

MEDICINES POLICY

GENERAL POLICY FOR MANAGING SERVICE USERS' MEDICINES

This Policy defines the principles and standards to be observed to ensure that Service Users can safely take their medication. This addresses both non-prescribed (“over the counter” – OTC) and prescription medicines, including controlled drugs.

This Policy is a general overview, and reference is made to the following additional, and more specific, policies as appropriate to circumstances:

Medicine Policy - Safe Storage of Medicines in the Service Users home.

Medicine Policy - Administration of Medicines to a Service User.

Medicine Policy - Safe Disposal of Unwanted or Out of Date Medicines.

Medicine Policy - Medication Problems & Errors.

1. Adult Service Users are responsible for their own medication, both prescribed and over the counter (OTC). However, according to assessed needs of the Service User, some level of help or support may be required to enable the Service User to take his/her medication safely.

2. At the Service User Baseline Assessment stage the following factors must be established and recorded in the service user's Care Plan:

2.1 What medicines the Service User is taking. Include prescription medicines and OTC medicines.

2.2 How each medicine is administered; ie, orally, topically, transdermal, invasive.

2.3 The quantity and frequency of each dose.

2.4 The arrangements for safe storage and retrieval of the medicines at the Service User's home.

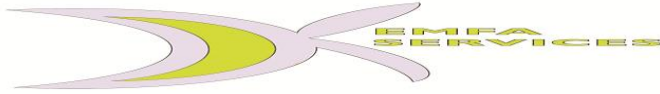
2.5 Whether or not the Service User is safely able to self-medicate. This should be done through an appropriate Risk Assessment.

3. Once the Care Plan is established, the Organisation is responsible for the following:

3.1 Agreeing the level of help or support that the service user will need for safe medication (see section 4).

3.2 Maintaining comprehensive and accurate records of all medicines administered to the Service User.

3.3 Where the level of support required is high providing care assistants with any specialised training that may be required.



4. The permitted duties of the Health Care Assistant will depend upon the perceived level of support that the Service User requires. There are three levels of support identified, as appropriate to requirements. The Care Assistant will ONLY carry out duties within the limits of this specified remit. The three levels of support are:

Level 1

- Requires help in ordering and collecting prescriptions
- Needs advice on safe storage
- Occasionally reminding or prompting individuals to take their medicine.
- Returning unwanted medicines to the pharmacy.

Level 2

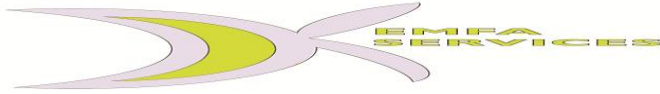
- Requires help to open containers and/or reminding to take medication.
- Requires help in ordering and collecting prescriptions.
- Needs advice on safe storage.
- Assisting with accessing medication from a monitored dose system (MDS) such as blister pack or compliance aid.
- Measuring a dose of liquid medication for a person to take.
- When the Care Assistant applies medicated creams/ointments.
- When the Care Assistant inserts drops to ear, nose or eyes.
- When the Care Assistant assists with inhaled medication.

Level 3

Specialist administration for which training is required

- Requires physical assistance to take oral medication, eg putting a pill or measured dose of liquid medication into the mouth of a Service User, with the full permission and direction of the Service User. **(This would only be carried out with written permission from the Service User's GP)**
- Requires support to self-administer medication by specialist technique. For example, to support a shaky hand but not to inject.

Please note that Care Staff are at liberty to refuse to assist at this level if they deem themselves not competent to carry out the task.



5. In all cases there must be documented consent for Care Staff to become involved with Service User medication and with respect to the perceived level of help and support that will be required. Consent will be required from the Service User/advocate/family representative and, in some cases, the Service User's GP.

6. The Service User's GP is responsible for prescribing medication in the normal way. Medication requirements are documented in the Care Plan and agreement will be reached with the GP as to how the medication may be obtained for the Service User. Wherever possible, prescriptions should be collected from the surgery/health centre by the Care Assistant and taken to the pharmacy for preparation. Care Assistants will then take the medication to the Service User for his/her safe keeping and use.

7. Care Assistants are not authorised to help Service Users take medicines that have not been prescribed by the GP or are not listed in the Service User's Medicines Management Records.

8. Care Assistants must not put out individual doses of medication for the Service User to take later in the day. This is only acceptable when a risk assessment has been carried out and the Care Assistant has been authorised to put out medication for a Service User to take themselves at a later (prescribed) time, to enable their independence (as per Basildon Thurrock Council and CQC guidelines). However it must be stressed that the Care Assistant must have authorisation and documentary evidence in the Care Plan or Assessment carried out by Marches Home Care Services Ltd that this is what is required.

SAFE STORAGE OF MEDICINES AT THE SERVICE USER'S HOME

This Policy defines the principles to be observed for safe and secure storage of medication in the Service Users home. This addresses both non-prescribed ("over the counter"-OTC) and prescription medicines, including controlled drugs.

This Policy should be read in conjunction with the following policies, as appropriate to circumstances:

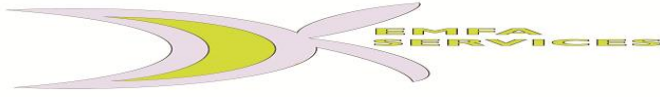
Medicine Policy - General Policy for Managing Service Users' Medicines

Medicine Policy - Safe Disposal or Out of Date Medicines

1. Medicines must be stored safely and securely out of reach of children, but still readily accessible by the Service User and/or Carer Assistant, according to need.

2. Medicines must be stored away from sources of heat and light, and in accordance with instructions on the medicine packaging. The following are important considerations:

2.1. Some medicines may deteriorate if kept in warm damp places such as kitchens or bathrooms. Storage should be in dry conditions below 25 degrees Celsius.



2.2. Some medicines require refrigerated storage (2 to 8 degrees Celsius). These will include insulin injections and some types of eye/ear drops. Where the medicine labelling defines special storage conditions, and this is not being followed, then Care

Assistant should seek advice and guidance from the pharmacy before assisting with medication.

3. Medicines must be stored in the original package produced and labelled by the pharmacy. This can be individual bottles, boxes of blister packs etc., or as pre-filled compliance aids (monitored dosage systems MDS).

4. Care Assistants should check each medication before it is administered to the Service User to ensure that the “use by” expiry date has not been exceeded. Out of Date medicines should be disposed of in accordance with Disposal Policy.

5. The hiding of medicines from the Service User must ONLY occur where appropriate risk assessments have confirmed a serious risk to the Service User’s health, well-being and safety. Such a decision can only be taken following appropriate reviews and discussions with the Service User’s advocate/responsible family member and appropriate health care professionals. The service user’s care records must identify the location of any medicines hidden in the Service User’s home.

6. The Service User’s GP is responsible for prescribing medication in the normal way. Medication requirements are documented in the Care Plan and agreement will be reached with the GP as to how the medication may be obtained for the Service User. Wherever possible, prescriptions should be collected from the surgery/health centre by the Care Assistant and taken to the pharmacy for preparation. Care Assistants will then take the medication to the Service User for his or her safekeeping and use.

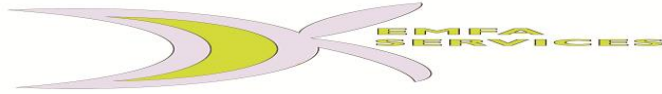
7. Care Assistants are not authorised to help Service Users take medicines that have not been prescribed by the GP, or are not listed in the Service User’s Medicines Management Records.

8. Care Assistants must not put out individual doses of medication for the Service User to take later in the day. This is only acceptable when a risk assessment has been carried out and the Care Assistant has been authorised to put out medication for a Service User to take themselves at a later (prescribed) time, to enable their independence (as per Basildon & Thurrock Council and CQC guidelines). However, it must be stressed that the Care assistant must have authorisation and documentary evidence in the Care plan or Assessment carried out by Kemfa care Services Limited that this is what is required.

ADMINISTRATION OF MEDICINES TO A SERVICE USER

This Policy defines the principles of good practice to be observed for the safe and effective administration of medication to the Service User. This addresses both Service User self-medication and instances where a certain level of assistance will be required.

This Policy should be read in conjunction with the following policies, as appropriate to circumstances:



Medicine Policy - Safe Storage of Medicines in the Service Users home
Medicine Policy – Administration of medicines to a service user
Medicine Policy – Safe Disposal of unwanted or Out of Date Medicines

Medicine Policy – Medication Problems & Errors

1. Service User Self-Medication:

1.1. To encourage independence and empowerment the Service User should be encouraged to self-administer their medicines wherever possible.

1.2. With due regards to the Service User's rights, the decision as to whether a Service User can safely and effectively self-medicate, and if so to what degree, must be based upon a careful risk assessment will follow a documented protocol which will provide a permanent record.

1.3. Self-medication will consider the following factors:

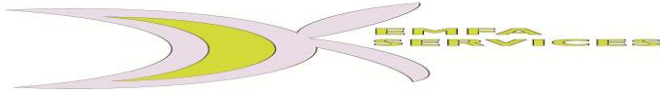
- The Service Users state of mental health-degree of dementia, confusion or other problems;
- The Service Users state of physical health-degree of frailty which may affect the ability to handle the medicines, such as opening child-proof closures on tablet bottles, “popping” tablets through blister packs and measuring “teaspoon” fluid dosages etc;
- Security of storage and ease of retrieval when required;
- The Service User's own wishes.

2. Assistance with medication:

2.1. The original Service User Baseline Assessment will have identified where assistance may be needed, and what level of assistance this may be. Care Assistant may only carry out tasks which they have been appropriately trained.

2.2. Dosage forms can include the following:

- Tablets, capsules, liquids, syrups, lozenges and powders;
- Creams and lotions for topical use on the skin;
- Transdermal patches;
- Inhaled medicines;



- Ear, eye and nose drops.

2.3. Cognitive assistance:

- Prompting or reminding a Service User to take or apply the medicines;
- Reminding the Service User of the correct dose to take as stated on the label.

2.4. Physical assistance:

- Removing medicines from packages/containers;
- Dissolving soluble tablets in water;
- Handing the Service User a compliance aid such as an MDS;
- Applying skin treatments;
- Preparing other medicine forms to help the Service User; eg, shaking a bottle.

2.5. The Care Assistant must check that full instructions for use are present for medicine. If the medicine is labelled “use as directed” then full details of the dose and frequency must be obtained from the prescribing pharmacy.

2.6. Any Care Assistant reserves the right to refuse to assist with the administration of medicines to a Service User if they have not received appropriate training and do not feel competent to do so.

2.7. Full details of all medicines administered, together with what, if any, assistance was rendered, must be recorded on the Service Users home medication record as part of the care plan.

2.8. Care Assistants should not be involved in setting up dosette box systems for any Service Users.

SAFE DISPOSAL OF UNWANTED OR OUT OF DATE MEDICINES

This Policy defines the principles of good practice to be observed for the safe and effective disposal of medication that is no longer required by the Service User. This addresses both non-prescribed (“over the counter-OTC) and prescription medicines, including controlled drugs.

This Policy should be read in conjunction with the following policies, as appropriate to circumstances:

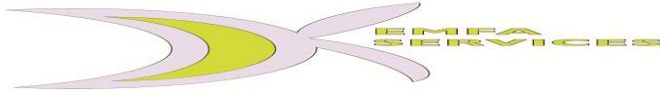
Medicine Policy - General Policy for Managing Service User’s Medicines

Medicine Policy - Safe Storage of Medicines in the Service Users home.

Medicine Policy - Administration of Medicines to a Service User.

1. Medicines may be considered to be “unwanted” for the following reasons:

- Being surplus to requirements following discontinuation of course of treatment
- Where the expiration date as displayed on the medicine packaging has been exceeded.
- Where it is suspected that medicines or their containers have been tampered with.
- Where medicines are not in their original packaging and there is significant doubt as to their identity.



3. Medicines for disposal should not be flushed down the toilet or added to the household waste at the Service User's home. Medicines must be taken to the prescribing pharmacy at the earliest opportunity. Completion of the Medicines Disposal Record Sheet is required.

4. The Service User/advocate/responsible family member should be advised to return any unwanted medicines to the prescribing pharmacy. Care staff may only remove medicines for disposal if specific consent is given to do so by Service User/ advocate/responsible family member. If the Service User is unable to do this then the Domiciliary Care Services Manager must be contacted who will arrange for disposal.

5. Records must be maintained of all unwanted medicines that are disposed of in this way, and a signature obtained from the person at the pharmacy who receives the medicines.

6. Records must also be maintained of all medicines disposed of, and the reason for it, in the Service User's case notes or Care Plan.

MEDICATION PROBLEMS AND ERRORS

This Policy defines the procedures to address problems that may arise during administration of medicines to a service user. These errors will apply to both self medication and assisted medication.

This Policy should be read in conjunction with the following, as appropriate to circumstances:

- General Policy for Managing Service User's Medicines
- Administration of Medicines to a Service User.

This Policy addresses the following circumstances which may arise during administration of medicines to a Service User:

1 Perceived errors in the labelling of the medicine;

2 Medicines cannot be administered because the Service User is unwell OR the Service User refuses to take the medicine;

3 Actual errors made in administering medicine to a Service User;

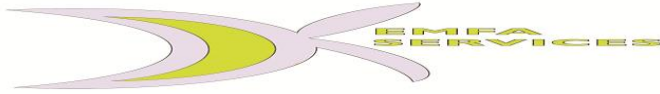
4 Missed doses.

1. Labelling errors:

1.1 If directions on the medicine packaging label are missing, or incomplete, illegible, or ambiguous then the medicine must NOT be used. Care staff must report this to the Care Manager who must refer the medicine back to the prescribing pharmacy.

1.2 Similarly, speciality medicines such as eye drops have a "date of opening" on the label. If this is missing, incomplete or illegible, or the date is more than 28 days old, then the medicine must NOT be used. Care staff must report this to the Care Manager who must refer the medicine back to the prescribing pharmacy.

2 The Service User is unwell:



There may be occasions when the Service User appears unwell or distressed or is confused about medication which he/she would normally take. In these circumstances care staff must report this to the Care Manager for advice and guidance as to whether the medication should be offered to the Service User.

The Care Manager may refer this to the Service User's GP but, in all cases, this must be reported in the Service User's records.

3 The Service User refuses to take medication:

It is acknowledged that the Service User has the right to refuse medication. In the event that a Service User refuses to take their medication it must be explained to the Service User/ advocate/family representative that the medicines have been prescribed to maintain their health and well-being. If the Service User still refuses to take the medication this will be recorded in the Service User's notes and the Care Manager must be informed immediately.

IF A SERVICE USER REFUSES MEDICATION UNDER NO CIRCUMSTANCES MUST MEDICINES BE DISGUISED OR HIDDEN IN FOOD OR DRINK TO FORCE THE SERVICE USER TO TAKE MEDICATION AGAINST HIS/HER WISHES.

4. An error is made in administering a medicine to the Service User

If a member of the care staff becomes aware that a mistake has been made in the administration of a medicine to a Service User then the following procedure **MUST BE IMPLEMENTED BY THE CARE WORKER AS A PRIORITY**. This will apply to Service Users who self-medicate and to instances where the Service User has received some assistance:

4.1 Notify the Service User's GP **IMMEDIATELY**.

4.2 Notify the Domiciliary Care Services Manager.

4.3 Record the details of the error in the Service User's condition or behaviour and ensure that this is also

recorded in the Service User's care pathway documentation.

4.4 The Care Manager is responsible for conducting a thorough investigation into the incident, ensuring that, where appropriate, remedial action is put into effect. This must be recorded in the Service User's case notes.

5. Missed doses

If a member of the care staff becomes aware that a planned dose of medicine has been missed during the previous visit then the care worker must take the following action:

5.1 Notify the Care Manager who may need to contact the service user's GP.

5.2 Record the missed dose on the Service Users home medication record.

5.3 **UNDER NO CIRCUMSTANCES MUST A "DOUBLE DOSE" BE GIVEN TO THE SERVICE USER TO COMPENSATE FOR THE MISSED DOSE.**