaller dose is needed than when the drug is taken as a tablet or liquid by mouth. The airways are treated, but little of the drug gets into the rest of the body therefore, side-effects are unlikely to occur, or are minor. In the treatment of asthma, the drugs inside inhalers can be grouped into 'relievers', 'preventers' and 'long acting bronchodilators'.

<u>Relievers - contain bronchodilator drugs</u>
Reliever inhalers are taken 'as required' to ease breathless or wheezy symptoms. The drug in a reliever inhaler relaxes the muscle in the airways which opens the airways wider, and symptoms usually quickly ease. These drugs are called bronchodilators as they dilate (widen) the bronchi (airways). There are several different reliever drugs, for example, salbutamol and terbutaline, these come in various brands made by different companies. There are different inhaler devices that deliver the same reliever drug. Generally, reliever (bronchodilator) drugs tend to be put in blue or grey inhaler devices.

If the symptoms only occur every 'now and then', then the occasional use of a reliever inhaler may be all that is needed. However, if a reliever is needed to ease the symptoms three times a week or more, a preventer inhaler is usually advised.

<u>Preventers - usually contain a steroid drug</u>
These are taken every day to prevent symptoms from developing. The drug commonly used in preventer inhalers is a steroid of which there are various brands. Steroids work by reducing the inflammation in the airways, when the inflammation has gone the airways are much less likely to become narrow and cause symptoms. Inhalers that contain cromoglycate or nedocromil drugs are sometimes used as preventers, however they do not usually work as well as steroids. It takes 7-14 days for the steroid to build up its effect, therefore it will not give any immediate relief of symptoms. However, after a week or so the symptoms have often gone, or are much reduced. It can take up to six weeks for maximum benefit, after which a reliever inhaler may not need to used very often, if at all. Again, there are often different inhaler devices that deliver the same drug. Generally, preventer drugs tend to come in brown, orange, or red inhaler devices.

Long acting bronchodilators

The drugs in these inhalers work in a similar way to 'relievers', but work for up to 12 hours after taking each dose, they include salmeterol and formoterol and may be prescribed in addition to a steroid inhaler if symptoms are not fully controlled by the steroid inhaler alone. Some brands of inhaler contain a steroid plus a long acting bronchodilator for people who need both to control their symptoms.

Solutions/suspensions for nebulisation

This is a more concentrated solution of the drug, which can be given via a nebuliser in an acute asthma attack, or occasionally they may be used on a more regular basis particularly in COPD. During an acute attack it is often difficult to use ordinary inhalers and the dose from an inhaler may be too small to have adequate beneficial effects.