



# Medication Policy

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## SCOPE OF THE POLICY

This Medication Policy outlines the requirements of JRH Support regarding the administration of medication by its staff.

## AIMS OF THE POLICY

- To promote and maintain the service user's rights, dignity and independence.
- To provide guidance for JRH Support staff to enable them to administer medication safely within our services.
- To outline support workers' responsibilities when administering medication.
- To provide information to and work jointly with other members of the Community Team.
- To assist in compliance of CQC Regulations

## ROLES AND RESPONSIBILITIES

### *Organisation's Responsibilities*

- Ensure that the medication policy and procedures are readily available and that all staff are aware of these and adhere to them.
- Ensure support workers receive theoretical and practical training on how to support with medication including when, how and who they should contact if they experience any problems.
- Ensure support workers complete a competence assessment before supporting people with medication administration.
- Ensure that a competent member of staff draws up the Medication Administration Record (MAR) and it forms part of the support plan and review. This may be an eMAR or a paper version.
- Ensure the assessment process includes the nature and extent of support required by service users and indicates how the service user normally gives their consent to assistance with medication. These items should be recorded in the support plan.

- Put systems in place to ensure that a competent individual makes changes to the MAR and that these changes are communicated to all relevant staff.
- Be responsible for liaison with any other member of the community care team involved in the service user's care and to ensure that they are kept aware of any changes in circumstances whilst a member of staff is providing a service.
- Maintain the service user's rights to independence and dignity and all times.
- Ensure that all records and information relating to a service user's treatment are kept confidential.

### ***Support Workers' Responsibilities***

Support workers will:

- Be aware of and follow the Medication Policy to ensure the safe assistance with medication to a service user within their own home.
- Attend training sessions when asked to do so and complete a medication competency assessment.
- Request training for any situation for which the worker does not feel suitably prepared.
- Inform the line manager of any changes in circumstances of the service user.
- Seek the consent of the service user each time the support worker assists with medication.
- Maintain the service user's rights to dignity and independence at all times.
- Keep all information about a service user's medication confidential.
- Never introduce, sell, offer advice or recommend any form of medication, remedy or preparation, including homeopathic and herbal.

### **RISK ASSESSMENT**

A risk assessment is carried out for all service users who require assistance with medication or are self-administering.

A risk assessment is carried out to determine the possible risk to the service user and/or the support worker when assisting with medication.

Copies of the risk assessment are discussed with support workers and kept with the support plan and/or MAR on Mobizio.

Support workers will identify any changes in the service user's condition that may require a new risk assessment to be undertaken. They must inform their line manager if they feel a new risk assessment needs to be carried out.

## **MEDICATION REVIEWS**

The support plan should be reviewed as agreed, and this should include any medication issues that form part of the support plan.

Once the review has taken place, any changes should be documented in the support plan and/or MAR and communicated to staff.

A review might also take place for other reasons, such as:

- A change in the service user's condition
- A debilitating illness
- A change in the service user's capabilities
- To determine whether a different medication or route or an aid might maintain independence.

If this is the case, the reason for the review along with any changes should also be documented in the support plan and/or MAR and communicated to staff.

## **CAPACITY AND CONSENT**

This policy should be read in conjunction with the Mental Capacity Act 2005, the Mental Capacity Act Code of Practice, and the Nottingham and Nottinghamshire Joint Policy and Procedures on the Mental Capacity Act 2010. Other reference sources are Nothing Ventured, Nothing Gained and Supporting People with Dementia Using the MCA.

The professional who prescribed the medication has a responsibility to assess that either the service user has capacity to consent to treatment with medication at the point of prescribing, or, if the service user lacks capacity, that it is in their best interests to take the medication. Any Advance Decisions to Refuse Treatment should be taken into account by this professional.

The person who undertakes an assessment of the service user's ability to manage their medication will then have a separate responsibility to ensure the service user has capacity to consent to this assistance or, if the service user lacks capacity, that it is in their best interests to have this assistance.

Consent is required prior to assisting with medication and service users can withdraw their consent to take medication at any time it suits them. This should be without support workers coercing them into taking something they do not want.

Support worker training will help them to understand the importance of gaining the consent of the service user at all times. A service user is within their right to withdraw consent at any time. It is important that support workers respect service users' wishes regarding consent at all times.

Consent is obtained during assessment. The assessment will indicate how the service user normally gives their consent to assistance with medication. These items are recorded in the support plan.

However, consent must also be obtained each time that the support worker visits to assist with medication. The service user must consent to the support worker undertaking each medication task.

Any withdrawal of consent, even if this is only a one-off refusal, is to be recorded in the support plan and/or MAR and reported to the line manager.

There may be times when a support worker or manager may need to discuss the service user's medication with others such as a doctor, pharmacist, other care professional, relatives and/or a solicitor with enduring power of attorney. As far as possible, the service user's consent should be sought before discussing their medication with one of these people.

When a service user needs assistance with giving consent, if you are concerned about the service user's mental capacity or the service user cannot give consent, then advice will be sought from key people (e.g. family member, medical personnel, advocate) in the best interests of the service user.

## **PROCEDURES**

The policy contains a series of procedures which are a set of instructions to enable the policy to be accomplished.

### **(i) Assistance with Medication**

Many service users are capable of self-administration of medication. JRH Support does not assume that all service users need assistance. We maintain that self-administration is the preferred option for all service users who are able to do so. Often, by discussing their needs during the assessment process, ways can be found to maintain the service user's independence in respect of self-medication.

However, in some instances service users may need help with taking their medication.

We will help service users with their medication by prompting and assisting them with their medication depending on their assessed need. This means we will ask a service user whether they have taken their medication or remind a service user to take their medication.

Alternatively, at the request of the service user, we will open medication bottles and packets and remove lids from medication bottles, we will pop pills out of packages when the service user cannot physically do this and they have asked the support worker to help with that specific medicine. We will also assist by shaking medicine bottles and pouring out the dosage that the service user requests.

Doses of liquid medication must be measured using a 5ml medicine spoon, or a graduated medicine measure supplied by the pharmacist. Where the service user experiences difficulty in taking liquid medicine from a medicine spoon or measure, an oral syringe may be required. Support Workers should contact their line manager if the service user is experiencing difficulties with liquid medicines.

Medication should not be handled, and solid dose forms e.g. tablets and capsules should be passed to the service user on a spoon or appropriate container. Where the support worker has to place the dose in the service user's mouth, the support worker should wear disposable gloves.

Some medication must be dissolved or dispersed in water before administration. This will be indicated on the label.

Support workers must wear disposable gloves when applying external medication (e.g. ointments, creams or lotions).

Always follow the dosage directions and other instructions on the medicine label e.g. take with food

Medication must only be administered if the container is clearly labelled with the service user's name, the name of the drug/s and dosage.

A service user must never be forced to take medication.

If a service user refuses their medication this must be reported to the support worker's line manager or the service manager if the line manager is not available.

Details of the administration must be recorded in the MAR (MAR or eMAR) by the support worker at the time the medication is administered. Any entry in the paper version of the MAR must be initialled against the date by the support worker.

Support workers must only administer medication from containers that have been assembled up by the pharmacist, supplied by a hospital or dispensing doctor practice.

If the label becomes detached from the container, is illegible, or has been altered, medication must not be administered. Advice should be sought, through the line manager who should seek further advice where necessary. Out of normal working hours advice can be sought from NHS 111.

Medicines have an expiry (use-by) date. The expiry date must be checked to ensure that the medicine may still be used.

Support workers must inform their line manager about any medication that has expired. The line manager must contact the service user's doctor to ascertain if the medication is still required in which case the doctor will be requested to issue a new prescription. The support worker must enter the details on service user's MAR (MAR) chart and the expired medication should be returned to the pharmacist (See section (x) Disposal of Medication)

If medication is labelled with imprecise or ambiguous directions e.g. 'take as directed', 'take as before', 'apply to the affected part', the support worker must seek clarification through their line manager.

Most Medication will be prescribed for administration on a regular basis. Some treatments may be prescribed on an 'as required' basis. It is essential that the Support Worker has sufficient information in order to determine if a dose being requested by the service user is appropriate. If in doubt the support worker must contact their line manager who must contact the GP practice for clarification.

Some medication is prescribed on a reducing or variable dosage regime in order to prevent the possibility of the wrong dose being given it is essential that staff have clear instructions in these circumstances. If there are any doubts or concerns in respect of the medication and dose required **none should be given and you must immediately contact your line manager for further guidance.**

It is important to note that alcohol will interfere with the action of many drugs and therefore all staff should remind service users of the potential for adverse effects of alcohol consumption whilst taking medication. Where a known interaction exists between a medicine and alcohol, a warning should appear on the label of the medicine container. Support workers should notify their line manager of any concerns about the use of alcohol by the service user.

Some medication causes side effects and the support worker should be alert to this possibility and report any concerns to their line manager.

When necessary, the line manager should discuss any concerns relating to a service user's medication with the supplying Pharmacist or GP.

If there is more than one provider, or a provider and a family carer involved in assisting the service user with their medication, their respective roles and responsibilities should be clear and recorded on the support plan. The support plan will be kept in the service user's home.

Everyone involved in the care of the service user will be expected to fulfil their agreed responsibilities and to record the same in the support plan/MAR MAR.

## **(ii) Communication**

A system for the accurate and relevant exchange of information is vital due to the regular changes in personnel dealing with service users and for changes in the medication requirements of the service user.

This process should start off with an assessment of the service user's medication needs.

The line manager carries out the medication assessment which includes the nature and extent of support required by the service user. It will indicate whether the service user has consented to receive this help and will record how the service user will give their consent to assistance with medication on a daily basis.

These items are then recorded in the support plan.

The support plan is stored on the Company app (Access Care Planning). Support workers will check the support plan when attending the service user.

Once the assessment is complete a MAR will need to be written. The manager will complete the MAR.

The support worker will refer to the MAR when attending the service user.

There may be times when our organisation works jointly with another agency to provide a package of care to a service user.

When this happens, a key person is appointed who will take responsibility for any changes to the MAR and ensure that these changes are communicated to all relevant staff.

If this person is from our organisation, it will be a manager who will undertake this duty and be responsible for any changes to the MAR. They will liaise with any other member of the community care team involved in the service user's care to ensure that these changes are communicated to all relevant staff.

There will be times when our organisation works jointly with the family to provide care to a service user.

When this happens, we have a system whereby a key person takes responsibility for any assistance with medication. In our organisation this will be the Team Manager.

This person will liaise with the family to determine what role they will play in caring for the service user, and to determine any issues such as:

- Ensuring the family does not leave out tablets in pots for a support worker to give at a later time.
- Ensuring that they discuss with the family who will do what at any given time.

These decisions will be recorded in the support plan and the key worker will ensure that the decisions made are communicated to all relevant staff.

### **(iii) Seeking Advice**

There will be times when a support worker will need to ask for advice about a particular medication issue, or might need to report a problem with a service user.

There are many different reasons why a support worker might need to do this eg:

- Advice about a possible medication reaction



- Advice about a dropped dose of medicine for a medication compliance aid
- Advice about missing or missed doses of medication
- Withdrawal of consent
- A service user not being able to take a dose of medicine

Prior to assisting with medication the support worker should be given the name of the person they should contact in this instance along with their contact details. In this organisation the support worker will contact the Line Manager.

This person will be available when required. If this person is unavailable the support worker will be given specific details of the deputy who will act on behalf of the Line Manager as any delay may cause undue stress or concern to both the support worker and service user. This could be another Team Manager or Service Manager.

There may be an occasion where another professional may need to be contacted for advice e.g. a prescriber, a pharmacist, a district nurse.

If this is the case, it is the responsibility of the Team Manager who will contact this person for advice.

Any advice given to the support worker should be recorded in the support plan and reported to the Team Manager.

#### **(iv) Obtaining Prescriptions**

There may be times when a service user needs more medication from a prescriber. If a support worker notices this, they should contact the Team Manager who will organise this.

There may be times when a service user requires a prescription to be collected from a prescriber. Our support workers are able to collect prescriptions from a prescriber if permission is granted by the Team Manager.

There may be times when a service user needs a support worker to take the prescription from the prescriber to the pharmacist to fill. Our support workers will provide this service.

There may be times when a service user needs a support worker to collect a prescription from the pharmacy and bring it back to them. Our support workers will provide this service.

Any medication received, that is administered by support workers is recorded in the support plan or MAR.

The support worker collecting and bringing back medication from the pharmacy should contact their Team Manager to ask them to enter in the support plan or MAR, the generic name of the medication, the dosage, the frequency (including times) and the number of tablets in the package. The support worker/Team Manager will sign and date the record.

#### **(v) Over the Counter (OTC) Medication or homely remedies**

Over the Counter (OTC) is a term used to describe a medicine that is available from a pharmacist or a supermarket to treat common conditions without a prescription. For

example, a cough medicine, pain killers or a hay fever remedy. They can also include some complimentary or homeopathic medicines.

Service users sometimes ask a support worker to purchase one of these medications from the pharmacist whilst they are out shopping.

The support worker must contact the Team Manager who will speak to the service user to get their permission to contact the prescriber.

The Team Manager will contact the prescriber for permission to purchase this medication for the service user. If permission cannot be obtained or is refused, then the medication should not be purchased. Ideally, the medication should be prescribed so that it can be given along with any other medication.

The Team Manager records the 'over the counter' medication in the support plan or MAR. This should include the generic name of the medication, the dosage, the suggested frequency and the number of tablets in the package. The record should then be signed and dated.

#### **(vi) Safe Keeping of Medication**

Medication will be stored in a safe place, in accordance with the service user's wishes and the risk assessment carried out by us. This will normally be in a cool dry place, within the service user's home.

If there are specific instructions of how it should be stored e.g. kept in a fridge, kept out of direct sunlight, it will say this on the medication label and support workers will ensure medication is stored this way.

If, for any reason, the medication is to be hidden, e.g. there are children in the house, details of where it is kept will be identified on the risk assessment and will be included in the Support Plan.

#### **(vii) As and When Required (PRN) Medication**

'PRN' is an abbreviation of the Latin phrase for 'pro re nata', meaning 'when required'. The medication instructions should be written on a PRN MAR and should include a dose to be taken and also a maximum frequency.

When a service user requests a PRN medication the support worker will treat this as any other medication administration.

If a service user is to have PRN medication, this will have been previously agreed with the Manager and will be written on the PRN MAR sheet. All service users who have been prescribed PRN medication will have a completed PRN Protocol which can be accessed via the Company app.

It is important that the dose given, the time it was given and the reason why, is documented.

Some PRN / 'when required' medicines are for use in an emergency, when a service user

may be unable to give clear instructions, for example vasodilator sprays prescribed for angina (cardiac chest pain).

We will administer medication to service users who are suffering from the following emergency conditions:

- Epileptic seizures

Staff will be trained specifically to meet the needs of each service user requiring any emergency medication. Staff will not be able to give emergency medication until they have been assessed as competent to do so.

### **(viii) Incident Reporting**

There will be times when an incident occurs which must be reported by support workers. This can include:

- Medication errors (e.g. overdoses, missed doses, wrong doses given, wrong medication given)
- Reactions to medication (e.g. rashes, nausea, diarrhoea, shaking, stiffness and headaches)
- The service user refuses to take medication
- Medication is missing

If a medication error occurs the support worker must record the error on the MAR and/or support plan, and contact the Line Manager immediately.

Do not make the service user vomit, this could be harmful to them.

If the person becomes unwell suddenly, you may need to use first aid procedures and/or phone for the emergency services.

The service user may suffer from an allergic reaction to any medication given. This may show up in a variety of symptoms, which can include:

- Rashes
- Breathing difficulties
- Swellings
- Nausea (feeling sick)
- Vomiting (being sick)
- Diarrhoea
- Stiffness
- Shaking
- Headaches
- Drowsiness
- Constipation
- Weight gain

It is important that a support worker can recognise these. If any of these symptoms are

observed the support worker should record the possible reaction and symptoms on the MAR and/or support plan, and notify their line manager.

Sometimes a service user may refuse to take their medication. However, there may be a simple reason why they have refused. If a service user does refuse, the support worker must remember that consent to take one or all of their medicines can be withdrawn at any time.

If this occurs, the support worker should ask the service user why they have refused and to ensure that the reason for this is recorded on the MAR and/or support plan.

Sometimes a support worker may be unable to, or refuses to give medication to a service user. There may be a number of reasons for this such as:

- Something may be wrong with the medication
- There may be no medication left
- There may be concern about a dosage
- There may be some concern over what is required to be given
- The MAR and/or support plan may be unreadable
- There may be a lack of understanding about what is required
- The medication may have already been given by the family

In this instance the support worker should record the reason for not being able to give the medication on the MAR and/or support plan.

The support worker should then contact the Manager who will contact the prescriber to report the refusal to take medication or if the support worker is unable to give medication.

They will then follow any instruction that is given to them. The instructions given and followed should be recorded in the support plan.

An Incident Report Form will then be completed by the Support Worker and Manager.

If a Support Worker is going to be 15 minutes late or more to a visit where medication administration is required, they must contact their Manager. The Manager will then assess whether other arrangements for medication administration for that service user and subsequent service user's needs to be put in place.

Any instances of error involving medication should be reported to the line manager immediately. Medical advice must be sought via the services user's GP, NHS Direct (0845 4647) or out of hours service (GP telephone service will direct you to the out of hours service) as appropriate.

In the event of a serious error outside normal office hours NHS111 should be contacted immediately for further advice and next steps.

All errors should be reported as a safeguarding referral except one-off errors that have not led to harm of the individual (as indicated in the 'Nottinghamshire Safeguarding Adults at Risk Referral pathway'.

The Manager will complete an Incident Report Form with information provided by the Support Worker.

Following report of an error or circumstances where an error could have occurred (a near miss) the Team Manager should investigate systems and processes to identify contributing factors and implement appropriate actions. The Manager should facilitate shared learning with colleagues to prevent reoccurrence of the error in the service.

At all times support should be provided to employees who report errors or near misses in order to encourage an environment of openness and shared learning.

### **(ix) Record Keeping**

Medication records form a very important part of assisting with a service user's medication. It is important that all medication records are easy to understand and follow and, most importantly, they must be legible.

Our records comprise of:

- A MAR
- A Support Plan

The MAR, details what medication has been prescribed for the service user, when the medication should be given, what the dose is and how it should be taken.

The MAR is used to determine which medication is due at the time of the visit. It should then be used to match up the details of the medication required to the details on each medicine container and/or compliance aid. It must be completed in full each time medication is given or should indicate why a medication has not been given.

Codes used are:

**RO – Reminded and observed**

**P – Prepared only**

**R – Refused (document in visit feedback, on back of MAR and inform Team Manager)**

**A – Assisted/applied**

**O – Other (document in visit feedback, on back of MAR and inform Team Manager)**

Support workers **must not** make up their own codes.

The MAR will assist the support worker to ensure that the right dose of the right medication is given to the right person at the right time by the right route. Once the medication has been given, the initials of the support worker should be put into the box for the medication of that time.

If a mistake occurs the support worker must follow the Procedure (viii): Incident Reporting.

A Support Plan is used to give support workers information about the service user's

medication. The support plan will tell the support worker what assistance they need to give. The support worker will record in the support plan running records when this occurs.

The Support Plan running records are also used to give longer explanations for any inconsistencies recorded on the MAR for example, when the medication has been refused, an error has occurred or more medication has been ordered.

### **(x) Disposal of Medication**

Old, unused or out-of-date medication should be disposed of. The safest way to dispose of this medication is to return the medication and its container to the pharmacy.

Medication should NOT be disposed of down the sink or in the toilet unless this is a one-off spat-out dose.

Medication is the property of the service user. The support worker must not take on the responsibility of disposing of old or out-of-date medication without discussing this first with the service user. To take medication from the home without the service user's consent could be seen as theft.

If a support worker is approached by the service user to dispose of any medication, the support worker will contact the Team Manager who will speak to the service user to arrange for the disposal of their unwanted medication and will record this on the disposal in the support plan or MAR.

### **(xii) Medication Administration Monitoring**

MAR sheets run for a period of 28 days, but will be checked for accuracy and correct completion by a designated member of staff every 7 days. Within Supported Living and Outreach services, this will be the responsibility of the Team Manager.

In some instances, a support worker in Outreach may be asked to photograph a MAR sheet and email it to the Team Manager. In these cases, the photograph **must** be deleted after it has been sent.

Any discrepancies identified should be reported immediately to the Line Manager. Line Managers will subsequently investigate the matter fully.

## **10. Training**

The Organisation ensures that staff are competent to help with medication.

Training will cover the following:

- Levels of Administration of Medication
- Communication and joint working
- Seeking advice
- Obtaining prescriptions
- 'Over the Counter' medication

- Safe keeping of medication
- Equipment used to administer medication
- 'As and When Required' medication
- Incident reporting
- Record keeping
- Disposal of medication

All staff who will be administering medication to service users will be formally assessed to ensure they are competent to do so. This will be carried out by the Team Manager.

## **CONFIDENTIALITY**

Staff must not discuss or disclose a service user's medical history or treatment to a relative or lay person. Any questions must be re-directed to the service user or the service user's medical practitioner.