



Gloucestershire
COUNTY COUNCIL

Medication Administration in the community - Adult Placement Carers (Shared Lives)

**January 1999 - Kathy Keating and
Maggie Powell**

**Revised March 2006- Janet Waters
Reviewed and checked September 2009;
October 2010 – Janet Waters**

Contents	Page
1. Policy statement	3
2. Purpose	3
3. Scope	3
4. Definitions	3
5. Legal context	3
Mandatory Procedures	
6. The role of A.P. Carers involved in the management of medicines in the community	4
Practice Guidance	
7. Supply of medicines	4
8. The administration of medicines – self-medication	5
9. The administration of medicines to non-self-medicating individuals	6
10. Administration of other forms of medicine	6
11. Approved medication systems	6
12. Medication records	7
13. Medication profile	7
14. Management of medication errors and incidents	8
15. Disposal of medicines	8
16. Methods of disposal	9
17. Training	9
18. Implementation	9
19. Monitoring and review	9

Medication Administration In the Community (Adult Placement Carers/ Shared Lives)

1. Policy Statement

Adults should be encouraged, where appropriate following a risk assessment, to retain, administer and control their own medication in order to maximise their independence and retain control over their own lives. Some people who have been assessed as being unable to manage their own medication without assistance need to be protected by the Directorate's policy. Everyone involved in the care of an individual is responsible for ensuring that his or her medication is managed appropriately. However the primary responsibility for the prescription and management of medication rests with the prescribing health professional in consultation with other members of the primary care team.

2. Purpose

This policy seeks to reflect the Essential Standards of Quality and Safety relating adult placements and promote best practice and equity across the county.

3. Scope

This policy applies to all Adult Placement carers registered with Gloucestershire County Council.

4. Definitions

A.P. carers – Adult Placement carers

Relevant health professional – this would normally be the person who prescribes the medication or who oversees it on a regular basis.

5. Legal Context

Essential standards of Quality & safety - CQC
The Handling of medicines in Social Care– the Royal Pharmaceutical Society 2007

MANDATORY PROCEDURES

6. The role of A.P. carers involved in the management of medicines in the community

6.1 Assistance with medication should only be provided by A. P. carers funded by the county council, where the person has been risk assessed as unable to administer their own medicines.

6.2 The written consent of the individual must be obtained prior to any medication being administered. Where adults are deemed to lack the mental capacity to consent, their family or advocate may do so on the grounds that it is in the person's best interests. Also written details of the medication must be obtained from the relevant health professional.¹

6.3 In most cases medicines will be stored in the A. P. carer's home and therefore safe storage will be the responsibility of the individual if they are deemed capable of self-medicating. There is a responsibility for A.P. carers to provide a lockable space in which to store medication for those service users who are assessed as able to self-medicate and to which the A.P carer may only have access with the service user's permission.

6.4 If A.P. carers are involved in supporting the person in various activities in the local community where they are unable to safely store their own medicines, the A.P. carer must take responsibility for safely storing the medicines whilst the person is in their care.

PRACTICE GUIDANCE

7. Supply of Medicines

7.1 Medicines in the context of these procedures are those prescribed by a health professional known as Prescription only medicines (POMs). These cannot be purchased over the counter in a pharmacy. Only medicines prescribed for the individual user may be administered to that person. Prescribed medicines belong to the named individual and must not be supplied to anyone else.

7.2. The total amount of medication supplied should be specified on each container, which makes it easier to check if the medicine has been taken correctly. The pharmacist may add extra instructions to the label, such as "complete the course" or "avoid alcohol" but labels such as "as required" must be avoided and clarification sought from the prescribing professional.

7.3 Labels on medicines supplied by a doctor or pharmacist must not be altered by anyone, except the prescribing professional who must sign and date any alteration. If a label has been altered in any other way the

¹ September 2006

prescribing health professional must be contacted immediately and their advice sought before any more medicine is administered.

7.4 Containers provided by a pharmacist have child resistant closures and in general it is sensible for these to be used wherever practicable. However, there may be occasions when an individual who is responsible for their own medication cannot open such containers and they may be provided with traditional “easy open” containers. Equally, people who have sight problems may request containers with large print instructions etc. Other aids to assist in the correct adherence to taking medication are available from the community pharmacist.

7.5 Over the counter preparations (also known as homely remedies), homeopathic and ayurvedic medicines can be used to treat minor ailments e.g. indigestion mixtures, laxatives. It should be noted that some over the counter preparations might adversely interact with prescribed medicines. Advice must be sought from a relevant health professional and written consent obtained from the person before they are administered.

7.6 A.P. carers must not take for personal use any prescribed medicines that are the property of the person for whom they were prescribed.

8. The Administration of Medicines

Self medication

8.1. If the person is risk assessed by a relevant health professional and social worker as capable to look after and administer their own medicines A.P.carers should monitor that they keep the medicines with them or store them in a lockable space.

8.2 If there is concern about a person’s ability to administer their own medicines safely, the A.P.carer together with the individual should consult with the social care key worker and agree how much responsibility the person is able to undertake. Where there is doubt, and it is assessed as safe to do so, the person should be given charge of their own medicines for a trial period. After this A.P.carers should check whether or not the person has taken the medicine as prescribed and a decision should be made and recorded as to whether or not they can cope with their medicines in the long term. The person’s ability to administer their medicines should be reviewed on a regular pre-planned basis by the social worker in conjunction with the relevant health professional.

8.3 When a person is assessed as unable to manage their own medication A.P. carers and key workers should explain that the responsibility would pass to the A.P.carer. This situation will need to be managed sensitively.

8.4. If an individual is concerned about their medicines they should be referred to their doctor or whoever is responsible for prescribing their medication.

8.5 To gain maximum benefit, medicines should always be taken at the prescribed times. A.P.carers should support and encourage this.

8. The administration of medicines to non-self medicating individuals

9.1. The procedure to be followed:

- Check the person's identity
- The A.P. carer must explain what they are about to do and obtain the verbal/non-verbal consent of the person.²
- Make sure the record relates to the person concerned
- Check the medicine you are about to give
- Check that the dose has not been changed
- Ensure that the dose has not been given by somebody else
- Check the details on the container against the medication record.
- Measure with the spoon or container, provided by the pharmacist or count the dose and give it to the service user.
- Record that the medicine has been given and taken.
- Record if the medicine has been offered and refused or wasted.
- Do not dispense any medication until it is ready to be administered.

10. Administration of other forms of medicine

For medicines either administered other than orally, see the Clinical Tasks policy for guidance.

<http://www.gloucestershire.gov.uk/index.cfm?articleid=2280>

11. Approved Medication Systems

11.1. A method and protocol for the administration of medicines, which meets the needs of the service user/client, should be adopted.

11.2. Only appropriately trained A.P. carers are allowed to administer medicines.

11.3. The removal of medicines from their original containers into other containers by anyone is not allowed, as it increases the risk of mistakes being made and puts both carers and the people they care for at risk. Only tamper-proof compliance aids that have been filled by a pharmacist or dispensing GP are acceptable.

² September 2006

11.4. Containers from the list below should be agreed as the most appropriate for use to dispense a person's medication:

- Traditional containers provided by the pharmacist or dispensing GP with either easy opening or childproof caps.
- Tamperproof compliance aids which have been pre-filled by a pharmacist or dispensing GP.

11.5. Whilst accompanying an individual on an activity in the community, A.P. carers must ensure that the medication is carried in an approved and properly labelled container. An approved container is one that has been supplied by a pharmacist or prescribing GP. If the activity is a regular one it may be possible for a separate bottle of medication to be supplied as part of the original prescription.

12. Medication Records

12.1. The following medication records must be kept to ensure that medicines are given as prescribed:

- A record of any new bottles/containers of medication obtained for the service user/client.
- A medication profile, which records the person's medication regime.
- A record of administration and disposal, recording the date, time, medicine and amount given, also the signature of the adult placement carer who gave the medicine. If the medicine is refused or wasted the Adult Placement carer responsible for its safe disposal must record this on the medication profile. The prescribing health professional should be informed of any refused doses as appropriate.

12.2. The AP carer will monitor the condition of the person placed with them and report any unexpected change in condition, which may or may not be due to an adverse reaction to the prescribed medication, to the responsible health professional.

13. Medication Profile

13.1. This should show for each person:

- The person's full name and date of birth.
- Details of any known drug sensitivity e.g. penicillin.

13.2. The following details about each prescribed drug:

- It's generic name.
- The form of the medicine.
- The amount in the bottle/container when originally dispensed.

- The strength of the preparation.
- The dose
- The route of administration e.g. by mouth, topically etc.
- The time(s) it should be administered.
- Any special instructions, for instance whether it should be given before or after food.
- If the medicine is discontinued and/or returned to the pharmacy with the person's permission then this should be recorded.

13.3. Ideally the medication profile and the record of administration should be kept on the same sheet. If they are on separate sheets, the two must be kept together.

13.4. Completed sheets should be returned to the service user/client's main file.

14. Management of Medication Errors and Incidents

14.1. Despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. An A.P. carer has a duty and responsibility to report any errors immediately to the Adult Placement team and consult with the relevant health professional so as to prevent harm to the person. The person's carer and CQC must also be informed of any error in writing if the belief is, following consultation with a health professional, that the error could have led to harm or injury.

14.2. The error must be recorded on the medication sheet.

14.3. A.P. carers should be encouraged to report errors and they should be dealt with in a constructive manner, which addresses the underlying reasons for the incident and prevents recurrence. If an error occurs a member of the Adult Placement team must meet with the A.P. carer and go through the guidance with them to ascertain their level of understanding.

14.4. Staff should seek to differentiate between those incidents where there was a genuine mistake and when there was reckless practice. A thorough and careful investigation taking full account of the circumstances should be conducted before any decision is made about any action to be taken.

15. Disposal of Medicines

15.1. As medicines are the personal property of the person for whom they are prescribed; their permission must be sought for the disposal of any medicines.

15.2. Medicines should be disposed of when:

- The expiry date is reached. If no expiry date is recorded, then the dispensing pharmacist must be contacted to ascertain the shelf life of the medicine.
- For eye preparations, the date of opening should be recorded on the label and the contents discarded 4 weeks later, unless there is a specific statement on when it should be discarded by the pharmacist written on the container.
- A course of treatment is completed, or the doctor stops the medicine or the dosage is changed.
- The person for whom the medication is prescribed dies. N.B. This medication must be retained for 7 days in case a coroner's court requires them.

16. Methods of Disposal

16.1. People who are self medicating should be encouraged to return to the pharmacy medicines that are either out of date or no longer being taken.

16.2. If an A.P. carer returns out of date, wasted or unwanted medication to a pharmacy, they must record that they have done so on the medication profile.

16.3. Controlled drugs, which are no longer required, must be returned to a pharmacy and ideally two A.P carers must verify that the drug has been handed over to the pharmacist. They must both sign the person's medication profile and the pharmacist's signature must also be obtained as receiving the drugs.

16.4. A missed or wasted dose should be disposed of in accordance with advice offered by a pharmacist. Most pharmacists will supply a bottle for wasted doses. Refusal of medicine should be seen as a compliance problem and advice sought from the GP or pharmacist.

16.5. Health professionals must dispose of their own injection equipment.

16.6 In the case of a sudden or unexplained death the A.P. carer should retain the medication for 7 days in case there is an inquest.

17. Training

17.1. The A.P. carer who administers medication must be able to demonstrate receipt of accredited training including:

- Introduction to medicines and prescriptions
- Medicine supply, storage and disposal
- Safe administration of medication
- Quality control and record keeping
- Accountability, responsibility and confidentiality

18. Implementation

This policy in its original form is already in use.

19. Monitoring and Review

This policy will be reviewed in line with the current practice of the Strategic Policy and Planning section of the Community and Adult Care Directorate.