# Extra Care Housing Medication Policy

# Westmorland & Furness Care Services

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# Introduction, Policy Scope and Aims

### Introduction

Westmorland and Furness Care Services, Extra Care Housing services, support adults living in their own homes in specialist accommodation.

Supporting and enabling a service user to administer their own medication whilst they continue to live at home.

This policy and procedure consider the following professional guidance/legislation and resources.

* Managing medicines for adults receiving social care in the community, NICE Guideline NG67. Published: March 2017
* Medicines management for people receiving social care in the community NICE Quality Standard QS171. Published July 2018
* The Handling of Medicines in Social Care. Royal Pharmaceutical Society, 2007
* The Mental Capacity Act 2005
* Medicines Act 1968
* The Misuse of Drugs Act 1971
* The Safer Management of Controlled Drugs Regulations 2006.

This policy ensures that the service meets the requirements of the Care Quality Commission by providing a quality service that manages people’s medicines safely.

### Purpose of the Policy

The purpose of this policy is to ensure the safe support and administration of prescribed medication and health care support by extra care staff who have been deemed competent at following the policy and procedure. Service users must be encouraged where possible to, maximise personal control in safely administering their own medication.

The medication policy is applicable to all members of staff working in the service, who assist with the management and administration of medication.

### Policy Aims

This policy aims to:

* Promote and maintain the service user’s independence by enabling the self-administration of medication where possible.
* Define roles and responsibilities in the management and administration of medication.
* Provide a standard competency and training framework for the administration of medications and health care tasks.
* Ensure compliance with the Care Quality Commission (CQC) standards.

### Developed and Reviewed By

Following clearance by the Westmorland and Furness Care Services Senior Management Team.

### Implementation and Reviews

Developed and reviewed following approval from Westmorland and Furness Care Services Policy and Procedures: 26/01/22.

Clearance by the Provider Services / Westmorland and Furness Care Services Senior Management Team: 09/03/22

Implementation date: March 2022

Reviewed: 17/05/22

# Section 1:

## Training and Audits

### 1.1 Training

It is the responsibility of the Manager or Supervisor(s) to ensure that staff required to administer prescribed medication and health care tasks have received appropriate training and instruction in the administration and safe handling procedures of medication.

All staff training and instruction will be based on the agreed procedures within this policy and procedure and be directly relevant to service user needs.

Staff are not permitted to give support with medication or health care tasks until they have successfully completed the medication policy and health care task training sessions followed by two direct observations of competency.

The direct observations must be completed within two months of the training date.

Staff training records should clearly identify which staff have been trained.

Staff should sign to indicate they have received the policy training on the Competent Persons Record ([Appendix 1a - Medication Policy Competent Person Record / Signature List](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225114850.docx)).

A separate Competent Person Record ([Appendix 1b - Health Care Tasks Competent Person Record / Signature List](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522511500.docx)) will also need to be completed for health care tasks training.

Competency will be reassessed annually or sooner if a medication error occurs or in the event a new heath care tasks is prescribed.

An annual competency assessment form ([Appendix 2 - Annual Competency and Health Care Tasks Assessment](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225115113.docx)) must be completed as a record of the assessment.

Competency assessment dates must be recorded on the competent person records.

The administration of specialist health care tasks (Category 3) will not be undertaken by staff until they have received additional specialist training from a health professional.

When a specialist health care task is prescribed, the health professional responsible for the care of the service user will provide task specific training to staff and complete a training and competency record, this may be completed on their own organisational training documentation or on Westmorland and Furness Care Services form ([Appendix 3 - Health Professional Competency Sign Off Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522511523.docx)), which must be held on the staff and service user records.

Where necessary the health professional will provide refresher training.

### 1.2 Audits

Westmorland and Furness Care Services internal audit process will demonstrate that staff are managing and administering medication, within the requirements and procedures of the extra care housing medication policy.

The Supervisor/Senior will compete an audit of service users records per month.

The Manager completes a monthly check of P5 audits and Service Manager check the P5 audit on a random basis.

# Section 2:

## Assessing Support, Referrals and Reviews

### 2.1 Assessing Levels of Support

The need for medication support will be identified in writing by the commissioning Social Worker or a senior / social worker during a service user’s needs assessment for social care support.

Medication support will be provided under the following categories:

#### Category 1 Support: General Support

General support is given when the service user directs their support i.e., the service user can take overall responsibility for their own medication and consents to the specific support being arranged but needs some assistance due to their physical ability.

* Collecting medicines from the community pharmacist and/or dispensing GP practice (section 4.2)
* Disposing of unwanted medicines safely (section 13)
* Requesting repeat medications from the GP (section 4.1)
* Safe storage of medicines (section 12)
* Manipulation of a container, for example, opening a bottle of liquid or popping tablets out of a blister pack, at the request of the service user. Staff are not required to select the medication but may have to measure a dosage under direction of the service user.
* Assist with home oxygen at the request of the service user, limited to turning the oxygen supply on or off and assisting to adjust the provided mask or cannula. Any other requests for assistance will be considered on a case-by-case basis with training and support from the health professional.
* Regular prompts and reminders from staff for the service user to take their medication following the medicines assessment and support plan.
* Reporting and recording of service user non-compliance, and changes to ability and cognition

#### Category 2a and 2b Administration of Medication

Support with administering of medicine where a service user is unable to take responsibility for their own medication, and where staff have the responsibility of confirming they have selected the correct medication, for the right person, have identified the correct dose, time, route and method of administration, and are observing the right to refuse.

#### Category 2a

* Selecting and preparing the correct medicines for administration
* Administration of oral medications
* Measuring out and preparation of liquid medication
* Administration of controlled drugs
* Reporting and recording of service user non-compliance, and changes to ability and cognition

#### Category 2b

There are tasks that may be administered with additional training.

* Applying external medicated creams/ointments/gels/lotions (excludes post-surgery)
* Applying transdermal patches
* Applying medication to the eye, nose, or ears (drops/ointments/sprays)
* The application of prescribed stockings where the skin is intact.
* Administering inhaler devices, with a spacer where necessary

#### Category 3 The Administration of Medication by Specialist Techniques

Support workers may also use the following route of administration upon receiving further training delivered by a healthcare professional. The healthcare professional delivering the training will remain responsible for the competency of the staff.

* Administration of buccal midazolam
* Administration of rectal diazepam
* Giving medicines via a nebuliser
* Assisting with nutrition using PEG feeding
* Assisting with stoma management
* Assisting with customers that have dysphagia.
* Assisting with insulin
* Assisting with catheter care

### 2.2 Referrals and Arranging Support

When a referral is received for care support, the commissioning Social Worker will complete and forward a Medicines Management form detailing the level of medication support required.

The Supervisor or Senior will then arrange a meeting with the service user to complete a medication assessment ([Appendix 4 - Medication Assessment Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522511534.docx)) and obtain a signature of consent from the service user or their representative.

The preferred option is that the service user or their representative will retain responsibility for their medication, including, ordering prescriptions, collecting medicines, returning unwanted medicines and storage.

Based on the information gathered during the assessments the Supervisor or Senior will complete a support plan, and any relevant medication documentation and risk assessments.

### 2.3 Reviews

Medication support reviews will be completed by the Supervisor or Senior every 3 months in line with the service users support plan, or sooner if:

* There are changes to the medication regime.
* A concern is raised.
* A hospital admission or other significant gap in care delivery
* A life event, such as bereavement.

# Section 3:

## Record Keeping

### 3.1 Medication Administration Records

When a service user requires support from Westmorland and Furness Care Services with the administration of medication, the Supervisor or Senior will obtain a full list of any current medications.

A pharmacy MAR chart or a Westmorland and Furness Care Service MAR/SR/MSRC chart must be in place for all medication and creams.

When administering medication from categories 1, 2a, 2b and 3, a medication signature record sheet ([Appendix 5 - Medication Administration Signature Record Sheet](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225144944.docx)) must completed and held on site.

The names, signatures and initials of all staff who administer medication to service users in these categories must be logged on the record.

If a MAR chart is not provided by the pharmacist, the Supervisor or Senior will complete a MAR/MSR chart ([Appendix 5a - Medication Administration Record / Medication Signature Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145334.docx)) having seen the original dispensing label.

If a creams MAR chart with body map is not provided by the pharmacist, the Supervisor or Senior will complete a creams MAR/MSRC ([Appendix 5b - Medication Administration Record for Creams](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145056.docx)) having seen the original dispensing label.

Every MAR/MSR/MSRC chart should be written and completed using the following guidelines:

1. The service users name and date of birth.
2. The health professionals name, practice name and contact details.
3. The details of the medication, to include the name of the medication, date of commencement, dosage, form, strength, amount, and route of administration.
4. Other than agreed codes, abbreviation’s must not be used; directions must be written in full.
5. The times of administration e.g., breakfast, lunch or teatime. Time specific medications must be entered onto the MAR/MSR/MSRC using the 24hr clock, e.g., 08:00.
6. The details of any known medication allergies/sensitivities and applicable health conditions.
7. Any advisory information provided by the pharmacist.
8. The dates any medication has been changed or discontinued.
9. All handwritten entries must be clear, legible, in capital letters, and using black ink.
10. Any codes to indicate the medication has not been administered.
11. A new MAR/MSR/MSRC must be complete each month.
12. MAR/MSR/MSRC charts must be kept with the medication or in the service user file.
13. If any medications/creams are managed or administered by a health professional, it must be clearly documented on the MAR/MSR/MSRC who is responsible.
14. The details of any non-prescription medication that staff are administering or supporting with.

# Section 4:

## Requesting Prescriptions, Medicines Collected and Received

### 4.1 Requesting Prescriptions

If identified that assistance is required to request prescriptions, the Supervisor or Senior will detail responsibilities and arrangements in the support plan.

If a service user makes a request for staff to order a prescription, staff must contact the Supervisor or Senior to agree the request.

All requested prescriptions must be recorded on the Prescription Request Log ([Appendix 6 - Prescription Request Log](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145451.docx)), to include the name, dose, and directions of the medication.

### 4.2 Collecting Medicines

Whenever possible all medication and prescriptions should be delivered by a pharmacy directly to the service users’ property.

If identified that assistance is required to support a service user with the collection of medication, the Supervisor or Senior will complete a risk assessment and detail responsibilities and collection arrangements in the support plan.

If a service user makes a request for staff to collect a prescription, staff must contact the Supervisor or Senior to agree the collection.

Medication collected from the pharmacy must be kept out of view and delivered directly to the service users’ home.

If requested to collect controlled drugs, staff will need to provide proof of identity, in the form of their Westmorland and Furness Council identification badge. The pharmacist will require a signature on the reverse of the prescription.

All assistance given must be recorded in the service user’s communication record.

### 4.3 Receiving Prescriptions and Medication

When a prescription is received/collected staff must check that the medication and directions correspond, and date and sign ([Appendix 6 - Prescription Request Log](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145451.docx)) or for controlled drugs ([Appendix 11 - Controlled Drugs Stock Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515736.docx)).

# Section 5:

## Compliance with Prescribed Instruction

### 5.1 Containers and Packaging

Medication must be dispensed form a pharmacy filled compliance aid or directly from the original packaging or pharmacy container.

Any other practice would be deemed as secondary dispensing.

Staff must not dispense medication from a compliance aid that has been filled by a service user or their family/representative.

### 5.2 Labelling

All medication must be clearly labelled with the service users name and medication details.

If a label becomes detached or illegible, the advice of the pharmacist must be sought before any further dispensing occurs.

“As directed” cream instructions can be accepted if clear guidance is provided by the health professional.

Guidance must be written and can be accepted in the form of a fax, email, pharmacy MAR chart, copy of the prescription, or the prescribed creams direction form ([Appendix 7 - Prescribed Cream Directions](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145827.docx)).

### 5.3 Changes to Prescribed Medication

Any changes requested by the health professional must be confirmed in writing, in the form of a fax, email, pharmacy MAR chart, or a copy of the prescription.

Any changes requested by the service user, their family, representatives must be confirmed in writing, in the form of a fax, email, pharmacy MAR chart, or a copy of the prescription.

In exceptional circumstances where a change is requested and written confirmation cannot be obtained, for example, over the telephone, staff must document in the communication record; the date, time, who they spoke to and the detail of the change. Written confirmation must be obtained at the earliest opportunity.

If a new medication or prescription is received out of hours from a service users’ family/representative, staff must not administer until written confirmation is received from the prescriber/health professional.

It is particularly important that the prescriber/health professional confirms that there are no medicines that need to be discontinued either permanently or for a specific time, before commencing the administration of the new medication.

The Supervisor or Senior must clearly document any confirmed changes on the MAR/MSR and the medication label immediately.

The Supervisor or Senior will update the pharmacist of any changes if required.

### 5.4 Information and Medication Transfer to Other Services

If medication is required to be administered at a different setting, for example a day service or a visit to family, the medication must be sent in the original pharmacy packaging. If this happens regularly, the Supervisor or Senior may contact the pharmacy and arrange for a separate supply, to be used solely for the alternative setting.

If the service user is prescribed when required (PRN) medications, to avoid duplication of medication, staff must inform the alternative setting verbally and in writing that the medication has been administered.

For hospital admissions a copy of the support plan and the MAR/MSR chart should be sent with the service user and all current medication if requested.

# Section 6:

## The Administration of Medication

### 6.1 Administration Procedure

Administration of medication will only be carried out by trained competent staff.

The following procedures must always be followed:

1. Hands must always be washed prior to administering medication.
2. Obtain consent from the service user.
3. If medication is supplied in blister packs (all tablets in 1 pocket), a description of each tablet should be available.
4. Staff must ensure they are prepared with medication pot(s) and spoons.
5. Unless a service user has been prescribed medication for sleep purposes the service user can and must be woken to be given their medication (unless specifically stated in their support plan).
6. Read the MAR/MSR chart and dosage instructions. Note any recent changes in medication and ensure that the medication has not been taken.
7. Identify the appropriate medication container(s) checking that the label(s) and MAR/MSR charts match. If there is a discrepancy do not administer the medication. Check with the pharmacist and inform the Supervisor or Senior.
8. Disposable gloves must be worn when handling any medication or applying creams, lotions or drops.
9. Medication must be administered as agreed in the service users support plan and as directed on the MAR/MSR chart, ensuring that medication has been swallowed.
10. The MAR/MSR chart must be signed immediately by the administrator. This recording will take the form of initials in the appropriate column on the MAR/MSR.
11. If the medication has been refused or wasted this must be recorded on the MAR/MSR chart using the appropriate key and an explanation recorded on the reverse of the MAR/MSR.
12. Where a medication has been prescribed as when required (PRN), reference must be made to the service users PRN protocol and support plan, where clearly defined administration guidelines will be recorded. (Section 6.6)
13. If the medication is a controlled drug, the controlled drug procedure must be followed (section 9)
14. A thorough visual check of the MAR/MSR charts and the medication boxes/filled compliance aid must be made at the end of each medication administration, to ensure medication has been administered and recorded in accordance with policy and procedure.
15. Tablets can only be halved where there is a break line, and the full tablet is being administered.
16. Crushing tablets must be approved by the GP and pharmacist. Written confirmation must be in place to confirm that the medication is not compromised.
17. Staff are not permitted to mix suspensions, for example, anti-biotic preparations.
18. Staff must not remove medication from its original packaging for later administration by a third party such as the service user, co-worker, or a service users’ family/representative.

### 6.2 Administration of Creams/Lotions/Gels

A MAR/MSRC chart for creams ([Appendix 5b - Medication Administration Record for Creams](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145056.docx)) must be completed for each cream, unless the pharmacy has provided a MAR, including a body map.

All documentation and the cream must be checked prior to application.

A PRN protocol must be in place where applicable.

A PRN recording form is not necessary for creams if the details are fully completed, and the cream is not time specific.

In addition to initialling the MAR/MSRC, application must be recorded in the communication record.

All products must be marked with the date of opening and the date of disposal.

Dates of opening and disposal must also be logged on the MAR/MSRC chart.

If the pharmacist or the product directions indicate that a cream/lotion/gel is flammable, the Supervisor or Senior must complete a risk assessment and add the details to the support plan.

Any creams/lotions/gels purchased by the service user must have approval from the health professional before support is given with application. Once approved the details must be added to the MAR/MSRC and the open/use by dates added to the product.

The application of non-medicated creams, for example, beauty products, sun creams and moisturisers does not need to be added to the MAR/MSRC. The Supervisor/ Senior will document the use and directions in the support plan.

Any assistance given must be recorded in the communication record.

### 6.3 Food Supplements/Additives

Where there is an identified risk or the service user lacks capacity, food thickeners must be stored in a lockable facility.

Instructions for their use must be followed and recorded in the support plan and on the MAR/MSR chart.

The administration of food thickeners or nutritional supplements/additives must be recorded on the daily notes and food/fluid monitoring charts where applicable.

### 6.4 Transdermal Patch Administration

Where a service user is prescribed transdermal patch medication, a patch application record ([Appendix 8 - Transdermal Patch Application Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515226.docx)) must be in place and kept with the MAR/MSR chart.

Staff will check the patch remains in situ as a minimum once every 24 hours at a time agreed with service user and record using the transdermal patch visual check record ([Appendix 8a - Transdermal Patch Visual Check Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515318.docx))

Any concerns must be reported to the Supervisor or Senior immediately and recorded in the communication record.

### 6.5 Variable Doses

Unless the service user or their representative can direct staff, variable doses should be avoided.

If a variable dose is prescribed and the service user is unable to direct staff, the Supervisor or Senior will contact the health professional for a medication review/change of directions. This information should be recorded in the service user’s daily communication records.

Any issues should be escalated to the Registered Manager who would contact the GP to discuss the individual case.

### 6.6 When Required (PRN) Medication

When required, a protocol must be completed in full ([Appendix 9 - Protocol for the Administration of when Required (PRN) Medication](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225152450.docx) ).

Patient information leaflet’s must be sought from the pharmacist to assist in competition of the protocol.

Only the initials for the administration should be recorded on the MAR/MSR chart.

A PRN recording form ([Appendix 9a - When Required (PRN) Administration Recording Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515428.docx)) must be used to record all other details, including the dose, date, and time.

The PRN Protocol must be completed to include:

* The details about what the medication is used for.
* The symptoms to look out for and when to offer the medicine.
* Triggers and diversion techniques where applicable.
* Whether the person can ask for the medicine or if they need prompting or observing for signs of need. For example, non-verbal clues (A pain assessment tool may be used).
* When to review the medicine and how long the person should be expected to take it.
* Where more than one option is available, the protocol must make it clear the order to try them. For example, when using multiple painkillers which to try first.
* The reasons for giving the required medicine.
* How much to give if prescribed as a variable dose.
* What the medicine is expected to do.
* The shortest time to wait between doses if the first dose has not worked.
* When to check with the prescriber if there is any confusion about which medicines or doses to give.
* Recording when required medicines in the service user’s communication record.

PRN medication and protocols must be reviewed every 3 months and monitored regularly to ensure that there are no changes to the service user’s condition/health needs and to monitor use, need and outcome of the medication.

If PRN medicines/creams are required and are being administered daily, the Supervisor Senior will request a review/change of direction from the prescribing health professional.

# Section 7:

## Non-Compliance

Any concerns regarding medication prescribed to a service user must be discussed with the service user and the prescribing health professional.

It is the right of the service user to refuse to take their medication, in the first instance, staff will need to discuss with the service user and establish a reason. If it is essential medication advice must be sought from a Health Professional.

Details of the discussion must be recorded in the communication record and reported to the Supervisor or Senior.

Non-compliance must be recorded on the MAR/MSR/MSRC chart and detailed on the reverse.

If required / requested the Supervisor or Senior will contact the GP and pharmacist to establish any adverse effects, if any, from a missed dose of medication and to discuss with the GP the details and reason for the non-compliance.

Any resulting actions must be recorded in the communication record.

Any medication that has been refused must remain in the original packaging, unless there is a risk that the medication may be administered incorrectly.

If a risk has been identified, the medication must be removed from the packaging and disposed of following the disposal procedure (Section 13)

If there are concerns that a service user may be mismanaging/misusing or abusing their medication, the Supervisor or Senior will contact adult social care to arrange a best interest meeting.

# Section 8:

## Covert Administration of Medication

In exceptional circumstances covert administration may need to be considered to prevent a service user missing out on essential treatment,

Covert administration is the practice of hiding medication in food or beverages.

Covert administration can only occur where the service user has been assessed under the Mental Capacity Act 2005 as lacking capacity and there has been an assessment of needs by a multi-disciplinary team, including: the service users health professional, adult social care, and Supervisor Senior, and the service user’s representative.

If a service user regularly refuses medication, the Supervisor or Senior must contact adult social care to arrange a best interest meeting to discuss.

[Appendix 10 - Covert Administration Record of Decision](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515535.docx) to administer medicines covertly form, must be completed to record the decision to administer medication covertly, and the names of those involved in the decision making.

[Appendix 10 - Covert Administration Record of Decision](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515535.docx) must be held on the service user file.

The health professional will need to review the medication to ensure the stability of the medicines and the best methods to be used. The advice from the Health Professional must be given in writing and kept with the service users records.

Some medications may be compromised or ineffective if taken together or mixed in certain foods/drinks. The Supervisor or Senior must ensure that advice is sought from the pharmacist to establish a safe medication administration regime.

Covert administration is medicine specific; it must be clear on the MAR/MSR chart and the support plan which medicines can be given covertly, how to administer and the method (which food and drinks).

The decision to administer covertly must be reviewed at least every 1 month or earlier if there are concerns or changes to the service user’s needs.

A review is particularly important if the health professional has set a timescale, or the service user has fluctuating capacity.

The Supervisor or Senior will record all reviews in the service user’s communication record, support plan and [Appendix 10 - Covert Administration Record of Decision](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515535.docx) and arrange a further best interest if required.

# Section 9:

## Controlled Drugs

Controlled drugs should be administered in the same way as other medicines, in accordance with section 6 of this policy.

One member of staff can administer controlled drugs. Two staff are not required.

At each administration staff must record that the medication has been taken by initialling the MAR/MSR chart, and documenting the amount administered and the remaining balance on [Appendix 11 - Controlled Drugs Stock Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515736.docx).

In a service users’ home, controlled drugs do not have to be stored differently from any other medication.

If concerns are raised of misuse/abuse or a risk has been identified the Supervisor or Senior will complete a risk assessment following the procedure in section 12.

# Section 10:

## Anti-Coagulants (Warfarin)

When a service user is prescribed Warfarin, they will have regular blood monitoring to determine the dose of Warfarin needed.

Arrangement must be made with the GP practice on how we will be informed about change of dose following blood test and recorded in the Care Plan.

The service user will receive a yellow book or INR information sheet which gives the dose of medication and the date of the next scheduled blood test.

The service users will receive an alert card which they should always carry with them, this will inform medical and dental professionals that the service user takes Warfarin.

The Supervisor or Senior will ensure that:

* The yellow book or the most recent INR information sheet is held with the current MAR/MSR chart.
* A supply/prescription of Warfarin in different strengths is requested and available.
* Service user and staff are aware of the location of the alert card.
* Inform relevant health professional that the service user takes Warfarin, prior to any procedures.
* Written confirmation is received before any dosage changes are made to the MAR/MSR chart.
* When a change of dose occurs, the current directions on the MAR/MSR chart are discontinued and added to the current chart.

Warfarin should be administered in the same way as other medicines, in accordance with the directions from the Anti-Coagulant clinic and section 6 of this policy.

# Section 11:

## Non-Prescription Medication (Homely Remedies)

Service users may wish to purchase over the counter medication, for example, cold remedies or skin creams.

If assistance is needed or a request is made to assist, it must be documented in the communication record and reported to the Supervisor or Senior.

Non-prescription can only be administered with the consent of the service user and with the agreement from the service user’s health professional.

The Supervisor or Senior will complete the non-prescription consent form, ([Appendix 12 - Non-Prescription Medication GP Consent Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515832.docx) ) and forward to the health professional for approval.

Once approved [Appendix 12 - Non-Prescription Medication GP Consent Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515832.docx) must be held with the MAR/MSR chart or creams MAR chart.

The Supervisor or Senior will record any actions taken and arrangements in the communication record and support plan.

[Appendix 12 - Non-Prescription Medication GP Consent Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515832.docx)  must be reviewed annually or when there are changes to the service user’s medication.

Any concerns of misuse/abuse of medication must be reported to the Supervisor or Senior immediately and recorded in the communication record.

# Section 12:

## Storage

The responsibility for storing medication usually stays with the service user or their representative.

Support with storage, assistance needed, and any associated risks will be identified by the assessing Supervisor or Senior.

The Supervisor or Senior will record any assistance needed and any storage requirements in the support plan and complete any necessary risk assessments.

Medication must be stored in accordance with the instructions on the dispensing label and manufacturing instructions. Consideration must be given to medicines with special storage conditions, for example, those that require refrigeration.

Medicines must be kept away from heat, light, and damp sources, and be stored out of the reach of children and pets.

The Supervisor or Senior will advise the service user to store their medication in a safe place, ideally in a box, drawer, or cupboard.

If a risk assessment has identified or concerns are raised that medicines may be misused/abused the Supervisor or Senior will make arrangements for a lockable storage unit, with access restricted to medication administrators, and/or will arrange a best interest meeting, as appropriate.

If medication is being stored in a way that may compromise its effectiveness, staff must record their concerns in the communication record and report to the Supervisor or Senior.

The Supervisor or Senior will seek advice from the pharmacist regarding the integrity of the medication, action any advice as appropriate, and record in the service user’s communication record.

The Supervisor or Senior will arrange a review with the service user to discuss safer options for medication storage.

# Section 13:

## Disposal of Unwanted Medicines

### 13.1 Documentation

If identified that assistance is required to dispose of unwanted medicines to the pharmacist, the Supervisor or Senior will detail the arrangements in the support plan and complete a risk assessment.

Staff must record the quantity, and sign and date the relevant medication profile box on the MAR/MSR/MSRC chart.

A Medicine Disposal Form ([Appendix 13 - Medication Disposal Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515934.docx)) must be in place to record any medications for disposal.

The disposal form must be signed by the service user, as a record of consent.

The disposal form must be signed by the pharmacist on receipt of the medication and be retained on the service users file with the relevant MAR/MSR/MSRC charts.

### 13.2 Medication

Tablet/capsule form medication for return must be placed in an envelope, sealed, and labelled.

Liquid medication must not be disposed of using internal drainage, i.e., flushed down the toilet/sink.

If a liquid medication has been prepared for administration and not given, staff must seek advice from the pharmacist for its safe disposal.

Transdermal patch medicines must be disposed of following the patient information leaflet or Pharmacy advice.

In the event a service user dies, the Supervisor or Senior will advise the service users’ representative that any medication will need to be retained for a period of 7 days.

The health professional responsible for administering any medication by injection will be responsible for providing and managing sharps disposal.

# Section 14:

## Misadministration and Non-Compliance with Policy and Procedure

Any member of staff who has observed or carried out errors in relation to the administration of medication or creams, or the non-compliance of policy and procedure must report to the supervisor or manager immediately.

Medication errors include missed doses, wrong dose or directions, medication given to the wrong person, or at the wrong time, medication signed for but not given, missed signatures, stock discrepancy and breach of policy.

This is not an exhaustive list; any concerns must be reported to the Supervisor or manager.

Failure to report an error may result in a fact-finding exercise and/or a management interview.

Any deliberate falsification of records could result in the consideration of disciplinary action.

The medication administrator must seek immediate medical assistance from the emergency services if following a medication error, a service user appears unwell.

The person who identifies or makes a medication error will:

* Contact the GP or out of hours service immediately to ascertain any adverse effects to the service user, and action any advice as appropriate.
* Gather all relevant documentation, such as MAR/MSR chart and corresponding documents. Write a detailed account of the incident and the subsequent actions.
* Carry out an immediate check of the medication involved in the error.
* Inform the on-call Supervisor up to 22.00 and inform your supervisor via email.
* Where medical intervention is required the On-call Westmorland and Furness Care Service Senior Manager should be informed.
* Notify the service user of the error and if the service user lacks capacity their representative should be informed.

The supervisor will:

* If the error has resulted in the need for medical intervention or an incident that has been reported to or investigated by the police, a Safeguarding alert must be raised and a CQC notification completed.
* Complete a medication error report ([Appendix 14 - Medication Error Report to Service Managers](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225151025.docx) ) and forward to the Manager.
* Contact the service user to complete a wellbeing check (Where appropriate)
* Book a one-to-one supervision session with the staff member responsible for the error.

Once the error report is completed and approved, a copy part A must be held on the service users file, and a copy of part A and B held on the staff

# List of Appendices:

[Appendix 1a - Medication Policy Competent Person Record / Signature List](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225114850.docx)

[Appendix 1b - Health Care Tasks Competent Person Record / Signature List](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522511500.docx)

[Appendix 2 - Annual Competency and Health Care Tasks Assessment](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225115113.docx)

[Appendix 3 - Health Professional Competency Sign Off Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522511523.docx)

[Appendix 4 - Medication Assessment Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522511534.docx)

[Appendix 5 - Medication Administration Signature Record Sheet](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225144944.docx)

[Appendix 5a - Medication Administration Record / Medication Signature Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145334.docx)

[Appendix 5b - Medication Administration Record for Creams](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145056.docx)

[Appendix 6 - Prescription Request Log](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145451.docx)

[Appendix 7 - Prescribed Cream Directions](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225145827.docx)

[Appendix 8 - Transdermal Patch Application Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515226.docx)

[Appendix 8a - Transdermal Patch Visual Check Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515318.docx)

[Appendix 9 - Protocol for the Administration of when Required (PRN) Medication](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225152450.docx)

[Appendix 9a - When Required (PRN) Administration Recording Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515428.docx)

[Appendix 10 - Covert Administration Record of Decision](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515535.docx)

[Appendix 11 - Controlled Drugs Stock Record](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515736.docx)

[Appendix 12 - Non-Prescription Medication GP Consent Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515832.docx)

[Appendix 13 - Medication Disposal Form](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/4522515934.docx)

[Appendix 14 - Medication Error Report to Service Managers](https://cumbria.gov.uk/elibrary/Content/Internet/327/38541/38630/45225151025.docx)