

Medication Guidance

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It is the responsibility of every individual to ensure that they are working to the most current version of this document.

This guidance is for Reablement Coordinators, Senior Reablement Workers and Reablement Workers.

Guidance supports the *Medication Policy and Related Standards and Guidance for Reablement, Senior Reablement, Community Care Workers and Health Care Assistants* – referred to throughout this document as ‘policy’.

Policy contains detailed and useful information about various types of medication, drug formulations and the means of taking them (including for people who have difficulty swallowing), dosage strengths, interpreting labels, medicine classifications and storage which are not replicated in this guidance. Please refer to policy in the first instance for full information.

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1. **Introduction** (policy sections 1, 2, 4)

This guidance is about supporting people who are living in their own homes in the community to take prescribed and other medication safely. People must be supported in ways which promote their rights, dignity and independence.

Always refer to policy in the first instance and consult your line manager if you are unsure about what to do. It is always better to ask than to risk making a medication error.

Staff cannot administer, prompt or assist with medication unless:

- They have completed appropriate training and been assessed as competent
- Written consent is on file
- Written up to date information from a health professional about medication, dose, time and means of administration is held on file
- A medication risk assessment by a competent risk assessor is located on the service user BICA under the Safety & Risk section and kept on file.
- Recording systems have been established in the service user's home.

This guidance should be read in conjunction with the following GCC policies:

- *Intimate Personal Care and Clinical Tasks* – summarises what tasks may and may not be undertaken
- *Infection Control* – summarises actions to be taken to minimise the risk of infection to staff and service users.

2. **Capacity, consent and assessment** (policy sections 1, 5, Appendix 2)

Service users with mental capacity to make decisions about their medication retain responsibility for and control of their own medication but may require varying levels of support and assistance. Some people can manage their medication alone. Others may require Telecare or pharmacy supplied compliance aids or will require supervision or assistance.

The different levels of support we can provide are summarised at section 5 *Levels of support with medication – prompt, assist, administer* below. Before we can provide any kind of support with medication:

- risks associated with self medicating are assessed in consultation with relevant health professionals, like the GP, the district nurse, a pharmacist.
- we must have the service user's written consent which is kept on their record.

Where it appears that the service user may lack capacity to make decisions about their medication, we must follow our established Mental Capacity Act (MCA) procedures to assess capacity. If the assessment confirms that the service user does not have capacity, 'best interest' decisions are made for them in consultation with relevant health professionals.

Even though we hold written consent from the service user or in some circumstances their representative, we must confirm consent each time we support the service user. We should always explain what we are going to do each time we assist with or administer medication or carry out related tasks, obtain the service user's verbal or non-verbal consent and ensure that this is recorded.

3. Covert administration

Medication may not be disguised and administered to anyone without their knowledge and consent, for example in food or drink. This is called covert administration. We are not permitted to administer medication in this way except in exceptional circumstances when specifically directed to do so by relevant health professionals as being in the service user's best interests. For example, in some situations covert administration may be necessary to ensure that the service user is not denied essential treatment. Specific instructions about how medication is to be administered must be provided in writing and kept on the service user's record.

4. Duty of care

We have a duty of care and should always seek immediate advice from the GP, 111 advice line or pharmacist if we have safety concerns about the service user's health and wellbeing, for example if:

- A service user who administers their own medication now appears to be unable to do so in accordance with the prescriber's instructions, e.g. appear to be missing doses, taking additional doses, not taking medication at the right time.
- A service user without capacity who has always taken medication now refuses it.
- There appear to be side effects or unexplained changes in the service user's health or behaviour.

All concerns must also be reported to a line manager.

5. **Levels of support with medication – prompt, assist, administer** (policy section 5.2)

We cannot administer, prompt or assist with any prescribed or homely medications unless we have written information about exactly what medication must be given, dosage, frequency and any special instructions, e.g. with food, not with dairy, variable doses (e.g. for warfarin, lithium, see section 11 *Variable Dosages* below).

The specific nature of the support the service user requires with medication or related tasks (see also the GCC *Intimate Personal Care and Clinical Tasks* policy for what tasks we are permitted to carry out) must be detailed in writing, for example in the goal or support plan. There are three general levels:

1. Prompting – ‘*Prompting*’ means giving reminders to service users with capacity, e.g. to take medication at a certain time or with food. This must be detailed in the goal sheet and BICA (Background Information and Contact Assessment). Detailed written information about medication must be held on file.
2. Assisting – ‘*Assisting*’ means helping service users with capacity e.g. preparing for continence maintenance, opening medication containers, removing tablets from a blister pack, shaking a bottle and removing the lid, applying a cream or ointment to the skin, passing tablets to a service user in a container.

The term ‘*assisting*’ is also used when we support service users who have capacity but who lack functional ability to self medicate and carry out related tasks. In practical terms, we may be involved in measuring dosages, giving the medication to the service user as well as dealing with some or all of the tasks mentioned below at ‘*administering*’.

Up to date medication lists and written information about the exact nature of what is required of staff must be held on file

3. Administering. For service users assessed as lacking capacity to make decisions about medication, self medicate, instruct others or manage medication **and** who have no other suitable person to assist them, we may ‘*administer*’ medication.

This means that as well as making sure the service user is given medication as prescribed, we may also have responsibility for ordering and storage of medication as well as disposal of medication. The exact nature of our role must be specified in writing, for example in the goal or support plan.

6. Getting it right (policy section 5.7 - 5.12, 5.20 - 5.22)

We should always confirm the identity of the service user and check that we have the right medication as prescribed. Service users with capacity are responsible for decisions about their medication so when assisting, we should follow their instructions. If we have any reason to believe that the service user is no longer able to manage their own medication, we should alert the GP or other relevant health professional and advise a line manager so that the situation can be re-assessed.

To be certain that we have the correct instruction, we can only prompt, assist or administer prescribed medication from the original containers, including dosette boxes, which are dispensed and labelled by a pharmacist or dispensing doctor. We cannot prompt, assist or administer medication from containers packed by any other person, including the service user or their family members or carers.

If labels have been altered or removed, we should contact the dispensing pharmacist, the GP or the 111 advice line for instruction before medication is administered.

Medication labels, the medication administration record, the patient leaflet information and where appropriate the risk assessment and the service user's record book should be carefully checked to ensure that the right dose of the right medication is being given in the right way and at the right time. The physical state of the medication, including expiry dates and how it has been stored should also be checked. Any concerns should be raised with the GP and / or the pharmacist and / or the GP and a line manager alerted.

Unless it is in a compliance aid, dosage should be carefully counted and liquid measured as per the label. If we think that someone else may have administered the dose, we should contact the GP, the 111 advice line, the pharmacist for advice and alert a line manager.

We cannot accept verbal instructions to change medication or vary dosage. All changes must be confirmed in writing by the appropriate healthcare professional. Changes must be recorded on the medication record sheet following written confirmation.

In all cases, hands must be washed with soap and water and carefully dried before and after handling medication to avoid cross infection. Refer also to the GCC *Infection Control* policy.

7. Medication refusal / missed doses (policy section 5.6)

All service users have the right to refuse medication. We should always explain to the service user what we are going to do and obtain verbal or non verbal consent to proceed. No medication must be administered against the service user's wishes.

We should contact the service user's GP or pharmacist, or the 111 advice line for instruction if the service user refuses the medication or if a scheduled dose has been missed. We should not assume that it is safe to 'miss' a dose or to take it later than scheduled. See also section 9 *Errors with medication and related tasks* below.

Refusal and all actions taken must be recorded on the medication record sheet and a line manager advised. Unused pre-assembled medication must be disposed of. See also section 16 *Disposal of Medication* below.

8. Side effects (policy section 5.13)

Information about possible side effects can be found in the patient information leaflet. Advice about suspected side effects and adverse reactions should be sought from the service user's GP or 111 advice line and reported to a line manager. Suspected side effects and all actions taken should be recorded on the medication sheet.

9. Errors with medication and related tasks (policy section 5.14)

All errors in administering medication (e.g. medication not given, given more than once, given to the wrong person, incorrect dosage, given at wrong time) should be dealt with immediately:

- Seek advice from the GP, other relevant healthcare professional or A & E as appropriate.
- Report to line manager.
- Record the error, any changes in the service user's health or behaviour, all actions taken.
- Complete an incident report and provide it to a line manager, who will advise Care Quality Commission (CQC) if a health professional believes that the error could have led to harm or injury.

10. Recording (policy section 5.5, 5.6)

Anyone reading the service user's record must be able to understand what has happened and when we have prompted, assisted with or administered

medication or carried out related tasks. Records must be accurate, up to date and signed by the writer whose name should be printed alongside the record.

Service users with capacity (responsible for their own medication).

Records are kept on the daily record sheet and medication record sheet and should include:

- Whether the service user was prompted or assisted
- The date and time that the medication was taken / used or related tasks were carried out - or that the service user did not take the medication /complete tasks.
- Detail of the medication taken / used or about the task
- The dose if variable – see section 11 *Variable Dosages* below
- Any homely or over the counter medication (see section 12 *Homely / Over the Counter Medication* below) the service user was assisted to take. We should check any concerns about homely / over the counter medications with a health professional / GP before support is given.
- If the service user vomited shortly after taking medication
- Possible side effects or adverse reactions
- Any other concerns (all concerns should be raised with a line manager)

Service users without capacity

We must obtain full permission from a health professional / GP before administering any medication.

Records are kept on the daily record sheet and medication record sheet and should include:

- Time and date when medication was administered or task was carried out
- What medication was given / used or what task was carried out
- Dosage administered
- Refusal of medication and actions taken to report this
- Concerns that medication has been administered by another person, and actions taken to report this
- Any prescribed occasional medication administered to the service user as part of the support plan or on the written instruction of a health professional– record why given, name of medication, dose, and time. See section 11 *Variable dosages / occasional medication* below.
- Details of any homely/over the counter medication (see section 12 *Homely / Over the Counter Medication* below) which the service user indicates they have taken. Advice should be sought from a health professional / GP.

- Possible side effects or adverse reactions to any medication, and actions taken to report this
- Any medication administration errors and consequent changes in the service user's health or behaviour and actions taken to report this
- Medication received /collected from pharmacist
- Medication disposed of, including following dropping or spillage

Each completed medication record sheet should be kept at the service user's home for a period of 4 weeks and then returned to the line manager's office for safe keeping.

In the event of the service user's death, all records must be returned to the line manager's office as soon as possible for closure and archiving.

11. Variable dosages / occasional medication (policy section 5.5)

Prescribed variable dosages / occasional medication - Some prescribed medications have variable dosages (e.g. 1 or 2 tablets) or are intended to be taken on an 'as and when' basis when particular circumstances exist, e.g. for pain, constipation, indigestion. Written information must clearly state in what circumstances occasional medication should be given or when to administer a higher or lower dose where dosage is variable. If we are uncertain about whether or not to administer an occasional medication or what dose to give someone if the dose is variable, we should phone the GP or 111 helpline for advice before administering the medication.

Where dosage is variable, we must record the actual dose administered to a service user without capacity or that we assisted someone with capacity to take.

Dosage dependent on blood tests - Dosage can be dependent on blood test results, e.g. for warfarin, lithium. Blood test results and the prescribed dose should be stated in the service user's record book.

We will not undertake this task without written consent and permission from the GP or other appropriate health professional.

- Service users with capacity - We must ensure that the service user knows what dose to take when prompting or assisting but cannot provide other advice. If we are concerned about the service user's ability to understand the information, we should advise the GP / Pharmacist and alert a line manager.
- Service users without capacity. The record book should be kept with the medication administration record and we should know how frequently blood tests are required. We will not administer this type of medication unless:

- directed by a health professional on a case by case basis
- the service user is having blood tests at the required frequency
- the blood test results and required dosage have been updated in the record book, and signed and dated by a healthcare professional.

We should advise a line manager if the service user is not having blood tests at the required frequency.

12. Homely / Over the Counter medications (policy sections 5.5, 5.18, 5.19)

Homely medications are not prescribed and can be purchased 'over the counter' like paracetamol or herbal, homeopathic or ayurvedic remedies. These might be taken occasionally or on an ongoing basis. We can assist a service user with capacity to take this type of medication but cannot offer advice. Service users with capacity should be encouraged to consult their GP about possible contra- indications with prescribed medications or existing medical conditions. Concerns about the use of homely or over the counter medications should be discussed with a line manager.

We can only administer prescribed medications to a service user without capacity and therefore will not administer homely or over the counter medications, without the permissions from a healthcare professional.

13. Controlled drugs (policy appendix 3)

People who self medicate are able to use prescribed controlled drugs in the home.

Consideration may be given on a case by case basis in exceptional circumstances, for example end of life care, to administering controlled drugs when no other alternatives are available and provided that they do not involve invasive techniques like injections or syringe drivers. Risk assessment must be undertaken to ensure that potential risks are able to be controlled. For example dosage must be stable, staff must have relevant competencies, and ongoing frequent monitoring by a health professional is required. Decisions must be made in consultation with relevant health professionals.

14. Oxygen Therapy and Inhaled Therapy (via Preset Facility)

Consideration may be given on a case by case basis to supporting service users with oxygen therapy or inhaled therapy, for example through a nebuliser. In accordance with the requirements of the Intimate Personal Care and Clinical Tasks policy, training specific to the service user on a one to one basis is required from a health professional who must assess initial staff

competency, provide written procedures and arrange regular review dates – with an appropriate healthcare professional.

15. Supplies of medication

Medication is usually delivered and will only be collected in exceptional circumstances when no other alternative is available and as agreed by a line manager. Workers must always collect the medication and deliver it directly to the person. The receipt of medication should be recorded on the medication record sheet.

16. Medication storage (policy section 5.15)

Storage must be in accordance with the instructions provided (e.g. under refrigeration, away from the light) but in general should be kept away from a heat source or humid atmosphere and out of the reach of children.

Medications should always be returned to safe storage after we have administered them to a service user without capacity.

Service users with capacity are responsible for storage arrangements. Concerns about how or where medication is stored should be raised with a line manager.

17. Disposal of medication (policy section 5.17)

Medication may need to be disposed of when it reaches its expiry date, if a service user's treatment is changed or discontinued or if the service user dies. Service users with capacity are responsible for medication disposal.

Where there is no alternative, we may return unwanted, out of date or refused medications to a community pharmacy for disposal.

Medications should be retained for a period of 7 days following the death of a service user in case the Coroner's Office or Courts require them.