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**Medicines Management Policy**

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# Introduction

The purpose of this Medicines Management Policy is to safeguard the best interests and wellbeing of clients accessing the services of [Company Name] by setting out the practice to be followed and the responsibility of all concerned in relation to medication management and related tasks.

Clients who receive care at home are likely to be on regular medication, whether prescribed or purchased over the counter. While some clients being cared for at home may be able to manage their own medicine, this must be carefully assessed and monitored. Alternatively, some clients will require some degree of help, be it full assistance to manage their medication or simple reminders and prompts and this policy sets out the process by which [Company Name] aims to manage medication safely.

Medicine administration is a regulated activity under the Health and Social Care Act 2008 (Regulated Activities) 2014. This policy applies to any individual(s) that require(s) support with their medicine from staff and/or care workers employed at [Company Name]. It should be read in line with other relevant policies when appropriate and applied in all matters involving the management of medication at home.

Medicines support is any support that enables a client to manage their medicines. In practical terms, this covers:

* prompting or reminding clients to take their medicines
* helping clients remove medicines from packaging
* administering some or all of a client’s medicines.

It is not the intention of this policy to countermand the professional standards and responsibility (or codes of conduct) for any group(s) of healthcare professionals. All healthcare professionals must work within the codes of conduct of their professional bodies.

# Policy Statement

As a provider registered with the Care Quality Commission, [Company Name] is committed to ensuring it is both compliant with all legislative requirements and that it adheres to all sector specific good practice guidance. This policy and its procedures will identify the mechanisms employed by [Company Name] to ensure the safe management of medicines for the clients being cared for.

[Company Name] are committed to providing the highest level of care and support to the vulnerable people they are responsible for, whether directly or through other contractual agreements.

# Scope

This policy aims to clarify the responsibility staff at [Company Name] have when dealing with medications for its clients.

All staff working at [Company Name] who handle medicines should be competent to do so and should also be regularly assessed by senior staff to ensure all relevant competencies are maintained.

It is not the intention of this policy to guide or inform staff at [Company Name] of the clinical indications for the use of specific drug protocols.

It is the responsibility of the Registered Manager to ensure that all staff are aware of this policy and that suitable training is made available, so correct and safe practices are carried out at all times.

It is the responsibility of each member of staff to be accountable for their actions in relation to the procedures within this policy.

# Medication Support Needs Assessment

At [Company Name] staff should, where appropriate, encourage individuals to be as independent as possible with their medicines. This helps people stay in their homes and reduces the need for secondary care admissions while promoting a culture of independence.

However, a number of clients will require support with their medicines and the level of support a specific client will require in relation to their medicine will vary from person to person. Assessments will be undertaken as a part of their overall assessment for care for each client to determine what their medicine support needs are. Medicine support needs assessments will consider:

* The client’s needs and preferences, including their social, cultural, emotional, religious and spiritual needs, and level of desire to actively participate in their own care.
* What medicine(s) the client is taking, including dosage, dosage forms and frequency, and whether they currently have any problems taking their medicine(s).
* Whether the medicine(s) has been prescribed or not and whether or not the medicine(s) is classed as a controlled drug.
* The client’s individual reasons for care and their understanding of why they are taking their medicine(s).
* What the client is able to do and what level of medication support they may require, for example, reading medicine labels, using inhalers or applying creams.
* How the client currently manages their medicine(s), including, for example, how they order, store and take their medicine(s).
* Whether the client has any nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition.
* What level of support the client has outside of social care (e.g., family or friends) and who could be contacted about the client’s medicine(s) if needed.
* The time and resources likely to be needed by [Company Name] and [Company Name]’s ability to provide emergency or first aid treatment in a medical emergency, particularly as a result of a medicines reaction.
* The client’s expectations for confidentiality and whether the client has or will provide consent to share information with other relevant healthcare providers, such as their NHS GP.
* Whether there is more than one healthcare provider involved in the client’s care and who would have responsibility for medicine support.

Additional consideration should be given to clients receiving Insulin, Time Critical Medication or High-Risk Medication. Where clients with these or other complex medicines require support, guidance may first be sought from the pharmacist, GP or prescriber alongside the client.

Staff at [Company Name] will not take responsibility for a client’s medicines unless it is indicated to do so by the medicines assessment. Assessments will only be undertaken by staff who have the competence, knowledge, experience and qualifications to do so.

Medicine support plans for clients will be reviewed regularly every [insert e.g., month] to ensure they remain valid and in line with the client’s current needs. Medicine support plans will also be reviewed whenever:

* there is a change to their medicine regimen
* there is a change in their medical condition
* there is a hospital admission
* there are any concerns raised
* a life event, such as a bereavement.

Staff should ensure there is regular contact with a client’s General Practice, as well as the pharmacy supplying their medicine.

Any and all assessments for medicine support must be clearly recorded within the client’s care plan.

**Consent**

Consent for nursing and care staff to handle their medicines must be obtained from all clients. If a client is unable to make an informed decision, then staff must ensure the Mental Capacity Act 2005 is adhered to.

# Levels of Support

As part of any medicine support plan, consideration will be given for the client’s required level of support for the management of their medicine. This level of support can vary as follows:

* general support
* support with administration of medicine
* specialist support with medicine administration.

**General Support**

General support can include assisting clients with their medicine wherever possible, for example, preparing medication or opening medication containers. Prompting is another way to provide general support to clients who are being cared for at home. This can involve reminding individuals, who have the capacity to make their own decisions, to take their medication. An example can include prompting someone to take their medicine at a certain time.

Staff at [Company Name] will always ensure they have the consent of the client concerned to provide general support. They will also ensure that they know and understand the level of support required, as stated in their care plan. Staff at [Company Name] should ensure regular checks are carried out to understand whether the medicines management support plan continue to meet the client’s needs.

**Support with administration of medicine**

If a client requires assistance with the administration of their medication, this should be identified at the time of the assessment of their overall care plan. Staff at [Company Name] will ensure that they gain the consent of the client who requires the medication and that this consent is documented.

Medicines will only be administered by adequately trained and experienced staff in line with the [Safe Medicine Administration](#_Safe_Medicine_Administration) section of this policy and the following:

* check that the medicine is in the client’s care plan
* know what the medicine is being given for, including the normal dose ranges, common side effects, precautions and contraindications
* check expiry dates
* check the required dose
* check if the individual has any allergies.

**Specialist support with medicine administration**

[Company Name] understands that staff may need to administer medicines by a special technique. This can only be done if the staff member has been assessed by an experienced and qualified healthcare professional to do so. [Company Name] will ensure they have appropriately trained the staff prior to accepting clients with specialist administration needs. Specialist techniques can include:

* rectal administration of medicine
* vaginal administration medicine
* injection (intramuscular or subcutaneous) for medicines that are pre-filled or pre-loaded (e.g., insulin)
* intravenous administration of medicine either centrally or peripherally
* administration of medicine via a nasogastric (NG) tube
* administration of medicine via a Percutaneous Endoscopic Gastrostomy (PEG).

The following procedures should not be carried out by staff who are not appropriately qualified healthcare professionals:

* injections (where medicine preparation is required)
* the administration of intravenous medication
* programming of syringe drivers.

**[Delete as appropriate]** [Company Name] do not undertake specialist medicine administration support and, where necessary, clients will be signposted to other services who can deliver this.

# Working with Health and Social Care Providers

[Company Name] is committed to collaborative and joint working between health and social care providers to ensure that clients receive integrated and person-centred support.

Staff working at [Company Name] will inform the client’s general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines if needed (e.g., the client or a named contact), as well as a contact within [Company Name]. This will also be detailed in the client’s medicine support assessment, as well as their overall care plan.

Staff should ensure they remain in regular contact with the prescriber of the medicine(s) and where advice is needed, should seek this either from the prescriber, a pharmacist or another health professional with appropriate specialist experience. [Company Name] will encourage discussions with the prescriber particularly around the following:

* Whether a client’s medicines regimen could be simplified.
* On ensuring that all relevant information on any time-sensitive medicines is received.
* Whether any medicines could be stopped.
* Whether the formulation of a medicine could be changed if the existing form was causing issues.
* Whether any additional support or alterations could be made for problems with medicines adherence.
* Any time it is felt that a client’s medicines may need to be reviewed.

[Company Name] will ensure adequate communication channels are in place with any appropriate safeguarding helplines and emergency services in the event that there are any concerns with the client’s medicine. Any concern with a client’s medicine could include:

* someone refusing to take their medicine
* someone not taking medicine in line with their prescription
* possible adverse effects
* medication administration errors as well as near misses
* the possible misuse of medicine
* the client’s mental capacity when making independent decisions about their medicine
* any changes to a client’s physical and mental health.

Clients and/or their family/carers should also be encouraged to contact their prescriber and/or pharmacist if they have any clinical questions regarding their medicines and staff should not attempt to answer such questions outside the scope of their practice and competency.

**Information sharing**

[Company Name] requires the client’s consent to share details of medicines support with the client’s NHS GP and any other relevant third-party healthcare providers involved in the client’s care. While clients are within their right to refuse consent for such information sharing, for safety reasons [Company Name] will not provide medicines support without the consent to share information. Consent will be sought as a part of the initial needs assessment and the need for consent will be discussed thoroughly with the client. If a client refuses consent, the reasons for this will be discussed in more depth, along with the potential implications of this decision.

To ensure the highest level of care, staff should ensure that they communicate all aspects of a client’s medicine to the individual concerned, as well as their families and other healthcare providers wherever possible.

[Company Name] will ensure there are adequate and robust communication processes in place to ensure this happens. Communication processes are especially relevant when:

* a client has impaired cognitive or mental capacity
* a client is transferred from one care setting to another
* a client’s medicine is changed.

**Transferring care between health and social care providers**

Situations may arise where the care of a client of [Company Name] needs to be transferred to another health and social care provider, be this out of client choice (such as moving care provider) or necessity (such as a hospital admission). In these instances, staff at [Company Name] must ensure that relevant, complete and accurate information about medicines is shared with the client and/or their named contact, as appropriate, as well as with the health and social care provider the care is being transferred to. As far as reasonably possible, in pre-planned transfers, information should be shared via secure electronic communication. Where the transfer occurs as a result of an emergency, paper records may be sent as an interim solution, and if not possible at the time, full medicine(s) information should be shared within 24 hours of the client being transferred to ensure their safety is not compromised.

Full information should include, but is not limited to:

* Contact details of the client, their named person (if they have one) and their GP.
* Details of other relevant contacts identified by the client and their family members or carers, where appropriate (for example, their nominated community pharmacy).
* Known drug allergies and reactions to medicines or their ingredients, and the type of reaction experienced.
* Details of the medicines the client is currently taking (including prescribed, over the counter and complementary medicines) and their name, strength, form, dose, timing, frequency and duration, how the medicines are taken and what they are being taken for.
* Any recent changes to medicines, including medicines started or stopped, or dosage changes, and reason for the change.
* Date and time of the last dose, such as for weekly or monthly medicines, including injections.
* What information has been given to the client, and their family members or carers, where appropriate.
* If the client has any patches in place, the date, time and where on the body the patch is located, as well as when the patch should be removed and replaced.
* Any other information needed, for example, when the medicines should be reviewed, ongoing monitoring needs and any support the client needs to carry on taking the medicines.

The transfer form in [Appendix 1](#_Appendix_1:_Medication), can be completed as an interim for emergency or urgent transfers.

**Administration of medicines by external healthcare professionals**

Clear documentation by all professionals involved in a client’s care, particularly around medicines, is essential to ensuring client safety and the efficacy of any treatment.

In the event that an external healthcare professional, such as a district nurse or GP, administers a medicine to a client of [Company Name], staff should, wherever possible, ask the healthcare professional to document this within the client’s care plan. Staff at [Company Name] should also ensure that this is reflected within the client’s Medicines Administration Record.

# Medicine Records

Social care providers are required, by law, through the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to maintain secure, up-to-date and accurate records for anyone receiving medicine support.

Staff are responsible for ensuring that all medicine care plans within [Company Name] are:

* **Person-centred:** clients’ needs and preferences should be taken into consideration as a part of medicine care planning and best interests decision-making information should be included for any client lacking capacity (see [Company Name]’s Person-Centred Care Policy for more information).
* **Co-produced:** clients and their families/carers should be actively involved in the care planning process, asking for information such as how they prefer to take their medicines (i.e., with water, all at once or one by one).
* **Reviewed regularly:** medicine review dates, high risk medicines and medicines with likely side effects, for example, should all be clearly identified and documented within the medicines care plan to ensure that they are monitored closely, and the care plan remains accurate and up to date.
* **Individual:** medicine care plans will be individual to the client and based on an assessment of their needs in terms of the level and type of support required.
* **Condition-specific:** medicine care plans should include information specific to the client’s condition, including, for example, what the medicine is prescribed for, whether the condition is well controlled, any likelihood or necessity for rescue medicines and why these might be needed, as well as any monitoring required as a part of the treatment, such as diabetic monitoring. Specialist input from the prescriber or pharmacist should be sought as necessary as a part of condition-specific care planning.
* **Accessible:** care plans will be written clearly and legibly, in a language understood by all staff and the client. Where there are barriers to this, reasonable adjustments should be considered, implemented and documented within the medicine record in liaison with the Clinical Lead. Further information on reasonable adjustments can be found within [Company Name]’s EDHR Policy.

**Medication assessments**

Any and all discussions and assessments regarding a client’s need for medicines support must be clearly recorded within the client’s care plan. This should include:

* The client’s needs and preferences.
* Whether consent has been obtained to share information and with whom, and where the record of this can be found.
* Details of who to contact about the client’s medicines, whether this be the client or a named contact.
* What support is needed for each medicine.
* How the medicine support will be given.
* Who is responsible for providing the medicine support when more than one healthcare provider is involved in the client’s care.
* When the medicines support plan will be reviewed.

**Medication administration and activity**

**[Delete this paragraph as appropriate for electronic systems/electronic systems with paper back up only]** [Company Name] utilise [insert system name], a cloud-based electronic system, for the management of client care, including their care and Medicine Administration Records (MARs). This is backed up by [insert how system is backed up] in case of system failure. In addition, should local hardware used by staff fail at any point, [Company Name] will [insert how service will get staff the information they need in the event of local hardware failure]. [Company Name]’s electronic MAR was considered in line with CQC guidance: [Electronic Medicines Administration Records (eMAR) in Adult Social Care](https://www.cqc.org.uk/guidance-providers/adult-social-care/electronic-medicines-administration-records).

**[Delete this paragraph as appropriate for paper records only, also edit based on whether MAR is provided or company created]** [Company Name] utilise printed/Company own Medicines Administration Records (MARs) provided by [insert e.g., supplying pharmacist or prescribing doctor] that are kept at the home of the person being cared for.

Staff at [Company Name] will use the client’s MAR to record all activity associated with the client’s medicine(s) (for both prescribed and over the counter) including:

* reminding a client to take their medicine(s)
* administration of a client’s medicine
* whether the client took the medicine or whether there was a reason the medicine was not taken, such as it being declined.

As above, [Company Name] will keep a separate record of all medicine support assessments and outcomes detailed in the care plan in line with NICE guidance. [Company Name] will also ensure that these records are kept up to date and accurate alongside all other care records.

All MARs will include:

* the client’s name, date of birth and NHS number
* the name of the medicine, as well as its formulation, strength and route of administration
* how often and/or the time the medicine should be taken
* the name of the client’s General Practitioner
* any planned stop or review dates of the medicine
* any additional information, such as specific instructions for administration and any known drug allergies.

Accurate records should be kept by all staff at [Company Name] who take any action relating to medicines. This is especially relevant if the member of staff is unsure whether to record something or not. [Company Name] will also keep a record of the signatures of staff who deal with medication records for auditing and quality purposes.

MARs must:

* be legible
* be signed by the staff
* be clear and accurate
* have the correct date and time (either the exact time or the time of day the medicine was taken)
* be completed as soon as possible after the person has taken the medicine
* avoid jargon and abbreviation
* not remove or hide original entries should changes be made.

**[Delete as appropriate, for paper records only]** All original entries should be legible. If a documentation error is made on paper draw a clear line through any changes and sign and date.

If administering medicines from a multi-compartment compliance aid (MCA)/blister pack, staff must make sure that they follow the principles of safe medicines administration. Staff should record words such as ‘MCA given’ or ‘blister pack given’ on the medicines record. To do this there must be an accurate record of the individual medicines contained in the MCA. This should be dated and kept with the medicines record. This ensures that it is possible to identify which medicines have been taken in the past.

Note that topical medicines should be recorded on a Topical MAR chart (with the exception of steroids).

If a family member or carer administers a medicine (e.g., during a day out) staff should agree with the client and/or their family member/carer how this will be recorded and include this within the MAR and client’s care plan.

# Safe Medicine Administration

Staff at [Company Name] should follow the guidelines set out by NICE through the “6 Rs” of safe medicine management:

* **Right client**
  + usually identified by name, date of birth and address
* **Right medicine**
  + ensure all correct medicine is gathered in a timely manner before administration
  + check expiry dates
* **Right route**
  + done by checking the medication label and information leaflet which will explain how the medication should be taken. Never assume any information when dealing with a client’s medicine
* **Right dose**
  + done by checking the amount as well as the frequency the medicine should be taken
* **Right time**
  + done by checking the medicine leaflet and comparing this to the records kept in the care plan
* **Right of the client to refuse**
  + assess the reasons for the refusal of treatment, taking into account the current mental health of the client, as well as any relevant deterioration in mental capacity/health. Where a client refuses a medicine staff should initially consider waiting a short while before offering again.

Before supporting a client to take their medication, staff should always ask the client if they have already taken the dose and check written records to ensure that the dose has not already been given. Staff should also check that the client is ready to take their medicine before removing it from its packaging, unless this has been assessed in line with the ‘Delaying and/or leaving out doses’ section below.

Staff should also ensure that all medicine related equipment is prepared and assembled and ready when commencing the administration of medicines.

Once the client has taken the medicine, the MAR should be signed in the correct column, with the correct medication and administration time. If the medication is of a variable dose, e.g., 1 or 2 tablets, then the quantity given must be endorsed on the MAR chart, and a clear rationale of when to give 1 or when to give 2 must be provided, for each medication with varying dose.

Staff should not:

* administer medicine that has not been prescribed
* give medicine to someone who does not want it
* give someone medicine that has been prescribed for someone else
* alter the timing or dosage of any medicine.

Most medicines come in a variety of type or formats, although there are some medicines that only come in one type. Staff administering medicines must be aware of the various preparations for these, as well as the appropriate route as detailed within the client’s specific prescription. Information on variances in medicines in terms of delivery routes can be found in [Appendix 2](#_Appendix_2:_Common).

Doses for liquid medicines must always be measured using an oral syringe prior to administration. When administering eye drops, staff must check the prescription for information on which eye the dose is to be administered to, as well as how many drops are to be given. Manufacturer instructions should always be checked for eye drops to check for any specialist administration methods.

**Raising concerns**

Staff are encouraged and asked to raise any concerns they may have regarding medicines administration with the On Call Duty Manager, for example [list is not exhaustive]:

* a client continually declining to take their medicine
* medicines not being taken in accordance with the prescriber's instructions
* possible adverse effects (including falls after changes to medicines)
* a client stockpiling their medicines
* medication errors or near misses
* possible misuse or diversion of medicines
* a client’s mental capacity to make decisions about their medicines
* changes to a client’s physical or mental health.

**Mental capacity**

Where a client has a known cognitive decline or fluctuating mental capacity, staff should record the client’s views and preferences to help make decision in their best interests should they lack capacity to make decisions in the future. If a client is identified as having new concerns with regard to their mental capacity, their GP should be contacted immediately to arrange a formal assessment and the client’s medicines support should be re-assessed in line with this.

**Refusal**

[Company Name] accepts that persistent refusal to take a medication should be reported to a senior member of staff and investigated. It may be that the client does not like the taste or is finding it difficult to swallow. In such situations, the GP should be asked to review the client’s medication to see if it is still required or, if an alternative preparation could be prescribed.

**Medicine containers**

Staff at [Company Name] will only administer, or assist to administer, medicines that are in their original, labelled box or container. The name of the medicine, its dose, frequency and expiry date should all be clearly legible on the container. If any labels become detached or are difficult to read, the medicine should be returned to the pharmacy.

Tablets/capsules should be prepared using a ‘no touch technique’. That is, they should be pushed out of their packaging directly into a medicine pot, or other receptacle, and should then be handed to the client.

[Company Name] will ensure that staff are adequately trained, and competency checked, to administer medicine from a professionally dispensed container.

Patient information leaflets supplied with the medicine should also not be removed and/or discarded from the container other than for staff to read and return to the container.

**External Medicines**

External medicines include (but are not limited to) creams, ointments, lotions and patches, which often require specific information or technique to administer appropriately and safely, as follows:

* Creams, ointments and lotions:

Clients prescribed a cream, ointment or lotion must have the following clearly detailed on the MAR and within the care plan:

* + frequency of use
  + thickness of application
  + where on the body the medicine should be applied.

If the prescription does not clearly provide the above information, it is the responsibility of the staff member administering to notify the On Call Duty Manager to contact the prescriber and obtain the necessary information for application.

Administration of a cream, ointment or lotion will be recorded in line with other medication on the client’s MAR.

Once a cream, ointment or lotion has been opened the date the medicine was opened must be clearly recorded on the container. These should be stored in line with the manufacturer’s instructions and the [Storage of Medicines](#_Storage_of_Medicines) section of this policy. Any product subject to environmental contamination or where appearance suggests it is unfit for use should be discarded in line with the disposal information within the [Storage of Medicines](#_Storage_of_Medicines) section of this policy.

Staff at [Company Name] must ensure to make clients aware of the fire risk associated with emollients (regardless of paraffin concentration), including the build-up of residue on clothing and bedding. When applying emollient products, staff must advise the client not to smoke or go near naked flames as fabric or skin that has been in contact with the emollient can rapidly ignite.

* Patches:

Patches contain a reservoir or matrix of medicines in a thin pad with an adhesive back that are applied to the skin. The medicine then passes through the skin into the bloodstream. Reservoir patches should never be cut or damaged as this will cause the medicine to leak from the patch. Matrix patches should be cut only following clear guidance from the prescriber and pharmacist and Fentanyl patches should never be cut. If guidance provided confirms the patch should be cut, this must be clearly documented within the client’s care plan and MAR, along with the name(s) of the person(s) who confirmed this.

Staff must be aware that the interval between patches and the length of time a patch remains in place for can vary and therefore, staff must always ensure that patches are applied, removed and re-applied in line with the prescription. Patches should be applied to a dry, flat area of skin, usually the upper arm, chest or back. Staff should clip the persons hair, if necessary, to give better adhesion. Where more than one patch is applied these should be done so in the same area of the body, but not overlapping. Staff applying a patch should write, with a ballpoint pen, the date the patch was applied to ensure any expired patches can be easily identified and removed.

The area of the body a patch is applied to should be rotated at each removal and reapplication and in line with the manufacturer’s instructions. Patch application should be recorded on the form in [Appendix 4: Transdermal Patch Application Record](#_Appendix_4:_Transdermal). Staff must be aware that some patches can cause complications such as, thinning of the skin and increased rate of absorption if routinely applied to the same area. Any existing/old patches should be removed prior to applying a new patch and upon removal the patch should be folded and placed back in the original sachet before being disposed of appropriately.

Patches must not be applied immediately following a bath or shower as heat can increase the absorption of some medicines through the skin into the blood stream. Equally, clients with a fever should be closely monitored for signs of toxicity. Staff are responsible for understanding the medicine being applied with the patch and for being aware of the potential signs of overdose/toxicity and when to seek medical advice or escalate accordingly to promote client safety.

Staff should check patches at each medicine round to ensure that they have been applied correctly and remain in place.

**Monitored dosage systems**

Monitored dosage systems are systems for packing medicines, for example, by putting medicines for each time of day in separate blisters or compartments in a box.

Monitored dosage systems should only be implemented following formal assessment by a health professional, such as a pharmacist. Where a specific need for a monitored dosage system is identified to support with medicines adherence, staff should also take into account the client’s needs and preferences and involve the client and/or their family/carers in any decision‑making.

Where a client is using a monitored dosage system, staff must check that the supplying pharmacist and/or dispensing doctor has provided a description of the appearance of each individual medicine supplied. Where this is not in place, escalate to the On Call Duty Manager/Registered Manager for discussion with the pharmacy/prescriber.

**Self-administration**

Clients should be encouraged to self-administer their medication whenever possible. [Company Name] will ensure a robust and individualised risk assessment is performed to ensure that a client is capable of and that it is safe for a client to administer their own medicine. The assessment should include the pharmacist prescribing the medication to ensure suitable processes are in place to allow self-administration. Further assessment should take place initially on a weekly basis and then periodically thereafter once competence has been confirmed. It is important to obtain signed consent from the client before proceeding and after the process has been fully explained. Staff should be aware of the risk assessment and its contents to ensure that any changes to the client’s capacity are noticed and reported as/when appropriate.

Where possible, records should be maintained by staff to detail the quantity of medication received by the client, recorded on the MAR chart, so that compliance checks can be made and recorded. These should include the quantity of doses and should be repeated every 28 days to ensure that the right quantity of medication is being taken.

Regular compliance checks should be maintained and if discrepancies are found compliance checks should be made weekly and the client re-assessed.

It should be stressed to the client and any family/carers that over-the-counter remedies should not be taken without discussion with a pharmacist or their GP to allow them to consider drug interactions.

**Delaying and/or leaving out doses**

There may be occasions where it is inconvenient for the client to take the medicine at the time of the staff visit, for instance if they are sleeping or eating a meal.

Staff must only ever leave out doses for a client to take later if they have agreed this with them, the client has capacity to agree and self-administer and the staff member has assessed the risk to be low. This information must be recorded within the care plan and MAR, along with details of the dynamic risk assessment undertaken to support the decision.

If the medication is time-sensitive or high risk, the client does not have capacity or the risk is considered too high to leave the client with a dose to self-administer, then the medication would need to be administered despite the situation causing it to be inconvenient.

**Time sensitive medications**

Time sensitive medicines are those that need to be given or taken at a specific time. A delay in receiving the dose or omission of the dose may lead to serious harm. Examples of time-sensitive medicines includeinsulin injections, Parkinson’s medications, antibiotics, medications taken before or after food and paracetamol containing medicines.

As a part of prescribing time-sensitive medicines the prescriber/pharmacy should provide [Company Name] with clear written directions on the prescription and dispensing label, including:

* what the medicine is for
* what dose should be taken
* what time the dose should be taken, as agreed with the client.

This information will allow [Company Name] to prioritise visiting times to meet the needs of clients who need support for time-sensitive medicines and staff will be notified that the visit includes a time-sensitive medicine. MARs will be audited for compliance with time-sensitive medicines.

**As required/when required/PRN (pro re nata) medicines**

Medicines with a PRN (non-scheduled) dose can treat many different conditions, examples of which include nausea and vomiting, pain, indigestion, anxiety or insomnia. In addition, PRN medications can be used to treat long term conditions such as inhaled reliever medicines for asthma.

As a part of prescribing PRN medicines, the prescriber/pharmacy should provide [Company Name] with clear written directions on the prescription and dispensing label, including:

* what the medicine is for
* what dose should be taken **[Pick one of the following as appropriate]** including any specific parameters for variable doses **OR** ([Company Name] does not accept variable doses unless this can be directed by the client and/or their family/carer)
* the minimum time between doses
* the maximum number of doses to be given (e.g., within a 24-hour period).

This information should be clearly recorded within the care plan and MAR, in addition to the following person-centred information:

* Signs and symptoms indicating a need for a PRN medicine and when to offer it, including whether the client is able to ask for this or will need prompting or monitoring for non-verbal cues.
* Options for appropriate alternative support and interventions to consider before medicines, such as repositioning if in pain.
* Clear directions on how and in what order any PRN medicine should be administered if there is more than one medicine prescribed for the same condition.
* When to escalate and request a review of the medicine and how long the client should expect to take it (for example actions to be taken if the medicine is taken very regularly or not used for a long period of time).

Staff should always check with the prescriber before administering any PRN medicine if there is any confusion over which medicine or dose to give.

Staff will be notified by the On Call Duty Manager of clients with PRN medicines and should assess the need for their administration at every visit, or multiple times in the visit (depending on the visit length). Clients with PRN medicines will also have individualised support plans in place for when the service is not being delivered (i.e., between visits), such as support from family or friends. Where support outside the visit is not available the suitability of a PRN prescription and/or the package of care being provided will be reviewed and alternative options considered.

The assessment of need for and/or offering of PRN medications should be clearly recorded by staff within the client’s care plan each time, but this should only be recorded on the MAR when actually administered.

When recording a PRN medicine on the MAR, staff should include:

* the reason for administering the medicine
* how much was administered
* the time of administration.

Staff should record in the care plan if the medicine was effective and had the desired outcome. If it is noted that the medicine did not have the expected effects (e.g., not providing adequate pain relief) the On Call Duty Manager should be notified and the prescriber contacted.

**Administration of medicine by family/carers**

There may be occasions where a client requiring medicines support has their medicine administered by family and/or carers, such as if they are on a visit away from home, rather than by staff at [Company Name]. In this instance, in line with NICE guidance, [Company Name] will ensure that the following information is given to the client and/or their family members or carers when the client is temporarily away from their home:

* Details of the medicines taken with the client.
* Clear directions and advice on how, when and how much of the medicines the client should take.
* Time of the last and next dose of each medicine.
* If the client has any patches in place, the date, time and where on the body the patch is located, as well as when the patch should be removed and replaced.
* A contact for queries about the client’s medicines, such as the on duty manager, supplying pharmacy or GP.

The transfer form in [Appendix 1](#_Appendix_1:_Medication), is to be completed for all temporary transfers of medicines support.

**Homely remedies (over the counter medicines)**

Where a medicines support plan includes support to administer homely remedies this should only be done after agreement is obtained from the client’s GP. This should confirm that the GP is happy for the client to be treated with these remedies.

This agreement should state the type of ailments that may be treated and the remedies that may be used. Examples of minor ailments include:

* Indigestion
* Mild pain/ fever
* Coughs
* Constipation
* Skin Conditions.

An agreement should be signed by the GP for individual clients to ensure that the proposed remedies will not interact with any medication they are already prescribed. Once an agreement with the GP is in place, homely remedies may be administered by an appropriately trained and competent staff member. A copy of the agreement should be kept in the client’s care record.

Any medication that is given as a homely remedy must be recorded on the MAR, in the same way as regularly prescribed medication and annotated as a ‘Homely Remedy’. It should also be recorded in the client’s care plan. Administration of any homely remedy should not exceed two days, without further medical advice being sought. Any symptoms that do not respond to a homely remedy must be reported to the GP.

Staff are responsible for ensuring the client understands and accepts any risk associated with taking a homely remedy.

The Registered Manager will maintain a register of staff deemed appropriately skilled to administer homely remedies. Staff will also sign the register to acknowledge that they confirm they have these skills and acknowledge that they will be accountable for their own actions when administering a homely remedy.

**Anticipatory medicines**

**[Delete section if no end of life clients/competent staff]**

It is common for people to experience symptoms towards the end of life including anxiety, pain, nausea and vomiting, and noisy chest secretions. Anticipatory medicines are medicines prescribed in advance to relieve these symptoms when the arise. They are often called ‘Just in Case’ medicines or end of life medicines.

If medicines are pre-supplied there must be personalised administration directions from the prescriber (authorisation to administer). Staff should follow the prescriber’s directions, which will include the current dose to be administered. The directions should be regularly reviewed by the prescriber.

If the dose has changed from the original prescription and medicine label, there is no need to replace the medicines if they have not expired. Care plans and medicines records should instead be updated to reflect the current dose by a competent member of staff.

The medicines and equipment to administer them should be stored in accordance with the manufacturer’s guidelines. When staff administer these medicines, they should record whether they are effective and should also check for side effects. Staff should give feedback to the prescriber about the effects of these medicines.

Further information on end of life processes and medication types can be found in [Company Name]’s End of Life Policy.

**Oxygen**

See [Company Name]’s Management of Oxygen Policy for all relevant information surrounding oxygen storage, safety and risk assessment. This section focuses upon administration only.

Some clients at [Company Name] may be prescribed long term oxygen therapy (LTOT or home oxygen), this will most likely be prescribed by a specialist respiratory clinician, as opposed to the client’s GP. For any client receiving home oxygen, the following must be recorded within the client’s care plan:

* Name and contact details of the prescriber and/or their team.
* The clinical reason for the oxygen.
* The recommended flow rate.
* How to use the oxygen as prescribed.
* The client’s normal oxygen saturations both on air and on their usual oxygen therapy.
* The escalation plan.
* Contact details of who to contact if the client is unwell or there is a concern around the oxygen and its delivery.
* Personal emergency evacuation plan (PEEP).

Prior to staff administering, assisting with or checking the use of any home oxygen they should ensure that the correct equipment and oxygen cylinder are being used. Oxygen can be delivered through several different devices and staff at [Company Name] will be trained and competency assessed in their use before being involved in any client’s home oxygen management. Devices for administration include:

* Nasal Cannula - Consisting of a pair of tubes that project into the client’s nostrils, each of the tubes is passed over each ear making them self-retaining. A nasal cannula is often more comfortable for clients and are the preferred method of delivery for clients who do not require a high percentage of oxygen administration. Nasal cannula should be applied as follows:
  + position the tips of the cannula in the client’s nose, making sure they do not extend more than approximately 1.5cm into the nose
  + position the tubing over the client’s ears and under the chin and adjust for comfort
  + adjust the flow rate in line with the prescription. Flow rates through nasal cannula will not usually exceed 4 litres per minute.
* Fixed performance masks (Venturi Mask) - This allows a fixed concentration of oxygen to be delivered to a client, which is independent of a fit to the face or the rate of flow. These oxygen masks come in different colours, the colour of which indicates the percentage of oxygen they provide:
  + Blue = 24%
  + White = 28%
  + Yellow = 35%
  + Red = 40%
  + Green = 60%

When using the Venturi mask:

* + attach the tubing to the Venturi barrel and ensure the barrel is securely in place
  + set the appropriate flow rate and ensure the oxygen is exiting the correct place in the mask and that there are no leaks (the minimum flow rate is indicated on the mask’s packet)
  + review the client's respiratory rate and adjust the flow accordingly.
* Simple face mask - This has a maximum flow of 50–60% at a 15 litre/minute flow rate. It is a variable performance device, which means that the percentage of oxygen delivered is dependent on the flow rate, how much air is leaking out between the mask and the face, as well as the client’s respiratory rate. It is advised that the flow rate for this device is not set below 5 litres/minute.
* Reservoir mask - This has a soft plastic face piece with flap-valve exhalation ports on either side of the mask. There is a reservoir bag attached to the bottom of the mask, which also has a one-way valve attached between the bag and the mask. Oxygen can be stored in the reservoir bag during exhalation as a result of the one-way valve. By using this mask, 80–90% oxygen concentrations can be delivered to the client with relatively low flow rates.
* Tracheostomy mask – For clients with a tracheostomy in situ. Can be used with or without a Venturi barrel and sits over the client’s tracheostomy site to allow for the delivery of oxygen directly into the trachea.

# Delegating Medicines Administration

**[Delete if no specialist administration occurring/no registered nurses on staff]**

Some specialist forms of medicine administration required a registered professional, usually a nurse, to administer and cannot be routinely administered by a care worker (e.g., injections or administration of medicines via a percutaneous endoscopic gastrostomy (PEG).

Registered nurses at [Company Name] who oversee and delegate medicines administration to care workers are responsible for:

* Only delegating tasks and duties that are within the care worker’s competence.
* Making sure that everyone they delegate tasks to is adequately supervised and supported.
* Confirming that the outcome of any task they have delegated to someone else meets the required standard.

Care workers being delegated these tasks will undergo specific training and competency checks on the type of specialist administration. In addition, care workers are responsible for:

* Understanding their limitations.
* Knowing how and when to escalate concerns and seek help appropriately.
* Making sure they are comfortable in carrying out the delegated task safely and correctly.
* Administering the medication in line with the prescribed instructions and only as a part of a specific and detailed care plan.

# Ordering Prescriptions

For the majority of client’s, responsibility for the ordering of medicine prescriptions will remain with the client and/or their family/carer, with potential support from [Company Name]’s staff on when new or repeat prescriptions may be needed. However, if a client is unable to manage the ordering of their own prescriptions, [Company Name] will agree to undertake this on their behalf. Where [Company Name] is responsible for the ordering of a client’s prescription the following should be documented:

* A named staff member documented within the client’s care plan who is responsible for ordering the client’s prescriptions on behalf of the client and [Company Name].
* A clear record within the client’s care plan of the name of the clients GP surgery and prescribing GP.
* A clear record within the client’s care plan of prescription review and issuing timeframes for the GP surgery, particularly for controlled drugs where supplies are limited and short.
* A clear record in the client’s care plan of which medicines are on repeat prescriptions, which will require medical review before a new prescription is issued and which medicines are due to stop after the current prescription completes.
* A clear record within the client’s care plan of when prescriptions need to be re-ordered in relation to each medicine.
* A clear record of when a prescription has been ordered or requested, including the name of the affected medicine, the name of the requesting staff member and the date the request was made.

**Medication changes**

Where a prescription is issued that alters the medicine a client is receiving, staff must record this clearly in the client’s care plan and **[amend as appropriate]** update the client’s MAR accordingly/a new MAR will be issued by the dispensing pharmacy/prescriber. Records within the care plan of changes to a client’s medicine must include as a minimum:

* who authorised the change
* details of the change, including name of the affected medicine(s), quantity, dose, form and route
* date of the change and when this is applicable from/to
* details of any planned review date and the type of prescription (e.g., one-off, medical review following completion or repeat).

Occasionally a change to a client’s medicine may have to be made verbally to avoid any delay in treatment, for example by telephone or video link. In these instances, staff must:

* Clearly record details of the requested change, including who requested the change, the date and time of the request and who received the request, within the client’s care plan.
* Read back the information that has been recorded to the prescriber requesting the change to confirm that the information is correct, including spelling the name of the medicine.
* Wherever possible, also ask the prescriber requesting the change to repeat the information to someone else (including the client or a family member if they are the only one available).

# Ordering and Supplying Medication

For the majority of client’s, responsibility for the ordering of medicines will remain with the client and/or their family/carer. However, if an individual is unable to manage the ordering of their own medication, [Company Name] will agree to undertake this on their behalf. Where [Company Name] is responsible for the ordering and supply of a client’s medicine(s) the following will be documented:

* A named staff member documented within the client’s care plan who is responsible for ordering the client’s medicines on behalf of the client and [Company Name].
* A clear record within the client’s care plan of the name of the dispensing pharmacy from where the medicines should be obtained.
* A clear record within the client’s care plan of ordering and dispensing timeframes for the dispensing pharmacy, particularly for controlled drugs where supplies are limited and short.
* A clear record in the client’s care plan of when medicine(s) has been ordered, including the name, strength and quantity of the medicine.

[Company Name] will ensure that named staff responsible for the ordering of client medicines will be allocated sufficient time for checking medicine stock, ordering and undertaking medicines reconciliation after supply.

Staff at [Company Name] must not delegate the task of ordering a client’s medicines to the supplying pharmacist (or another provider) without the explicit agreement of the client and/or their family/carer.

If a particular medicine is not available or if the client’s condition or treatment has altered in a way that affects their medicine, it should be escalated to the On Call Duty Manager/Registered Manager immediately and discussed with the client’s GP/prescriber to consider alternative medicines or amendments to the medicine regimen.

# Transporting, Storing and Disposing of Medicines

For the majority of client’s, responsibility for the transporting, storing and disposing of medicines will remain with the client and/or their family/carers. However, if an individual is unable to manage transporting, storing and disposing, [Company Name] will agree to undertake this on their behalf.

**Transporting**

Where a client or their family/carers cannot collect a medicine directly from the dispensing pharmacy delivery by the pharmacy will always be utilised in the first instance, including same day delivery where necessary. In the unlikely event that staff at [Company Name] become responsible for the transporting of a client’s medicine(s) the following be undertaken:

* A named staff member documented within the client’s care plan who is responsible for transporting medicines to and from the client’s home.
* A risk assessment will be completed on the risk of transporting a client’s medicine(s) which will consider as a minimum:
  + the type of medicine and its risk (i.e., high cost or controlled drugs)
  + any special arrangements for transport (i.e., refrigeration)
  + whether the transport is direct or if there are stops/visits in between
  + the reason for transporting the medicine(s)
  + whether there is the resource and equipment to transport the medicine(s)
  + whether there are any alternative options for transporting the medicine(s) that do not put client or medicine safety at risk.

Staff at [Company Name] should only transport a client’s medicine where they are being returned to the pharmacy to be disposed of and/or there is no other reasonable alternative. In each instance the On Call Duty Manager/Registered Manager should be notified of the need so the requirement to transport can be monitored for trends. Every time a medicine is transported, staff should record the following within the client’s care plan:

* the name of the medicine
* the quantity of medicine
* name of the person transporting the medicine
* reason for transport
* date of transport.

Where medicine(s) are transported and returned, the same information should be recorded upon their return and reconciled against the quantity that left and any doses given, for example, if on a visit.

**Storing**

In the first instance, clients and/or their family/carers should always be encouraged to take responsibility for the storage of their medicine(s) with support from [Company Name]’s staff, if needed. Staff should agree with the client how their medicine(s) should be stored and disposed of. Staff should encourage clients to store their medicine(s) in a safe and appropriate way that does not put others at risk.

* Medicines must be stored in a place that is readily accessible, unless the assessment process has identified that this would put the client at risk.
* Staff should be aware as to where the client stores their medication, this should be inserted in the care plan.
* If possible, medicines should be stored in a cool dry place, for example, not in a steamy kitchen or bathroom.
* Stored in the container supplied by the pharmacist. The container will be correctly labelled and suitable to keep the medicine in good condition.
* Medicines should be stored out of the reach and sight of children.
* Some medicines may need to be stored in a refrigerator; this will be stated on the dispensing label. They should ideally be stored in a box with a lid – they must not be frozen. If the client does not have a fridge, the medicines should be stored in the coolest possible place. Some medicines only need to be stored in the fridge until they are opened.
* Resources such as the medications leaflets/pharmacist can be used for guidance.

The secure storage of medicine(s) away from a client will only occur where a risk assessment has indicated that this is needed to protect the health and safety of the client. Written consent will be gained from the client to store their medication in this way. If the client lacks capacity to give consent, a best interests decision will be reached in accordance with the principles and processes of the Mental Capacity Act 2005.

Where a client is assessed as being at risk due to unsecured access to their medicine(s), the need for secure storage should be discussed with the client and/or their family/carers. In this instance, it is likely that [Company Name] would also become responsible for the storage of the client’s medicine(s). This should only be done following an appropriate risk assessment that determines the client is unable to safely manage or have access to their medicine(s) themselves. Where [Company Name] is responsible for the secure storage of a client’s medicine(s), staff must:

* Record this responsibility within the client’s care plan along with the reason why and supported by a completed risk assessment.
* Identify and record within the client’s care plan who has authorised access to the client’s medicine(s), including any keys or location of codes where appropriate.
* Seek advice from the dispensing pharmacist if there is any confusion on how a medicine is to be stored.
* Organise a secure locked receptacle (if a locked cupboard or receptacle is not readily available for use at the client’s home) for the storage of medicine(s). This should be large enough to store all of the client’s medicine(s) (unless refrigerated), including any monitored dosage systems and be secure enough to store controlled drugs where required.
* Identify the need for fridge storage and assess the safety of any medicine(s) within the fridge to ensure the client cannot be harmed.

Whether [Company Name] or the client and/or their family/carer has responsibility for the storage of medicine(s) should be clearly documented within the client’s care plan and, in both situations, staff should continually re-assess and review storage requirements and client safety in line with the client’s mental capacity, particularly where this is declining or fluctuating. An agreed review date for any storage decision should be documented within the care plan.

**Disposing**

Where [Company Name] are responsible for the disposal of any unwanted, damaged, out of date or part used medicines this will be clearly recorded within the care plan, along with:

* Confirmation that the client and/or their family/carer are in agreement for [Company Name] to be responsible for the disposal of medicine(s).
* A named staff member documented within the client’s care plan who is responsible for the transporting and disposing of medicines.
* The name of the pharmacy that medicines should be returned to for disposal.
* Any special considerations, for example, for controlled drugs, needles and syringes. Special considerations should be discussed with the disposing pharmacy as needed.

When medicines are due to be transported to the designated pharmacy for disposal, the ‘Transporting’ section above should be followed, including all the necessary information to record within the care plan, as well as the date the medicines were returned to the pharmacy and the name of the receiving pharmacy (if different to the one agreed within the care plan).

# Medicines Reconciliation

The safe use of medicines requires a collective approach from both any staff and the client and/or their family/carer involved in the ordering, collecting and administering of medicines. Medication errors often occur at key transition points, such as transport from collection or temporary transference of care. It is therefore important that medicine reconciliation remains an important process at [Company Name] to ensure discrepancies and errors are avoided as much as possible.

Medicines reconciliation should be completed by trained and competent staff that have the necessary knowledge, skills and expertise including effective communication skills; technical knowledge of processes for managing medicines; and therapeutic knowledge of medicine use (NICE 2015). Ideally this should be the staff member named within the client’s care plan as responsible for their medicines.

**At an organisational level [insert name and role (should be registered professional] will oversee and be accountable for medicines reconciliation processes.**

**New client’s or when first taking responsibility for medicines administration support and/or the ordering of client medicine(s)**

When [Company Name] first takes responsibility for a client requiring medicine administration support or their medicines ordering, an allocated, qualified staff member will accurately review and document the current list of medication that the client has been prescribed and compare it to what they are taking – this should include all homely remedies and complementary medicines. Collecting this information will be done by:

* talking to the client and/or their families/carers
* reading their medicines support needs assessment
* contacting the transferring provider, if there is one
* contacting the client’s GP.

Medicine reconciliation will take place within 24 hours (wherever possible) of the client starting to receive [Company Name]’s medicines administration support or medicines ordering services. Where 24 hours is not possible, for example, if the decision was made or a package of care started on a Friday, then the next weekday (e.g., the Monday after) would be the most appropriate day to do the medicines reconciliation.

All medicines should be recorded as follows using the Medicines Reconciliation Form (see [Appendix 3](#_Appendix_3:_Medicines)):

* name of medication
* dosage
* formulation
* frequency of administration
* timings
* route of administration.

The list will then be checked by a second member of staff for accuracy and/or inconsistencies. If any are found, they will be communicated to the GP and transferring provider if needed. Prescription discrepancies and amendments can only be addressed and made by a prescriber. Any action taken in relation to resolve any discrepancies should be clearly documented within the client’s care plan.

Additional information that should be collected as part of the medicine reconciliation process will include:

* Contact details of the client’s GP.
* Client details including full name, date of birth, NHS number, address, and weight (where appropriate for example frail older residents).
* Any known allergies and reactions to medicines or their ingredients, including the symptoms of any reactions.
* Any recent changes to medicines, including any started, stopped or dosage changed and reason for change.
* Details of when medicines should be reviewed or monitored.
* Details of relevant contacts such as family members or carers
* Details of any support the client will need with medicines as identified in the needs assessment.
* Details of any relevant information that has been given to the client and/or their family/carer.

Staff involved in the client’s care should discuss relevant information about medicines with the clients and their families/carers, where appropriate. An accurate and up to date list of medicines should be supplied in a format suitable to them which will be clarified in each individual case. The list will be updated with any changes to medicines when they occur.

**When ordering a client’s medicine(s)**

When ordering a client’s medicine(s), staff must:

* Record in the client’s care plan when medicine(s) has been ordered, including the name, strength and quantity of the medicine.
* Record in the client’s care plan when the medicine(s) has been supplied.
* Cross check the medicine(s) ordered against that supplied, the prescription and the MAR to ensure that there are no discrepancies between any of the medicines or documentation.

Medicines reconciliation should occur on the visit immediately after the medicine has been supplied, if an appropriately trained staff member is not available at the time.

**Discrepancies**

Any irregularities/discrepancies that cannot be accounted for must be reported immediately to the On Call Duty Manager/Registered Manager, as well raised as an incident in line with the Incident Management Policy to allow for an investigation to be undertaken.

The advice of the dispensing pharmacist/prescriber should also be sought as to the urgency of the medication and whether a new order is appropriate to be placed while the incident is being investigated.

# Controlled Drugs

Controlled drugs are medicines defined under the Misuse of Drugs Act 1971 and are subject to a variety of different legislation. Due to this, they should be managed in accordance with the aforementioned legislation, including keeping appropriate documentation for auditing purposes.

The Misuse of Drugs Regulations 2001 split controlled drugs into five schedules. The schedules correspond to therapeutic usefulness and misuse potential. The Home Office has produced a [list of the most commonly prescribed controlled drugs.](https://www.gov.uk/government/publications/controlled-drugs-list--2)

A client’s requirement for controlled drugs and the support required for these, including any ordering, storing, transporting, administering and/or disposing of, should be included as a part of their Medication Support Needs Assessment (see applicable sections in this policy).

**Ordering**

Controlled drugs should be ordered as per the procedures listed under section: [Ordering and Supplying Medication](#_Ordering_and_SupplyingAccess). In addition to the processes listed within the above section, staff should be aware that the quantity of controlled drugs provided will likely not exceed a 30 day supply, and clear records must be kept within the client’s care plan of when the medicine requires re-ordering, along with a regular weekly documented stock check.

Emergency supplies of controlled drugs are not permitted so compliance with stock checking and ordering processes is essential.

**Transporting**

Controlled drugs should be transported in line with the processes detailed under section: [Transporting, Storing and Disposing of Medicines](#_Transporting,_Storing_and), including the need for a risk assessment that particularly considers what happens if staff are not going straight from the supplying pharmacy to the clients home or vice versa (e.g., if there are other support calls to make in between).

Controlled drugs should be transported in a locked container within the boot of the transporting vehicle and ideally transported directly to their destination. Where this is not possible, the container with the controlled drugs must not be visible by looking into the vehicle and staff must be careful that people nearby are not aware that they have placed controlled drugs within vehicle.

Staff collecting controlled drugs from a pharmacy on behalf of a client may be asked to provide personal identification.

**Storing**

Controlled drugs should be stored in line with the processes detailed under section: [Transporting, Storing and Disposing of Medicines](#_Transporting,_Storing_and). There is no requirement to keep a controlled drug cupboard or register in a client’s own home and, unless a risk assessment highlights a need, there is no legal requirement for these medicines to be treated differently or stored separately from other medicines. Storage decisions should be risk assessed in line with the section listed above.

**Administering**

Controlled drugs should be administered in line with the processes detailed under section: [Safe Medicine Administration](#_Safe_Medicine_Administration), as the administration of controlled drugs should not be considered any different from other medications and should be administered using the same procedures.

There is also no extra requirement for controlled drugs to be treated differently if client’s are self-administering them.

Staff should be aware that while cannabis-based products for medicinal use (CBPMs) are controlled drugs and can only be prescribed by a specialist doctor on the GMC’s specialist register, clients can buy food grade cannabis products over the counter (e.g., cannabidiol, CBD and hemp oil products). These should be treated in the same manner as other homely remedies as per the 'Homely Remedies' section of [Safe Medicine Administration](#_Safe_Medicine_Administration). Advice and authorisation should be sought from a pharmacist or the client’s GP before administering these products to ensure there are no interactions with other prescribed medicines.

**Disposing**

Controlled drugs should be disposed of in line with the processes detailed under section: [Transporting, Storing and Disposing of Medicines](#_Transporting,_Storing_and).

The disposing pharmacy should be contacted to check for any special considerations or issues on their part prior to transporting any controlled drugs for disposal.

**Recording**

Information relating to controlled drugs should be recorded in line with the processes detailed under all of the relevant sections within this policy as well as section: [Medicine Records](#_Medicine_Records). There is no legal requirement for a second member of staff to witness and sign for the administration or support of controlled drugs in a client’s own home.

Particularly detailed records should be kept when administering topical controlled drugs, for example, transdermal patches. Records of topical controlled drugs should include the site of application and the frequency of rotation of the site. Old patches should always be removed before the application of new patches. The transdermal patch application record in [Appendix 4](#_Appendix_4:_Transdermal) should be completed.

**Discrepancies**

If a discrepancy is found in the amount of medication remaining and the amount expected to be remaining, it should be reported immediately to the Registered Manager, who should investigate promptly, and reported in line with [Company Name]’s Incident Management Policy. The Registered Manager is responsible for obtaining advice of the local pharmacist, and if a medicine cannot be accounted for within 24 hours, or criminality is suspected, the Police must be notified, a Serious Incident Form should be completed, and a crime number should be obtained.

# Covert Medicines

Covert medicines are medicines that are administered covertly without the consent of the client, often disguised in food or liquids. This does not apply to medicines administered in food or liquids with the consent of the client due to difficulties in taking the medication in a normal manner.

Staff must not covertly administer medicines to clients with capacity and the use of covert medicine administration should only be used in very exceptional situations where it is in the best interest of the client and in accordance with the Mental Capacity Act 2005 (see [Company Name]’s Mental Capacity Act and DoLS Policy).

Where a client’s capacity to refuse medication is in question, the concern should be escalated immediately to the On Call Duty Manager who will contact the client’s GP and request a formal capacity assessment as a priority. Covert administration of medicines should only be considered when the client refuses to take their medicines and they have been formally assessed and deemed to lack the capacity to understand the consequences of their refusal and the medicine is essential to the client’s health and wellbeing.

Any decision to administer covert medicines will be agreed as a part of the capacity assessment and a best interests decision-making meeting. Senior staff at [Company Name] will liaise with the prescriber as a part of this process and to also request a review of the client’s medicine(s) with alternative options being considered, such as stopping the medicine. As a part of this process the On Call Duty Manager/Registered Manager or another appropriate senior staff member will be responsible for:

* Being actively involved in any best interest decision-making meetings regarding the use of covert medicines and advocating on behalf of the client.
* Discussing the client’s medicines regimen with the prescriber to ascertain if any can be stopped or altered in a manner that may improve the client’s compliance with the taking of their medicine(s).
* Recording any decisions and outcomes from best interests decision-making discussions within the client’s care plan, along with who was present and involved in the decision.
* Liaising with the dispensing pharmacist and recording within the client’s care plan and MAR the method of how each medicine should be given covertly (e.g., whether tablets can be crushed and/or mixed with fluids).
* Ensuring that all staff involved in the client’s medicines support plan are aware of the use of covert medicines and have been trained and competency checked to do so.
* Recording a review date for the use of covert medicines within the client’s care plan and MAR.

When considering covert medicines, staff at [Company Name] must apply the following fundamental principles when reviewing and liaising with other healthcare professionals involved in the client’s best interest’s decision-making processes:

* Use of the least restrictive option.
* There must be an actual and real need for the medication to be administered.
* Last resort, where every other option has been exhausted.
* Time limited (i.e., used for as short a time as possible).
* Regular review.
* Involve all of the client’s advocates and relevant medical personnel in the decision-making process. No decision should be made by a single staff member.
* Frequently encourage the client to take the medicine where possible.
* All covert administrative procedures will always be based upon putting the best interest of the client first.

Where medicines in food or liquids stop the client eating or drinking, the medicine should be stopped immediately and a referral to an appropriate medical professional made to consider alternative routes of administration.

**Advance decisions**

Any advance decision is legally binding if it complies with the Mental Capacity Act 2005, if it is valid (the patient was over 18 years old at the time of making the decision) and is specific to the situation. An advance decision takes priority over any decisions made in the best interest of the client, as long as it is valid and as long as the client does not say anything to contradict it. In this situation, should they still have capacity the advance decision may become invalid.

**Administration of covert medicines**

The same practices for the administration of ‘normal’ medicines apply to covert medicines. However, staff should also:

* Only crush and mix medicines when approved by a pharmacist and clearly authorised and documented within the client’s care plan.
* Use only suitable foods or liquids in their smallest quantity to disguise medicines, taking account of personal preferences and likes and dislikes regarding foods and liquids.
* Immediately administer medicines that have been mixed or crushed.
* Regularly review the need for covert medicine administration in line with the client’s mental capacity.

# Psychotropic Medicines

Psychotropic medicines affect behaviour, mood, consciousness, thoughts or perception and are used to treat mental illness. They are sometimes also given to restrain or control behaviour seen as challenging by others. Examples of psychotropic medicines include:

* antipsychotics
* antidepressants
* mood stabilisers
* anxiolytics (benzodiazepines)
* sedatives
* antiepileptics.

[Company Name] is committed to ensuring that client behaviour is not controlled by excessive or inappropriate use of psychotropic medicines regardless of the condition they are intending to treat.

For any client prescribed a psychotropic medicine to manage potentially challenging behaviour, including violence and aggression, staff should first try psychosocial or environmental interventions, for example, checking for and addressing pain, delirium or inappropriate care. Staff administering psychotropic medicines will receive additional training on the potential side effects of these and how to escalate or seek advice if required.

Client’s must be involved in the care planning process and any decision to use a psychotropic medicine. Where a client lacks capacity the prescriber and administrator should follow the principles of the Mental Capacity Act and best interests’ decision-making with clear documentation in the client’s records. Clients should have been informed by the prescriber of the risks and benefits of the medicine prescribed, as well as whether it is licensed, unlicensed or off-label and the implications of this to support in shared decision making.

Staff are encouraged to identify and challenge any use or overuse of psychotropic medicines, including potentially inappropriate prescribing. Any client prescribed a psychotropic medicine should have the following recorded within their care plan:

* Name and contact details of the prescriber.
* Condition and/or behaviour that the medicine is prescribed for.
* Whether the medicine is required routinely or as required (PRN).
* If an as required (PRN) medicine, details of the signs and symptoms that would indicate necessary and appropriate use of the medicine. Outcome and effectiveness of the dose should be recorded within the care plan when a PRN psychotropic medicine is administered.
* Details of any signs and symptoms that would indicate over medication.
* Details of any potential side effects.
* Review date for the medicine.
* Details of any appropriate psychosocial or environmental intervention strategies to try prior to medication, where appropriate.

The Registered Manager is responsible for undertaking monthly care plan audits of client’s prescribed psychotropic medicines to identify:

* Themes, triggers and trends in behaviour that staff are finding difficult to manage and trigger the use of a psychotropic medicine.
* Numbers of client’s having their behaviour controlled or restrained by medicines.

**Dementia**

**[Delete if service does not accept clients with dementia]**

Clients with dementia may often experience behavioural and psychological symptoms as a result of the disease, including agitation, aggression, hallucinations and delusions.

As above, psychosocial and environmental interventions should be utilised first as a method for reducing a client’s distress.

Occasionally, antipsychotic medications may be prescribed for client’s living with dementia if they are either:

* at risk of harming themselves or others or
* experiencing agitation, hallucinations or delusions that are causing them severe distress.

Staff caring for a client living with dementia and prescribed antipsychotics should make themselves aware of the Volume 2, Issue 8 March 2009 [Drug Safety Update](https://webarchive.nationalarchives.gov.uk/ukgwa/20150110161756/http:/www.mhra.gov.uk/home/groups/pl-p/documents/publication/con041213.pdf) from the MHRA and CHM which details that antipsychotic use in elderly people with dementia has a clear increased risk of stroke and a small increased risk of death.

**Clozapine**

**[Delete if service does not accept client’s with Parkinson’s disease]**

Clozapine is an antipsychotic medicine used to treat psychosis, including schizophrenia and psychosis in Parkinson’s disease. Client’s prescribed clozapine should have the same information recorded within their care plan as detailed above, as well as:

* their smoking status and caffeine intake, both of which can cause changes to the levels of clozapine in the blood
* details of required 12 month annual GP health check
* details of blood monitoring programme
* escalation information and who to contact for advice and support if needed.

Clozapine is considered a high-risk medicine and requires routine blood monitoring (usually 4 weekly), as well as annual GP health checks. Client’s prescribed clozapine will have been registered with a clozapine patient monitoring service, the details of which must be recorded within the client’s care plan, along with their patient registration number.

Staff must make themselves aware of potential serious side effects when assisting with or administering clozapine, including:

* blood disorders
* seizures
* heart disease
* diabetes
* bowel obstruction
* skin reactions (e.g., sensitivity to sunlight).

Clozapine must be taken as prescribed as it can be dangerous to miss doses and then restart at full dose.

**If more than one dose of clozapine is missed notify the On Duty Manager/Registered Manager and seek prescriber advice immediately before restarting.**

**Learning disability and Autism - Stopping Over Medication of People (STOMP)**

**[DELETE SECTION IF NOT APPOPRIATE – See below alternative section if not caring for persons with learning disability, autism or both]**

‘Stopping over medication of people with a learning disability, autism or both’ also known as STOMP is a government initiative to stop overmedication and mismedication of people with learning disabilities and/or autism. It’s estimated that 30,000-35,000 adults with Learning Disabilities and Autism are taking psychotropic medication but do have the conditions that the medication is indicated for (off label use). Psychotropic medicines affect how the brain works and include medicines for psychosis, depression, anxiety, sleep problems and epilepsy. Many of these medications have side effects causing sedation. They are often given to people with Learning Disabilities and/or autism with behaviour that others may find challenging because of this. This practice can meet accepted definitions of physical abuse and can also be viewed as illegal restraint and unauthorised Deprivation of Liberty.

Side effects of these medications can increase weight, make the person feel tired or lethargic for long periods and can decrease sexual function.

The Challenging Behaviour Foundation (<https://www.challengingbehaviour.org.uk/>) was commissioned to run projects aimed at monitoring and stopping the overuse of prescribing medication for behaviour that challenges services. Examples of this include informing and involving families in the process and advocating strategies that emphasis non pharmaceutical interventions.

All health care providers who prescribe psychotropic medicine to people with a learning disability, autism or both are asked to adopt the STOMP health care pledge, which is as follows:

* We will actively explore alternatives to medication.
* We will ensure people with a learning disability, autism or both, of any age and their circle of support are fully informed about their medication and are involved in decisions about their care.
* We will ensure all staff within the organisation have an understanding of psychotropic medication including why it is being used and the likely side effects.
* We will ensure all people are able to speak up if they have a concern that someone is receiving inappropriate medication.
* We will maintain accurate records about a person’s health, wellbeing and behaviour.
* We will ensure that medication, if needed, is started, reviewed and monitored in line with the relevant NICE guidance.
* We will work in partnership with people with a learning disability, autism or both, their families, care teams, healthcare professionals, commissioners and others to stop over medication.

Although [Company Name] does not prescribe psychotropic medication, staff are expected to abide by and contribute to the above STOMP pledge by considering possible alternatives before the administration of a prescribed psychotropic medication, where appropriate. For any client prescribed psychotropic medication clear records must be maintained within the care plan as to:

* Why the medication has been prescribed and when/why it is to be given (i.e., should it be given continually or PRN).
* For PRN medicines, a clear and individualised plan of alternative strategies for that client to be tried for behavioural management prior to administering a psychotropic medicine.

Staff are encouraged to speak up and inform the On Call Duty Manager/Registered Manager if they think, for example, that a psychotropic medicine has been prescribed inappropriately, is not having an appropriate effect, or is being misused on a PRN basis.

**OR**

**[DELETE SECTION IF NOT APPOPRIATE- This is an alternative to the STOMP section above where the company does not support clients with learning difficulties, autism or both]**

Stopping over medication of people with a learning disability, autism or both’ also known as STOMP is a government initiative to stop overmedication and mismedication of people with learning disabilities and/or autism.

As [Company Name] does not provide services to client’s with learning difficulties and/or autism, it is not relevant to the service being provided. However, staff are expected to be aware of the STOMP initiative should it ever become relevant as a part of their duty of care.

# Medicine Errors and Incidents

Medicines errors are not the same as adverse drug reactions. Medicine errors occur when weak medication systems or human factors affect processes. Medicine errors can result in severe harm, disability and death.

Medicine related errors/problems include:

* potentially avoidable medicines-related hospital admissions
* prescribing errors
* dispensing errors
* administration errors (for example, missed or delayed doses, inappropriate or incorrect administration)
* monitoring errors (for example, inadequate review or follow-up, incomplete or inaccurate documentation)
* adverse events, incident reporting and significant events
* near misses (a prevented medicines-related patient safety incident which could have led to client harm)
* deliberate withholding of medicines or deliberate attempt to harm
* restraint or covert administration that has been used inappropriately
* misuse, such as missing or diverted medicines
* other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).

Despite best practice measures a medicine administration error or incident may occur and to reduce the chance of errors occurring staff must:

* Keep their knowledge up to date.
* Avoid distractions whilst giving out medication.
* Pay attention to client’s identification and any known allergies.
* Ensure a client has taken the medication given and not left it or spat it out.

**If in any doubt staff should not give the medication until clarification has been obtained.**

If an error is made, advice must always be sought immediately no matter how trivial the error may seem. In the event of medicines incident every member of staff has a duty and responsibility to immediately:

* Inform and seek medical advice/review about medicine administration errors from the client’s GP.
* Call NHS 111 if the GP practice is closed or the GP is unavailable.
* Monitor the client for adverse reactions and if there is a serious adverse reaction, call 999 and request an ambulance, ensuring all the information regarding the error is available.
* Report the error to the Registered Manager/On Call Duty Manager immediately then:
  + complete and provide an incident report in line with the Incident Management Policy
  + record details of the incident in the care plan and the MAR.

Where possible and available, a senior staff member will explain what has happened to the client and their family/carer and issue an apology. Where a senior staff member is not immediately available the attending staff member must explain what has occurred to the best of their ability and issue an apology. A senior staff member will then contact the client and their family/carer as soon as they are available.

Managers will:

* Review and thoroughly investigate the incident.
* Take whatever action is necessary to reduce the likelihood of further medicine related incidents. This may include but is not limited to:
  + advising the local Safeguarding team where serious harm has occurred or there are significant concerns about errors
  + sharing information with the staff involved in an incident and with other staff to promote learning especially about the root cause of incidents
  + requiring the staff involved in an incident – or a wider staff group - to repeat training or complete additional training
  + reviewing existing procedures
  + complete a new risk assessment for medication management.
* Monitor all medicine related incidents for trends.
* Where possible and appropriate, share learnings from medicine-related safety incidents with other local home care services within the network to promote shared learning and wider quality improvement.

All medicine-related safety incidents, including any ‘near misses’ and incidents that do not cause any harm, must be recorded as a resident safety incident in line with [Company Name]'s Incident Management Policy.

**Safety Alerts**

The Registered Manager is signed up to receive safety alert notifications through the Central Alert System which includes medicine related patient safety incidents from the Medicines and Healthcare Products Regulatory Agency (MHRA). Applicable safety alerts will be identified, acted upon and disseminated throughout the Company in line with [Company Name]’s Safety Alert Policy.

Safety Alerts are recorded within [Company Name]’s Central Monitoring Log.

**CQC notification**

There is no requirement to notify the CQC of all medication errors, but the CQC must be notified if a medication error resulted in one of the following:

* A death.
* An injury.
* Abuse, or an allegation or abuse.
* An incident reported to or investigated by the police.

The Registered Manager is responsible for CQC notifications.

# Adverse Drug Reactions

An adverse drug reaction is an unintended or harmful reaction to the administration of a drug or combination of drugs when the drug is used under its normal conditions of use, and where the reaction is suspected to be related to the drug. All adverse drug reactions should be reported immediately to the Registered Manager/On Call Duty Manager and subsequently the client’s GP.

Adverse drug reactions should be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) by completing a Yellow Card (via the app, online or paper copy).

What to report on the Yellow Card:

* all serious adverse reactions in adults, particularly those over the age of 65
* all adverse reactions in children under the age of 18.

Serious adverse reactions are/can:

* be fatal
* result in extended hospital stays
* cause disability
* cause congenital abnormalities.

If there is uncertainty as to the seriousness of the adverse reaction, it is best to report it anyway.

**Medicine side-effects**

Staff at [Company Name] will at least be aware that medicines can on occasion have unwanted side effects. As a result, staff should be aware of any unusual or unexplained changes to a client’s health or medical condition. These changes should be particularly noted if there has been a change in their medication.

Staff should also encourage the client and/or the family/carers to monitor for side effects or adverse reactions and make them aware of the importance of sharing this information so it may be appropriately reported.

# Safeguarding

A safeguarding issue in relation to managing medicines could include:

* deliberate withholding of a medicine without a valid reason
* incorrect use of a medicine for reasons other than the benefit of a client
* deliberate attempt to harm through use of a medicine
* accidental harm caused by incorrect administration or a medication error.

All safeguarding concerns should be handled in line with the processes detailed within [Company Name]’s Safeguarding policy, including how to report, escalate, investigate and notify appropriate bodies and this should be read in conjunction with that policy for completeness.

**Reporting**

In summary, all safeguarding concerns must be immediately raised to the Safeguarding Lead who will review and consider whether a safeguarding referral is appropriate. Where there is any doubt, the Safeguarding Lead should discuss this further with suitable colleagues before making a decision.

Reports of medicine-related safeguarding incidents to the Safeguarding Lead should be made as soon as possible long with accurate details of the incident, to ensure that the incident can be thoroughly investigated and reported if needed. Details on what information to gather can be found within [Company Name]’s Safeguarding and Incident Management Policies.

**Referrals**

Before making a safeguarding referral, the Safeguarding Lead should ensure the client fits the statutory criteria for an adult at risk (as defined under the 3-Stage Test section of this Policy) and assess their mental capacity to consent to the referral (see [Company Name]’s Mental Capacity Act and DoLS Policy for further information). If a client lacks capacity to make a decision about a safeguarding referral, it is acceptable to refer them in their ‘best interests’. An individual of capacity has the right to refuse consent, in this situation the risk of doing so must be fully explained.

Additionally, if the client refuses consent for a safeguarding referral the Safeguarding Lead must consider whether there is an overriding public interest that outweighs individual client confidentiality, for example, other people could be at risk, a possible crime has been committed or there is a risk to the health and safety of others.

Where the adult at risk criteria does not apply, a client with capacity refuses consent and there is no overriding public interest disclosure a safeguarding referral may not be appropriate. In these instances, the Safeguarding Lead and treating staff should consider any other actions required to support the needs of the adult or other actions, such as complaints processes, training needs or regulatory action if appropriate.

**CQC notification**

The Safeguarding Lead is responsible for notifying the CQC, as soon as reasonably possible, of abuse or allegations of abuse concerning a person using the service if any of the following applies:

* the person is affected by abuse
* they are affected by alleged abuse
* the person is an abuser
* they are an alleged abuser.

Not all referrals made to the local authority need to be notified to CQC. The Company is only required to notify CQC of safeguarding incidents where the allegation of abuse is linked to the Company’s provision of care.

# Training

Staff at [Company Name] will receive training upon joining and induction, which will include information about common medicines and how to manage them.

Staff whose role includes the ordering, transporting, storing, reconciliation, administration or disposal of medicines will receive additional training and support from [insert role/name] to the level that is required. Following training for administration, competency assessments will be performed, including assessment through direct observation, to ensure they are able to fulfil the role. Training at [Company Name] will highlight that:

* Administering and managing inhalers and liquid medicines is much more likely to give rise to medication errors than tablets or capsules.
* Antibiotic administration may be particularly prone to error with a number of doses being missed over the course of treatment.
* Allergy and drug sensitivities should be checked prior to administration of medicines.
* Interruptions during the preparation and administration of medicines are associated with medication errors.

Staff will have a review of their knowledge, skills and competencies annually and will be required to attend refresher training when/where required alongside any required by their professional bodies and/or accredited training providers. This will be completed in line with the ongoing training and development plan [Company Name] have in place.

Staff who do not have the skills to administer medicine, despite completing the required training will not be allowed to be involved in any part of the medicines management process, including administration.

Records will be kept, and a training matrix maintained to demonstrate all training and competencies completed by staff at [Company Name].

An annual review of the knowledge, skills and competencies relating to managing and administering medicines will be completed by the Registered Manager.

# Lone Working

[Company Name] will ensure that all staff are trained appropriately and safely as per the Lone worker policy and Skills for Care Lone worker guide [Supporting staff that regularly work alone (skillsforcare.org.uk)](https://www.skillsforcare.org.uk/Documents/Leadership-and-management/Lone-working/Supporting-staff-that-regularly-work-alone.pdf). Only staff fully assessed and competent in meeting the needs of the client’s medication requirements will be allocated the client for their medication’s management/-administration.

# Quality Assurance

Internal and external audit processes will be undertaken to demonstrate that [Company Name] operates adequate management controls to minimise the risk to safety, as well as prevent potential harm through the inappropriate use, misuse or abuse of controlled drugs and non-controlled drugs.

Audit processes will aim to identify any trends for medicine related problems that may have led to incidents that can be addressed. Where medicine related trends are identified learning will be shared with:

* staff
* client’s receiving medicines support and/or their family/carers
* other affected third-parties, such as GPs, supplying pharmacies and community health providers.

Full information on how [Company Name] undertakes audits, including how quality concerns are identified, actions implemented, lessons learned identified and benchmarking/re-audit review are undertaken can be found within [Company Name]’s Quality Assurance and Governance and Risk Policies.

The policy should be read (and the guidance followed) by all staff at [Company Name] who order, receive, store, administer and/or dispose of medicines for/to clients.

The Registered Manager is responsible for ensuring that the policy complies with the latest standards for best practice, including NICE.

**[Delete paragraph if no registered professionals]** All healthcare professionalsemployed at [Company Name] will be trained in line with their profession and appropriate level of competency on best practice in the administration and disposal of medicines while employed at [Company Name]. It is expected that the aforementioned staff will take full responsibility for remaining up to date with best practice, attend appropriate training and maintain their own CPD records.

Staff, clients and their family/carers are also actively encouraged to provide feedback on any concerns they may have as a part of the Company’s governance and learning processes as detailed within the Governance and Risk, Quality Assurance and Complaints policies.

# Liability

[Company Name] will accept responsibility for any negligence from its qualified personnel, provided medicines support and administration are in line with its policies, individual qualifications and training.

[Company Name] will not be liable for any of its personnel if/when working for organisations, whether private or voluntary, other than [Company Name].

# Monitoring

The Registered Manager will monitor compliance in line with the Quality Assurance section of this policy, as well as compliance with training and competencies and any client or staff complaints or feedback and incident reporting. All of which will be used to inform the effectiveness of this policy.

# Related Policies

* Consent Policy
* Deteriorating Person Policy
* Emergency Situations Policy
* Mental Capacity Act and DoLS Policy
* Resuscitation Policy
* Safeguarding Policy
* Safety Alert Policy

# Legislation and Guidance

**Relevant Legislation**

* Health and Social Care Act 2008
* Human Medicines Regulations 2012
* Misuse of Drugs Act 1971
* The Mental Capacity Act 2005
* Code of Professional Conduct, NMC 2002; 2008; 2015.

**Guidance**

* National Institute for Health and Care Excellence (NICE) – [NG67] Managing medicines for adults receiving social care in the community. <https://www.nice.org.uk/guidance/ng67>
* National Institute for Health and Care Excellence (NICE) – [NG5] Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes: <https://www.nice.org.uk/guidance/ng5/chapter/1-Recommendations#medicines-related-communication-systems-when-patients-move-from-one-care-setting-to-another>
* NHS stomp easy read<https://www.england.nhs.uk/wp-content/uploads/2018/02/stomp-easy-read-leaflet.pdf>
* NHS STOMP <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>
* The Nursing and Midwifery Council (NMC 2013) guidance: <https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/giving-medicines-covertly-quick-guide.pdf>
* Care Quality Commission, Managing medicines: home care providers: <https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-medicines-home-care-providers>
* Care Quality Commission, Medicines information for adult social care providers: <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services#homecare>
* Care Quality Commission, Controlled drugs in home care: <https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-home-care>
* Care Quality Commission, External medicines such as creams and patches: <https://www.cqc.org.uk/guidance-providers/adult-social-care/external-medicines-such-creams-patches>

**Medicines resources**

For all:

* Medicines and Healthcare products Regulatory Agency: <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/about>
* NHS Choices: <https://www.nhs.uk/>
* Patient.co.uk: <https://patient.info/>

For Healthcare Professionals:

* British National Formulary (BNF): <https://bnf.nice.org.uk/>
* Clinical Knowledge Summaries: <https://cks.nice.org.uk/>
* Electronic Medicines Compendium: <https://www.medicines.org.uk/emc/>

# Summary of Review

|  |  |
| --- | --- |
| Version | 1 |
| Last amended | [Date of Issue] |
| Reason for Review |  |
| Were changes made? |  |
| Summary of changes |  |
| Target audience | Care staff, Managers |
| Next Review Date | [Date of Review] |

# Appendix 1: Medication Transfer Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Name** |  | **DOB** |  |
| **Client Contact Details** |  | **Any Known Allergies** |  |
| **NOK Name** |  | **NOK Contact Number** |  |
| **Date of Transfer** |  | **Date of Return to Service** |  |
| **Transfer From** |  | **Transfer To** |  |

**PLEASE LIST ALL MEDICATION INCLUDING PRN medication, liquids, creams, food/drink supplements and any other medical equipment to be transferred. Please record if any medicine must be stored between 2 to 8°C.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name, Strength and Form of Medication** | **Dose and Route of Medication** | **Frequency (i.e., bd, tds) and Duration of Medication** | **Quantity of Medication** | **Date and Time of Last Dose** | **Review Date of Medication** | **Staff Member**  **Signature** | **Recipient Signature** |
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|  |  |
| --- | --- |
| **Please detail any recent changes to medication including medicines started or stopped, or dosage changes, and reason for the change (name the medication listed above before providing detail of change(s)).** |  |
| **What information has been given to the client, and their family members or carers, where appropriate** |  |
| **Any other relevant information.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Completion** |  | **Signature of Staff Completing Form** |  |

# Appendix 2: Common Types and Preparations of Medicines

|  |  |  |
| --- | --- | --- |
| **Medicine Type/Preparation** | **Description** | **Prescription Route Abbreviations** |
| Liquid | The active part of the medicine is combined with a liquid to make it easier to take or better absorbed. May also be called a ‘mixture’, ‘solution’ or ‘syrup’. | PO - oral |
| Tablet | The active ingredient is combined with another substance and pressed into a round or oval solid shape. There are different types of tablet; soluble or dispersible tablets can safely be dissolved in water. | PO - oral |
| Buccal or sublingual tablets | Look like normal tablets or liquids, but are not swallowed. Buccal medicines are held in the cheek so the mouth lining absorbs the active ingredient. Sublingual medicines work in the same way but are put underneath the tongue. | SL - sublingual |
| Capsule | The active part of the medicine is contained inside a plastic shell that dissolves slowly in the stomach. | PO - oral |
| Topical | Creams, lotions or ointments applied directly onto the skin. They come in tubs, bottles or tubes depending on the type of medicine. The active part of the medicine is mixed with another substance, making it easy to apply to the skin. | TOP - topical |
| Suppositories | The active part of the medicine is combined with another substance and pressed into a ‘bullet shape’ so it can be inserted into the bottom. Suppositories mustn't be swallowed. | PR – per rectum |
| Drops | These are often used where the active part of the medicine works best if it reaches the affected area directly. They tend to be used for eye, ear or nose. |  |
| Inhaler | The active part of the medicine is released under pressure directly into the lungs. These may be used with a ‘spacer’ device. | INHAL – inhaled |
| Injections | There are different types of injection, in how and where they're injected. Subcutaneous or SC injections are given just under the surface of the skin. Intramuscular or IM injections are given into a muscle. Intrathecal injections are given into the fluid around the spinal cord. Intravenous or IV injections are given into a vein. Intradermal injections (ID) are administered into the dermis just below the epidermis | IV – intravenous  IM – intramuscular  SC – subcutaneous  ID - intradermal |
| Patches | These medicines are absorbed through the skin, such as nicotine patches or pain relief patches. | TOP - topical |
| Ampoule | An ampoule is a small sealed vial which is used to contain and preserve a sample, usually a solid or liquid, such as nebuliser solution. | NEB - nebulised |

# Appendix 3: Medicines Reconciliation Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** | | | **Date of Package Starting:** | | | |
|  | | | **Location:** | | | |
| **Date of Birth:** | | | **Drug Allergies/Intolerances/Reactions:** | | | |
|  | | |  | | | |
| **NHS No.:** | | |  | | | |
|  | | |  | | | |
| **Address:** | | |  | | | |
| **Medication at start (include regular over the counter, herbal etc.** | | | **Medication Support Plan** | | | |
| Name, Strength, Formulation | Dose | Frequency/Times | Continue | HOLD | STOP | NOTES |
|  |  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| **Sources of Information for medication history (minimum of 2 sources to be used) tick where appropriate** | | | |
| Service User/Carer | Prescription Record | GP Practice |  |
| Transferring Facility | Community Pharmacy | Other |  |
| **Medication History taken by:** | | | |
| Name | Role | Signature | Date/Time |
|  |  |  |  |
|  |  |  |  |

# Appendix 4: Transdermal Patch Application Record

|  |  |  |  |
| --- | --- | --- | --- |
| **Client’s Name** |  | **DOB** |  |
| **Any Known Allergies** |  | **Start Date** |  |
| **Name of Patch** |  | **Frequency of Application** |  |
| **Strength of Patch** |  | **Application Site** |  |
| **Completed by** |  | **Checked by** |  |

Put a **X** where the patch has been applied.

