



# Medicine Administration Policy for SSA Star Care

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## MEDICINE MANAGEMENT

We often have the additional responsibilities for medicines support, this is our medicines policy based on current legislation and best available evidence.

The content of this policy includes processes for:

- assessing a service user's medicines support needs
- supporting service users to take their medicines, including 'when required', time-sensitive and over-the-counter medicines
- joint working with other health and social care providers
- sharing information about a service user's medicines
- ensuring that records are accurate and up to date
- managing concerns about medicines, including medicines-related safeguarding incidents
- giving medicines to service users without their knowledge (covert administration)
- ordering and supplying medicines
- transporting, storing and disposing of medicines
- medicines-related staff training and assessment of competency.

### **Assessing and reviewing a service user's medicines support needs**

Many service users want to actively participate in their own care. Enabling and supporting service users to manage their medicines is an essential part of this, with help from family members or carers if needed. As part of our person-centred care service we encourage this participation.

The term 'medicines support' is defined as any support that enables a service user to manage their medicines. This varies for different service users depending on their specific needs.

We will:

- Assess a service user's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment.
- Not take responsibility for managing a service user's medicines unless the overall assessment indicates the need to do so, and this has been agreed as part of local governance arrangements.
- Ensure that staff assessing a service user's medicines support needs have the necessary knowledge, skills and experience.
- Engage with the service user (and their family members or carers if this has been agreed with the service user) when assessing a service user's medicines support needs. Focus on how the service user can be supported to manage their own medicines, taking into account:
  - the service user's needs and preferences, including their social, cultural, emotional, religious and spiritual needs
  - the service user's expectations for confidentiality and advance care planning
  - the service user's understanding of why they are taking their medicines
  - what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams

- how they currently manage their medicines, for example, how they order, store and take their medicines
  - whether they have any problems taking their medicines, particularly if they are taking multiple medicines
  - whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition
  - who to contact about their medicines (ideally the service user themselves, if they choose to and are able to, or a family member, carer or care coordinator)
  - the time and resources likely to be needed.
- Record the discussions and decisions about the service user's medicines support needs. If the service user needs medicines support includes the following information in the provider's care plan:
    - the service user's needs and preferences
    - the service user's expectations for confidentiality and advance care planning
    - how consent for decisions about medicines will be sought
    - details of who to contact about their medicines (the service user or a named contact)
    - what support is needed for each medicine
    - how the medicines support will be given
    - who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved
    - when the medicines support will be reviewed, for example, after 6 weeks.
  - Review a service user's medicines support to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the provider's care plan or sooner if there are changes in the service user's circumstances, such as:
    - changes to their medicine's regimen
    - a concern is raised
    - a hospital admission
    - a life event, such as a bereavement.

### **Joint working between health and social care**

Joint working enables service users to receive integrated, person-centred support. Health professionals working in primary and secondary care have an important role in advising and supporting our care workers and other social care practitioners.

Local Authority or other contractors will notify us and we will notify a service user's general practice and supplying pharmacy when starting to provide medicines support.

We will;

- Record details of the service user's medicines support and who to contact about their medicines in their Care Plan and their MAR Chart as necessary.
- Seek advice about medicines from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed.

- Seek support from Health professionals about a service user's medicines and check if any changes or extra support may be helpful, for example, by checking if:
  - the service user's medicines regimen can be simplified
  - information about time-sensitive medicines has been shared
  - any medicines can be stopped
  - the formulation of a medicine can be changed
  - support can be provided for problems with medicines adherence
  - a review of the service user's medicines may be needed.

When specific skills are needed to give a medicine (for example, using a percutaneous endoscopic gastrostomy [PEG] tube), we will only delegate the task of giving the medicine to a care worker when:

- there is local agreement between health and social care that this support will be provided by a care worker
- the service user (or their family member or carer if they have lasting power of attorney) has given their consent
- the responsibilities of each service user are agreed and recorded
- the care worker is trained and assessed as competent (see also the section on training and competency).

We will continue to monitor and evaluate the safety and effectiveness of a service user's medicines when medicines support is provided by a care worker.

### **Sharing information about a service user's medicines**

It is important that information about medicines is shared with the service user and their family members or carers, and between health and social care practitioners, to support high-quality care.

When a service user is transferred to another setting, e.g. Residential, we will share information with the new setting taking into account the service users' expectations and confidentiality. This will include communication with:

- the service user and their family members or carers
- care workers and other social care practitioners
- health professionals, for example, the service user's GP or supplying pharmacist
- other agencies, for example, when care is shared or the service user moves between care settings.

If a service user has cognitive decline or fluctuating mental capacity, we will ensure that the service user and their family members or carers are actively involved in discussions and decision-making. Record the service user's views and preferences to help make decisions in the service user's best interest if they lack capacity to make decisions in the future.

We have robust procedures to ensure that when prescribers make changes to the service users medication we will:

- record details of the requested change (including who requested the change, the date and time of the request, and who received the request)
- read back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling the name of the medicine)
- ask the prescriber requesting the change to repeat the request to someone else (for example, to the service user and/or a family member or carer) whenever possible.

### **Ensuring that records are accurate and up to date**

We will ensure that are records are:

- accurate and kept up to date
- accessible, in line with the service user's expectations for confidentiality.

Care workers will record the medicines support given to a service user for each individual medicine on every occasion, in line with Regulation 17 of [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). This includes details of all support for prescribed and over-the-counter medicines, such as:

- reminding a service user to take their medicine
- giving the service user their medicine
- recording whether the service user has taken or declined their medicine

Care workers will use a medicines administration record to record any medicines support that they give to a service user. MAR Chart.

We will ensure, through regular audits that MAR Charts are kept up to date and our Medicine Champion will continually monitor both the recording and the competencies of the care workers administering medication.

MAR Charts include:

When we have responsibilities for medicines support, we have robust processes to ensure that medicines administration records are accurate and up to date. For example, changes should only be made and checked by staff who are trained and assessed as competent to do so.

- the service user's name, date of birth and / or any other available service user-specific identifiers, such as the service user's ID number
- the name, formulation and strength of the medicine(s)
- how often or the time the medicine should be taken
- how the medicine is taken or used (route of administration)
- the name of the service user's GP practice
- any stop or review date
- any additional information, such as specific instructions for giving a medicine and any known drug allergies.

If and when we have to share responsibility with others e.g. family when service user is on holiday with them, we will make sure they continue to record the medicine administration.

## Managing concerns about medicines

Medicines use can be complex, particularly when service users have several long-term conditions and are taking multiple medicines. Enabling service users to raise any concerns about their medicines and managing medicines-related problems effectively when they happen are important to minimise harm and guide future care.

We have robust processes for medicines-related safeguarding incidents, in line with Regulation 13 of [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#).

We have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes support a person-centred, 'fair blame' culture that actively encourages service users and/or their family members or carers and care workers to report their concerns.

We will review our medicines-related problems over a period of time to identify and address any trends that may have led to incidents. We will share this learning with:

- Staff working in the organisation
- service users receiving medicines support, their family members and carers
- people working in related services, for example, GPs, supplying pharmacies and community health providers.

Care workers are encouraged and supported to raise any concerns about a service user's medicines. These concerns may include:

- the service user 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)
- the service user stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- the service user's mental capacity to make decisions about their medicines
- changes to the service user's physical or mental health.

Care workers, after seeking advice from their seniors, will advise service users and/or their family members or carers to seek advice from a health professional (for example, the prescriber or a pharmacist) if they have clinical questions about medicines.

We actively encourage and support service users and/or their family members or carers to raise any concerns about their medicines. We explain how to seek help or make a complaint, including who to complain to and the role of advocacy services (if needed), and record this information in the service user's care plan.

We will ensure that service users and/or their family members or carers, and care workers know how to report adverse effects of medicines, including using the Medicines and Healthcare products Regulatory Agency's yellow card scheme.

## Supporting service users to take their medicines

Supporting service users to take their medicines may involve helping service users to take their medicines themselves (self-administration) or giving service users their medicines (administration).

We have robust processes for care workers who are supporting service users to take their medicines, including:

- the 6 rights (R's) of administration:
  - right service user
  - right medicine
  - right route
  - right dose
  - right time
  - service user's right to decline
- what to do if the service user is having a meal or sleeping
- what to do if the service user is going to be away for a short time, for example, visiting family
- how to give specific formulations of medicines, for example, patches, creams, inhalers, eye drops and liquids
- using the correct equipment, for example, oral syringes for small doses of liquid medicines
- giving time-sensitive or 'when required' medicines
- what to do if the service user has declining or fluctuating mental capacity.

Care workers will only provide the medicines support that has been agreed and documented in the service user's care plan.

Prescribers, supplying pharmacists and dispensing doctors should provide clear written directions on the prescription and dispensing label on how each prescribed medicine should be taken or given, including:

- for time-sensitive medicines:
  - what the medicine is for
  - what dose should be taken
  - what time the dose should be taken, as agreed with the service user
- for 'when required' medicines:
  - what the medicine is for
  - what dose should be taken (avoiding variable doses unless the service user or their family member or carer can direct the care worker)
  - the minimum time between doses
  - the maximum number of doses to be given (for example, in a 24-hour period).

We will record any additional information to help manage time-sensitive and 'when required' medicines in the provider's care plan.

Care workers will only give a medicine to a service user if:



- there is authorisation and clear instructions to give the medicine, for example, on the dispensing label of a prescribed medicine **and**
- the 6 R's of administration have been met **and**
- they have been trained and assessed as competent to give the medicine

Before supporting a service user to take a dose of their medicine, care workers will ask the service user if they have already taken the dose and check the written records to ensure that the dose has not already been given.

Care workers will ask the service user if they are ready to take their medicine, before removing it from its packaging, unless this has been agreed and it is recorded in the provider's care plan.

Care workers will give medicines directly from the container they are supplied in. They should not leave doses out for a service user to take later unless this has been agreed with the service user after a risk assessment and it is recorded in the provider's care plan.

When a service user declines to take a medicine, care workers consider waiting a short while before offering it again. They ask about other factors that may cause the service user to decline their medicine, such as being in pain or discomfort

Supplying pharmacists and dispensing doctors must supply a patient information leaflet for each medicine supplied, in line with The Human Medicines Regulations 2012. This includes medicines supplied in monitored dosage systems.

We will ensure that an up-to-date patient information leaflet for each prescribed medicine is kept in the service user's home. This includes medicines supplied in monitored dosage systems.

We will ensure that care workers are able to prioritise their visits for service users who need support with time-sensitive medicines.

### **Giving medicines to service users without their knowledge (covert administration)**

Covert administration of medicines is when medicines are given in a disguised form without the knowledge or consent of the service user receiving them.

We will ensure that covert administration of medicines only takes place in accordance with the requirements of the [Mental Capacity Act 2005](#) and good practice frameworks ([Mental Capacity Act 2005: Code of Practice](#)) to protect both the service user and care workers.

Care workers will not give, or make the decision to give, medicines by covert administration, unless there is clear authorisation and instructions to do this in the service user's care plan, in line with the Mental Capacity Act 2005.

We will ensure that the process for covert administration clearly defines who should be involved in, and responsible for, decision-making, including:



- assessing a service user's mental capacity to make a specific decision about their medicines
- seeking advice from the prescriber about other options, for example, whether the medicine could be stopped
- holding a best interest meeting to agree whether giving medicines covertly is in the service user's best interests
- recording any decisions and who was involved in decision-making
- agreeing where records of the decision are kept and who has access
- planning how medicines will be given covertly, for example, by seeking advice from a pharmacist
- providing authorisation and clear instructions for care workers in the provider's care plan
- ensuring care workers are trained and assessed as competent to give the medicine covertly
- when the decision to give medicines covertly will be reviewed.

### **Ordering and supplying medicines**

Responsibility for ordering medicines usually stays with the service user and/or their family members or carers. However, if it has been agreed that we are responsible, effective medicines management systems are in place.

We will agree with the service user and/or their family members or carers who will be responsible for ordering medicines, and record this information in the care plan.

When we are responsible for ordering a service user's medicines we will ensure that the correct amounts of the medicines are available when required, in line with Regulation 12 of [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#).

When we are responsible for ordering a service user's medicines we will not delegate this task to the supplying pharmacist (or another provider), unless this has been requested and agreed with the service user and/or their family members or carers.

When we are responsible for ordering a service user's medicines we will ensure that care workers:

- have enough time allocated for checking which medicines are needed, ordering medicines and checking that the correct medicines have been supplied
- are trained and assessed as competent to do so

When ordering a service user's medicines, care workers will:

- record when medicines have been ordered, including the name, strength and quantity of the medicine
- record when medicines have been supplied
- check for any discrepancies between the medicines ordered and those supplied.

We will ensure that care workers know what action to take if a discrepancy is noted between the medicines ordered and those supplied.

We will check that supplying pharmacists and dispensing doctors should supply medicines in their original packaging. We will ensure that they make reasonable adjustments to the supplied packaging to help the service user manage their medicines (for example, childproof tops), in line with the [Equality Act 2010](#).

We will consider using a monitored dosage system only when an assessment by a health professional (for example, a pharmacist) has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence. Take account of the service user's needs and preferences and involve the service user and/or their family members or carers in decision-making.

Supplying pharmacists and dispensing doctors should provide a description of the appearance of each individual medicine supplied in a monitored dosage system.

Supplying pharmacists and dispensing doctors should consider supplying printed medicines administration records for a service user receiving medicines support from us.

When we have responsibilities for medicines support, we will have robust processes for managing over-the-counter medicines that are requested by a service user, including:

- seeking advice from a pharmacist or another health professional
- ensuring that the service user understands and accepts any risk associated with taking the medicine
- what information needs to be recorded, for example, the name, strength and quantity of the medicine.

### **Transporting, storing and disposing of medicines**

Responsibility for transporting, storing and disposing of medicines usually stays with the service user and/or their family members or carers. However, if it has been agreed that we are responsible, effective medicines management systems are in place.

We will:

- Agree with the service user and/or their family members or carers who will be responsible for transporting medicines to or from the service user's home.
- We will carry out a risk assessment of transport arrangements.
- Agree with the service user how their medicines should be stored and disposed of. Encourage the service user to take responsibility for this, if they agree and are able to, with support from family members, carers or care workers (if needed). Record this information in the care plan.
- When a service user is assessed to be at risk because of unsecured access to their medicines, we will agree with the service user and/or their family members or carers whether secure home storage is needed, for example, in a lockable cupboard.

When we are responsible for storing a service user's medicines, we have robust processes to ensure there is safe access to medicines, particularly for controlled drugs.

These will include:

- identifying who should have authorised access to the medicines
- seeking advice from a health professional about how to store medicines safely, if needed
- ensuring there is a safe storage place or cupboard for storing medicines, including those supplied in monitored dosage systems
- assessing the need for secure storage, for example, in a lockable cupboard
- identifying the need for fridge storage
- reviewing storage needs, for example, if the service user has declining or fluctuating mental capacity.

When we are responsible for disposing of any unwanted, damaged, out-of-date or part-used medicines, we have robust processes, in line with [The Controlled Waste \(England and Wales\) Regulations 2012](#). These include:

- obtaining agreement from the service user (or their family member or carer)
- how the medicines will be disposed of, usually by returning them to a pharmacy for disposal
- any special considerations, for example, for disposal of controlled drugs, needles and syringes
- what information needs to be recorded, for example, the name and quantity of medicine, the name of the service user returning the medicine, the date returned and the name of the pharmacy.

### **Training and competency**

Appropriate training, support and competency assessment for managing medicines is essential to ensure the safety, quality and consistency of care.

When we are responsible for medicines support, we have robust processes for medicines-related training and competency assessment for care workers, to ensure that they:

- receive appropriate training and support
- have the necessary knowledge and skills
- are assessed as competent to give the medicines support being asked of them, including assessment through direct observation
- have six monthly review of their knowledge, skills and competencies.

## Starting from the beginning

### **Assessing medicines support needs**

Although part of the local authority assessment will be to assess and inform us of service users' medicine administration needs, we will carry out our own assessment of those needs as part of their service user-centred care assessment procedure.

We will, fully, engage with the service user and their family members or carers if this has been agreed with the service user, when assessing their medicines support needs.

Our focus will be on supporting them to manage their own medication, in line with our policy to encourage independence.

We will take into account:

- the service user's needs and preferences, including their social, cultural, emotional, religious and spiritual needs
- the service user's expectations for confidentiality and advance care planning
- the service user's understanding of why they are taking their medicines
- what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams
- how they currently manage their medicines, for example, how they order, store and take their medicines
- whether they have any problems taking their medicines, particularly if they are taking multiple medicines
- whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition
- whether they are allergic to any medicines
- who to contact about their medicines (ideally the service user themselves, if they choose to and are able to, or a family member, carer or care coordinator)
- the time and resources likely to be needed.

### **We will record**

- the service user's needs and preferences
- the service user's expectations for confidentiality and advance care planning
- how consent for decisions about medicines will be sought
- details of who to contact about their medicines (the service user or a named contact)
- what support is needed for each medicine
- how the medicines support will be given
- who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved

- when the medicines support will be reviewed, for example, after 4 weeks and every 4 weeks.

## Confidentiality and Communication

With the consent of the service user we will record a service user's general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines.

We will have robust processes for communicating and sharing information about a service user's medicines, that takes account of the service user's expectations for confidentiality.

This includes communication with:

- the service user and their family members or carers
- care workers and other social care practitioners
- health professionals, for example, the service user's GP, supplying pharmacist or DN
- other agencies, for example, when care is shared or the service user moves between care settings.

We will communicate with and encourage communication with prescribers, for example:

- When stopping and starting medicines
- When medicines have been refused
- When supplies are running short
- When there are side effects
- When any changes have occurred e.g. weight of the service user

When any changes are necessary to the prescribed medication we will not delay but accept verbal information from prescribers expecting written communication to follow, including:

- recording details of the requested change (including who requested the change, the date and time of the request and who received the request)
- reading back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling the name of the medicine)
- asking the prescriber requesting the change to repeat the request to someone else (for example, to the service user and/or a family member or carer) whenever possible.

We will encourage the Prescribers, supplying pharmacists and dispensing doctors to provide clear written directions on the prescription and dispensing label on how each prescribed medicine should be taken or given, including:

- for time-sensitive medicines:
  - what the medicine is for – what dose should be taken – what time the dose should be taken, as agreed with the service user
- for 'when-required' medicines:
  - what the medicine is for – what dose should be taken (avoiding variable doses unless the service user or their family member or carer

can direct the care worker) – the minimum time between doses – the maximum number of doses to be given (for example, in a 24-hour period).

We will record any additional information to help manage time-sensitive and 'when required' medicines in the provider's care plan.

## Care Workers

Care workers will be trained to raise any concerns about a service user's medicines.

These concerns may include:

- the service user 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)
- the service user stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- the service user's mental capacity to make decisions about their medicines
- changes to the service user's physical or mental health.

We will encourage and support service users and/or their family members or carers to raise any concerns about their medicines. We will explain how to seek help or make a complaint, including who to complain to and the role of advocacy services (if needed) and record this information in the service user's care plan.

We will ensure that service users and/or their family members or carers, and care workers know how to report adverse effects of medicines, including using the Medicines and Healthcare products Regulatory Agency's yellow card scheme.

## Mental capacity

If a service user has cognitive decline or fluctuating mental capacity, we will ensure that the service user and their family members or carers are actively involved in discussions and decision making. Record the service user's views and preferences to help make decisions in the service user's best interest if they lack capacity to make decisions in the future.

We will, given reason, assess the ability of a service user to make a decision about their own care, including:

- decisions that affect daily life (for example, when to get up, what to wear or whether to go to the doctor when feeling ill, and more serious or significant decisions)



- decisions that may have legal consequences, for them or others (for example, agreeing to have medical treatment, buying goods or making a will).

The Mental Capacity Act 2005 defines a lack of mental capacity as when 'a service user lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain'.

If we feel that a service user is beginning to lack the capacity to make decisions we will carry out our own assessment and best interest findings before informing family / carers or social services to carry out a formal mental capacity assessment and formalise an LPA.

We will continue having formal Medication Administration Policies and Procedures as stated below and ensure they are implemented by our Medicine Champion and all staff involved in offering medicine management support to our service users.



# Medication Administration

## Policy Statement

Most people receiving care in their own homes are prescribed some form of medication at some time as part of their treatment by their doctor or nurse. Many service users are able to administer their medication safely themselves and require no help.

However, others will require assistance, ranging from simple reminders and help with packaging through to actual administration of medication.

In some cases this might include the administration of “controlled” drugs, which requires care workers to know how they are being safely stored and administered in the home setting.

Our care service recognises that the correct and effective administration of medication is essential for the safety and wellbeing of our service users. Service users must therefore receive the help identified in their plan of care for the administration of medication only by trained and competent staff.

This policy should be read and used with a number of related policies and procedures that address specific matters involved in the management of medication, NICE (National Institute for Health and Care Excellence) has produced new guidelines for making policies in all areas of medicine administration and our compliance team has reviewed those recommendations before embracing this as our main Medication Administration Policy and Procedures. Related issues are:

- a. Drug Errors
- b. Medication to be “Taken as Required” PRN
- c. Non-Compliance with Medication
- d. Use of Oxygen
- e. Covert administration of medicines
- f. Homely remedies
- g. Over the counter – non-prescribed medication
- h. Time sensitive medication
- i. Medicine through peg tubes
- j. Medicines requiring refrigeration
- k. Medicines for Seizures
- l. Anti-coagulant medicines and their risks
- m. High risks medicines, Insulin, Lithium, Controlled Drugs Use and Storage.

In some circumstances medication errors may also present a safeguarding issue or risk in which case we will be referring to our own and Multi Agency Safeguarding Policy and Procedures to deal with such matters.

## Medication Management

Our care service recognises that the safe administration of medication is a vitally important area for service users and providers. Our care service recognises that many service users are prescribed some form of medication, and many have multiple medication needs. While the majority of service users can, with the appropriate support, manage their medication effectively themselves, some may require their medication to be managed for them.

The policy applies to the administration of medication by competent care staff according to their respective roles and responsibilities as delegated by the medicine champion and / or our Registered Manager.

## CQC Fundamental Standards Compliance

From April 2015 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 will replace the Essential Standards with new Fundamental Standards.

With regard to the management of medication, our staff understand that the Regulation 12, Safe Care and Treatment, includes a requirement for the “proper and safe” management of medicines and for sufficient medicines to be made available to meet service users’ needs and ensure their safety.

Guidance accompanying the regulations states that, where a SSA Star Care supports the management of medication:

- the provider must provide care and treatment, including medication management, in a safe way
- care and treatment assessments, planning and delivery (including those related to medication and when service users start to use the service, are admitted, discharged/transferred or move between services):
  - should be based on risk assessments that balance service users’ needs and safety with their rights and preferences
  - should include arrangements to respond appropriately and in a timely manner to service users’ changing needs
  - where appropriate, should be carried out in accordance with the Mental Capacity Act 2005
- medication reviews should be part of, and align with, service users’ care and treatment assessments, plans or pathways and are completed and reviewed regularly in relation to changes in medication
- arrangements should be in place to ensure the provider can take appropriate action in the event of a clinical/medical emergency
- the administration of medications should be timely to ensure that service users are not placed at risk
- any arrangements for giving medicines covertly, where this is thought to be in the service users’ best interests, should be in accordance with the Mental Capacity Act 2005
- staff responsible for medicines management and administration should be suitably trained and competent. They should work only within the scope of their qualifications, competence, skills and experience particularly when administering medication.



## Other Legislation and Guidance

With respect to the prescribing, supply, storage and administration of medicines, we are mindful of the need to be compliant with all other relevant legislation and guidance including:

- Medicines Act 1968
- Misuse of Drugs Act 1971
- Misuse of Drugs (Safe Custody) Regulations 1973
- Nursing and Midwifery Council (NMC) Guidelines for the Administration of Medicines
- Guidance issued by the Royal Pharmaceutical Society of Great Britain (2007)
- Guidance issued by the National Institute for Health and Care Excellence (November 2017)

## Medication Management Procedures

When providing care to adults the following procedure should be adhered to.

1. Our Care Service works on the principle that every service user has the right to manage and administer their own medication if they wish to and provides support and aids to enable safe self-administration wherever possible. Our care service believes that encouraging self-medication promotes the independence and autonomy of service users and will enhance their dignity and privacy. However, some service users may not wish to manage their own medication and others may be unable to even if they wish.
2. The choices made by service users — e.g. to administer and manage their own medication — are always respected by staff and recorded in the plan of care.
3. No assumption is made that a service user cannot self-administer their medication purely on the basis of their condition or mental capacity.
4. Service users who are suspected to be lacking capacity are assessed in line with the “best interest” principles of the Mental Capacity Act 2005. Where a service user can be enabled to self-medicate with additional support, or where they can self-administer parts of their medication, such support is provided.
5. Staff provide appropriate support to any service user who wishes and is able to take all or some of their own medication.
6. Medication is only ever administered/prompted to a service user on the basis of their explicit consent or agreement to take the medication except where “best interests” decisions have been taken as a result of a person’s mental incapacity.
7. All new service users will have their health and social care needs fully assessed and any need for help with the collection or administration of medication identified.
8. Any request for support from staff identified within a care plan is discussed with managers before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently.
9. No staff member should proceed with the administration of medication (tablets, liquids or creams) unless they have the explicit agreement of a manager and this has been entered in the plan of care.
10. Any staff member who is unsure of what to do regarding medication in any given situation should contact their manager immediately. In all cases where help with medication is required the explicit consent of the service user is also required, if it can be given.

## Levels of Support with Medication

There are three different levels of supports service users may need from care workers.

Level 1 = Prompt only

Level 2 = Administration of medication

Level 3 = Administration of medication by specialised techniques

### **Level 1: Prompt Only**

Level 1 identifies that staff will support service users who are responsible for managing their own medication but assistance is needed due to their physical disability or frailty.

General support is given when the service user takes responsibility for their own medication. Where possible and appropriate, medication will have been dispensed in blister packs/dosage systems.

The support provided may include some or all of the following:

- A reminder or prompt from the staff member to the service user to take their prescribed medication.
- Manipulation of a container eg, opening a bottle of liquid medication or popping out tablets out of a blister pack at the request of the service user.
- Staff members can remind service users in keeping medication safe and storage arrangements.
- Staff members can check that the service user continues to be able to read/understand instructions for taking medication and safe storage.
- Provide verbal prompts if noted or detailed within care plan that repeat prescriptions need to be requested/ordered.
  - Staff members to monitor service user's ability to manage their medication concerns to be reported to manager who will subsequently alert the Social Worker/Care Manager.
  - Arranging for the safe disposal of unwanted medication.

Tasks that staff members must not carry out under level one support.

1. Administer medication.
2. Carry out any invasive, clinical or nursing procedure.

## Level 2: Administering Medication

Level 2 identifies that staff will support service users who require assistance to manage and administer their medication due to their physical disability/frailty or who do not have the mental capacity to take full responsibility and direct others to assist them to take their prescribed medication.

There may be occasions when a service user's disability is so complex that the staff member will be required to place tablet(s)/liquid medication directly into the service user's mouth. If any resistance is noted staff members are to report concerns to manager who will subsequently alert the Social Worker/Care Manager.

Where possible and appropriate, medication will be dispensed in blister packs/dosage systems.

Administration of medication may include some or all of the following:

- Staff members being aware of which medicines are prescribed for individual service users at specific times within the day.
- Staff members selecting and preparing medicines from a labelled container including monitored dosage system or compliance for immediate administration.
- Staff members select and measure a dose of liquid medicine for the service user to take.
- Staff members applying medicated cream/ointment, inserting drops to ear, nose or eye, applying patches to skin and administering inhaled medication.
- Recording that a service user has had the prescribed medication or the reason for not administering it.

Tasks staff members must not carry out under level two supports is:

1. Medicine administration through PEG tube
2. Administration of controlled drugs
3. Rectal administration eg, diazepam (for epileptic seizures)
4. Insulin by injection

**We are now aware that some local authorities have split the level 2 into Level 2a and Level 2b. The significance and clarity of this split will be reflected in the care plan of service users contracted through those local authorities.**

### **Level 3: Administration of medication by specialised techniques**

In exceptional circumstances and following an assessment by a healthcare professional, staff members may be requested to administer medication by a specialised technique. A healthcare professional must train the staff member and be satisfied they are competent to carry out the task.

Administration of medication by specialised techniques may include some or all of the following:

- Medicine administration through a PEG tube
- Administration of controlled drugs
- Rectal administration eg, diazepam (for epileptic seizures)
- Insulin by injection

Tasks staff members **MUST NOT** carry out under level three support:

1. Administration of injections other than pre-loaded insulin pens
2. Administration of suppositories or pessaries.
3. Re-insertion of gastrostomy tubes; catheter tubes; nasal gastric tubes
4. Pressure sore/ulcer dressings
5. Giving oxygen. (although in cases where service users are able and willing to manage their own Oxygen use we may, with additional training from experts or DNs, be able to offer support.

In all cases where Oxygen is used with or without our support a risk assessment of that use will be carried out. See more on the use of Oxygen below.

All staff should therefore have their ability to administer medication assessed. A senior member of staff must use our Medicine Competency Assessment to assess the ability of each member of staff at least once every six months.

When a member of staff has been signed off as competent to issue medication, this assessment tool should be placed in the supervision file, signed and dated by both staff and assessor.

Once a member of staff has been assessed as competent to issue medication they can then issue it without supervision.



## Monitoring of Medication

Staff should always be aware of the nature of the medication being taken by individual service users and should report any change in condition that might be due to medication or side-effects immediately to their senior who then may inform next of kin or the main carer, or to the GP or community pharmacist.

We will work closely with community pharmacy services and with service users' GPs to ensure that they are provided with adequate support and a seamless and integrated service relating to their medication needs.

## Disposal of Unwanted Medication

Where Our Care Service is responsible, unwanted or surplus medication is returned to the community pharmacist for disposal and a receipt obtained. Controlled drugs are disposed of in line with local procedures, which might involve contacting a licensed waste disposal service. Our Care Service will seek pharmaceutical advice in order to follow the correct procedures.

## Non-Compliance with Medication

Our care service accepts that there are circumstances whereby some service users will fail to comply with their prescribed treatments. This might include self-medicating service users failing to take their medication as directed or non-self-medicating service users refusing their prescribed medication or failing to swallow it and then dispose of it.

In such cases our agency is clear that its staff have no right to force non-compliant service users to take their medication, but that staff do have a duty to refer all such occurrences back to the original prescriber, to the service user's GP and/or to the service user's nurse or carer.

## Training

All new staff receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems.

Staff are trained to the level required by their roles and responsibilities, which is reflected in the certification issued from the training.

Any nursing staff employed by Our Care Service are expected to keep up to date with requirements as specified in the Nursing and Midwifery Council (NMC) Guidelines for the Administration of Medicines.

Additional training is provided by competent trainers to those fulfilling additional roles relating to the administration of medication.

Staff never undertake any duties or roles that they have not been trained to do or for which they do not feel competent.

Training records are kept of all training accessed. These will be periodically reviewed and staff are expected to attend any refresher training required.

## Domestic (Over the Counter) Medicines

With respect to the prescribing, supply, storage and administration of medicines, Our care service adheres fully to the Medicines Act 1968, the Misuse of Drugs Act 1971, the Misuse of Drugs (Safe Custody) Regulations 1973 and the Nursing and Midwifery Council *Guidelines for the Administration of Medicines*.

### Guidelines for the Use of Domestic Medicines in a Care at Home Service

SSA Star Care understands a domestic medicine to refer to a medicine that can be bought over the counter to treat minor symptoms for short periods only (e.g. headache, cough, indigestion).

It recognises that its service users might be taking over the counter medicines as well as prescribed medicines and, in most instances, they will be responsible for their buying, taking and checking with their medical advisers (GP or Community Nurses) on the safe use of such medication.

Where SSA Star Care has a responsibility for any aspect of medication administration it routinely checks if the service user is using over-the-counter medicines and to ask the person if he or she could keep the service informed if and when they are taking in new supplies. The service will then check with the user's GP or a pharmacist that the over-the-counter medication is compatible with the medication that the service is responsible for administering.

Care staff are also expected to check always that it is safe to proceed if a service user requests help with the taking of the domestic medicine irrespective of whether our staff are involved in the administration of any prescribed medicines. This would apply if the request was even only to take a bottle from a cupboard or a tablet from its packaging. They should record all transactions and forms of help in their log in – communication sheets. Our expectation is that staff members are to kindly refuse to help if they thought it unsafe to proceed.

Whenever our care staff are asked to administer or help administer prescribed medication in line with an individual's care plan they are instructed to make basic checks with the service user on whether he or she has recently used or bought anything over the counter. If the answer is yes then they are expected to check that it is safe to proceed with the administration of the medicines for which they are responsible. If they have any concerns they are required to check with their manager or the medicine champion.

Staff should be aware of the possible side-effects of domestic medicines and their possible incompatibility with any other medication the service user might be taking and watch out for such side-effects; whereupon they should seek medical advice immediately.

All checks, observations and concerns about the safe use of over-the-counter medicines are recorded on the person's log in – communication sheet and regularly monitored and reviewed. Any immediate concern must be reported to seniors immediately.

## Drug/Medicines Errors (Identifying, Reporting and Reviewing Medicines-related Problems)

### Principles

1. With respect to the prescribing, supply, storage and administration of medicines, our care service adheres fully to the Medicines Act 1968, the Misuse of Drugs Act 1971, the Misuse of Drugs (Safe Custody) Regulations 1973 and the Nursing and Midwifery Council Guidelines for the Administration of Medicines.
2. In addition to the above, we comply fully with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, “Safe Care and Treatment”, which states that the registered person must, so far as reasonably practicable, ensure that medicines are handled safely, securely and appropriately.
3. Our managers understand that in order to maintain its registration with the Care Quality Commission it must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which require clear procedures to be in place covering arrangements for reporting adverse events, adverse reactions to medication, incidents, errors and potential mistakes (“near-misses”). These should encourage local and, where applicable, national reporting, learning and promoting an open and fair culture of safety.
4. We consider that our administration of medication procedures policies and procedures are sufficiently rigorous so as to prevent mistakes from being made. However, the following procedures will always be followed in the event of a mistake being discovered or a near-miss, or where there is any slip-up in procedures.
5. The medicines error investigatory procedures are used even when a mistake has been discovered early enough to prevent any harm. All mistakes, including near-misses, are recorded and the records made available to CQC inspectors and local commissioners as required.
6. Medication-related incidents that have resulted in harm to a resident will be notified to the CQC under its notification procedures and reported to the local safeguarding adult’s authority for investigation and further action.
7. We are also committed, in line with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Duty of Candour), to communicating to service users and their representatives any significant mistakes we might have made and to engaging them in the process of inquiry and remedial action.
8. Our staff inform service users and their representatives that they should use the complaints procedure if they consider that the service has not acted sufficiently rigorously on the matters that have been raised or they have not been kept adequately informed of or engaged in the issues as they are being addressed.
9. We encourage and support the use of advocacy services for service users who might lack capacity to raise their concerns about their medication and any adverse effects it might be having.

## Procedure

We are aware that medication errors can happen even in the best-run care services. Mistakes include incidents where medication is given to the wrong person, where the wrong medicine is given or where the wrong dose is given. The investigation that follows will always work systematically through the whole process of medication administration in order to find the source of the error and to identify the actions needed to put the matter right and to prevent any future occurrence.

Initial investigations will usually be carried out or arranged by the registered manager, who will draw on expert advice and guidance as required by the errors being investigated, e.g. District Nurse, pharmacist and GP. In some more serious instances or situations where there might be weaknesses in systems, we might seek to appoint an independent person who has the necessary qualifications and experience, e.g. a pharmacist, to carry out the investigation required.

Where safeguarding matters are being investigated we will follow the policies and procedures set out by the local safeguarding adult's authority. We will also take into account any requirements of the Care Quality Commission in response to any notification we have made.

1. All adverse effects of any medication given to or taken by a service user are reported or referred to the prescribing practitioner without delay or are discussed fully with an appropriate healthcare professional such as pharmacist or out-of-hours GP.
2. All medication errors identified by staff are reported to the person in charge or to a responsible medical practitioner without delay.
3. It is important that any medication errors be reported immediately if the health and wellbeing of our service users is to be protected. The rapid reporting of such errors means that prompt medical action can be taken where necessary.
4. All medication errors are fully and carefully investigated taking full account of the context, the circumstances and the position and experience of the staff involved.
5. To encourage staff to report drug errors we maintain an open "no blame" policy where staff will not be blamed for an error unless they have been found clearly negligent in their duties. If such a policy is not followed we believe that there is a danger of concealment with potentially dangerous results.
6. In certain circumstances involving trained nursing staff it might be necessary to refer serious errors to the Nursing & Midwifery Council (NMC), whose Professional Conduct Committee will investigate. The NMC supports the use of local multidisciplinary critical incident panels to investigate incidents and ensure that lessons are learnt from them.
7. In particular the NMC will distinguish between errors that are the result of reckless or incompetent practice or where an attempt has been made to conceal the error, and errors which result from pressure of work and where the error has been immediately reported.
8. The results of any investigation into medicines errors will always be used to inform changes and improvements in our medication administration policies.
9. Incidents resulting in service users being harmed by a medication error are reported to the Care Quality Commission under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
10. Such incidents are also referred to the local safeguarding adult's authority for further investigation and action under its referral procedures.

## Individual Mistakes

Where the mistake or potential mistake involves an individual, our investigation will be based on checking against the 5 Rs of medicines administration for that person. The procedure is similar to that followed for a routine review of an individual's medication needs.

1. Right service user: has or would the service user be given or be taking (in cases of self-administration) the actual medicine prescribed for that person? The answer could entail checking the prescription(s), ordering and dispensing procedures involved, the list of medicines being taken by the person as stated in their care plan (reconciliation list) and the MAR chart.
2. Right medicine: has the right medicine been prescribed? This could involve checking the care plan/reconciliation list with the prescribing practitioner and pharmacist to make sure that all medicines are fit for purpose and are compatible with one another. Any medicines taken as required or over-the-counter medicines used by the person will also be checked for possible adverse effects.
3. Right route: are the medicines in a form that enables the person to obtain maximum benefit from them? E.g. if taken orally, do they have difficulty swallowing tablets? This will involve checking their abilities and preferences against the prescribing practices to assess that the prescribed route is compatible with their abilities to follow the prescribed route.
4. Right dose: has the person been given or taken the correct dosages? This again will involve checking MAR charts against prescriptions, etc.
5. Right time: has the medicine been given or taken at the times prescribed? This again will involve checking MAR charts against prescriptions, etc.

We must also never forget the service users' right to refuse; has the person refused to take the medication as prescribed? A yes answer will mean further assessment of the individual's reasons and their capacity to make their own decisions.

## Self-administration

Where the mistake has been made by or in connection with a service user who is responsible for taking their own medication, the same process as described above will apply. Our will also review the individual's capacity to self-administer, the risks involved and whether these have changed.

## Checking the Medicines Administration System

Whenever a mistake is identified for one or more service users, we will also make wider system checks to ensure that others are taking their medicines safely.

It will therefore make checks on:

- a. the accuracy of service users' medicines requirements (medicines reconciliation lists)
- b. the accuracy of MAR charts in terms of staff recording practices
- c. the prescribing practices used to obtain medicines, including for repeat prescriptions, etc
- d. the practices associated with the dispensing and supplying of the medicines
- e. Our own systems for receiving, storing and administering the medicines



- f. the competence and training of the staff responsible for administering medicines
- g. communications between staff (verbal and written) to identify any mistakes or misunderstandings in their modes of communication
- h. the capabilities of service users who are responsible for their own medication and the procedures by which agreements for self-administration are made
- i. Our methods for routinely monitoring and reviewing its medicines administration

## Implementation

All staff are responsible for the implementation of this policy. Overall responsibility for ensuring the policy is implemented, monitored and reviewed rests with the registered manager.

Information on the policy is:

- circulated to all staff
- provided to all new employees
- communicated to service users and their representatives

## Training

All staff are provided with training covering basic information about common medicines and how to recognise and deal with medication problems or errors.

Nursing staff are expected to keep themselves up to date as specified in the NMC *Guidelines for the Administration of Medicines*.

All staff are instructed on how medicines-related incidents procedures are set in motion and the part that they might play in the event of being directly implicated or involved.

Senior staff with responsibilities for monitoring and reviewing medicines administration and for investigating mistakes under this policy will be provided with additional training.



## Non-Compliance with Medication

Most service users who require domiciliary care are prescribed some form of medication at some time as part of their treatment by their doctor or nurse. Most service users are able to be responsible for their own medication but some require help from Our Care Services staff. Our believes that any aid offered by Our Care Service staff to help a service user take their medication or to actually administer medication should be agreed with the service user and case manager and entered into the plan of care according to Our Care Service's medicines policy.

We understand that the correct taking of such medication is essential for the health and wellbeing of service users but also that there are circumstances whereby some service users will fail to comply with their prescribed treatments, e.g. self-medicating service users failing to take their medication as directed or non-self-medicating service users refusing their prescribed medication, or failing to swallow it and then disposing of it.

In such cases we are clear that our staff have no right to force non-compliant service users to take their medication but that they do have a duty to refer all cases of non-compliance back to the original prescriber, to the service user's GP and/or to the service user's nurse or carer.

With respect to the prescribing, supply, storage and administration of medicines, we will adhere fully to Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our also adheres to the Medicines Act 1968, The Misuse of Drugs Act 1971, The Misuse of Drugs (Safe Custody) Regulations 1973 and the Nursing and Midwifery Council Guidelines for the Administration of Medicines.

## Procedures

Any member of staff who is unsure of what to do regarding medication in any given situation should contact their line supervisor or our Registered Manager immediately.

### Self-administering Service Users

We understand "self-administering service users" to refer to service users who are responsible for collecting, storing and taking their own medication without any help from our staff.

1. We believe that every service user has the right to manage and administer their own medication if they wish to and are safe to do so.
2. In cases where there is evidence that a self-medicating service user is failing to comply with their prescription, or is taking the wrong amounts of a medicine, then the case should be referred to the service user's GP and/or to the service user's nurse or carer.
3. Any subsequent request for support from care staff should be discussed with Our Care Service's managers before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently by Our Care Service staff. No member of care staff belonging to our care service should proceed with care involving the administration of medication (tablets, liquids or creams) or support of self-medication until they have the explicit agreement of a line supervisor or our Care Service manager and this has been entered in the plan of care.



4. All self-medicating service users should be offered help and assistance to maintain their self-medicating status whenever possible and wherever an assessment indicates that this is possible or appropriate. In such cases the forms of support which should be considered include:
  - a. the use of compliance aids, such as monitored dosage systems (where daily medication is set out by a pharmacist into compartmentalised containers)
  - b. additional support by staff and responsible others, such as reminders and regular checks

### **Non-self-administering Service Users**

We understand that “non-self-administering service users” refer to service users who require help from Our Care Service staff in the collecting, storing and/or taking of their medication. Such help can range from helping a service user to take their medication out of a bottle, packet or monitored dosage system to actually administering the correct amounts and helping the service user to take it.

All such help should be entered into the plan of care and agreed with Our Care Service managers prior to the help being given.

1. Where service users are helped with or administered their medication by our staff, those staff should encourage compliance by ensuring that service users actually take their medication at the time that it is given. Staff should directly observe the taking of medication and medicines should never be left “to be taken later”. Staff should only sign a service user’s medication chart after the medicines have been taken and if this has been directly observed.
2. Staff should always be aware of the medication being taken by individual service users and should report any change in condition that may be due to non-compliance immediately to their line manager or supervisor. The line manager or supervisor should then discuss the case with the service user’s GP and/or nurse, carer or with the community pharmacist.
3. A service user has the right to refuse medication and such refusal should be recorded. All such incidents should then be referred back to the prescriber, the service user’s GP and/or nurse, carer or community pharmacist.
4. Our Care Services staff may make such efforts to encourage the service user to take their medication as are reasonable and appropriate under the medicines policy but staff have no right to force non-compliant service users to take their medication. The use of undue pressure on a non-compliant service user by any member of staff will be recognised as the basis for disciplinary action.
5. Medical advice will be sought immediately if we believe that refusal to take medication constitutes a risk to the service user.

### **Training**

All staff will be offered training covering basic information about common medicines and how to recognise and deal with medication problems, including non-compliance. If and when we employ any Nursing staff, they will be expected to keep themselves up to date as specified in Nursing and Midwifery Council guidelines for the administration of medicines. Additional training will be offered to those fulfilling a Champion role.

## Prescriptions Collection

With respect to the collection of prescriptions for a service user, we will adhere fully to Outcome 9: Management of Medicines of the CQC's *Guidance about Compliance: Essential Standards of Quality and Safety*. We will also adhere to the Medicines Act 1968, the Misuse of Drugs Act 1971, the Misuse of Drugs (Safe Custody) Regulations 1973 and the Nursing and Midwifery Council Guidelines for the Administration of Medicines.

## Philosophy

We believe that every service user has the right to manage and administer their own medication if they wish to and that this is an important part of maintaining their independence, dignity and autonomy. This not only applies to the keeping and administration of medicines but also to their collection and dealing with prescriptions.

## Policy

1. Members of our staff should provide support to enable safe self-administration and collection of prescriptions/medication wherever possible.
2. To ensure the safety of both service users and staff, any request for care involving medication (including the collection of prescriptions) from care staff should be identified within a written care plan and should be discussed with line managers before being implemented, to ensure that the role being requested is appropriate and can be performed safely and competently by our staff. No member of care staff should proceed with care involving medication (including the collection of prescriptions), unless they have the explicit agreement of a line supervisor or manager and this has been entered in the plan of care.
3. When collecting prescriptions, our staff will follow these guidelines:
  - a. wherever the possibility of an arrangement exists for the GP practice to automatically inform a pharmacist of a prescription and for that prescription to be delivered to a service user by the pharmacist, this arrangement should be supported in preference to actually collecting the prescription.
  - b. where no such arrangement exists, and where a suitable entry has been made in the plan of care, staff will:
    - i. ensure that both the GP surgery and the pharmacy are informed of who will be collecting the prescription and that, in the case of repeat prescriptions, the appropriate forms have been completed and handed to the surgery
    - ii. collect the prescription from the GP surgery, following whatever prescription system is in place at the surgery and giving the surgery sufficient warning as is required in the case of repeat prescriptions
    - iii. take the prescription immediately to the pharmacy and follow whatever system is in place at the pharmacy
    - iv. where necessary, produce proof of identity
    - v. transport the medication immediately to the service user's home
    - vi. show the medication to the service user or a relative and go through the prescription to ensure that it is correct
    - vii. place the medication in a safe place as agreed with the service user, relative or other care staff



Where a member of staff has any queries about the prescription or collection of a prescription they should, with the service user's permission, discuss the matter with the GP or pharmacist involved or with their line manager.

## Training

All staff will be offered training covering basic information about common medicines, prescribing practice and how to recognise and deal with medication problems.

Our staff should never undertake any duties or roles which they have not been trained to do or for which they do not feel competent.

## Oxygen Use

### Policy Statement

This policy is intended to set out the values, principles and policies underpinning our care service's approach to the use of oxygen in their premises.

Some service users receiving care in their own homes will have oxygen therapy available to them. In some of these cases care workers will not be necessarily involved in its administration, which is more likely to be controlled by the service user following medical advice. In other cases as directed by the users' care plans they might be involved in its administration. The care plans should specify in what respects care staff are to be involved.

Where oxygen is a feature of a service users' care, staff must be aware that oxygen cylinders and equipment, whoever's responsibility they are, must be kept and maintained in such ways as to be compliant with all relevant health and safety legislation and guidelines. Otherwise everyone will be put at risk.

### Policy Statement

Care workers will:

- a. check that oxygen supply has been supplied to the service user on prescription
- b. check that oxygen is being used for the purposes for which it was prescribed and is being used safely
- c. report to their manager any concerns about unsafe use and/or discuss their concerns with the service user's GP or community nurse
- d. check that responsibilities for the administration of the oxygen are made clear in the service user's plan of care together with a description of any part to be played by our care workers
- e. record on the person's care plan any instances, where they have helped the service user with their use of their oxygen supply and how they have helped
- f. ensure that all health and safety requirements are complied with at all times; they should report any risks that appear in its storage and use and observe all safe handling procedures required



- g. prompt service users if they find that a needed oxygen supply is running out
- h. report any smoking taking place in the household where oxygen is being used so that a full risk assessment and health and safety check can be made
- i. pay attention to risk assessment(s) carried out on the use of Oxygen by the particular service user in their own particular abode.

## Training

All care staff who come into contact with oxygen in a person's home will receive instructions on its safe use and training in any aspect of its administration, where it has been agreed that they should take part. Care staff directly responsible for the administration of oxygen as part of a care plan will be provided with the appropriate training in its use and the health and safety aspects also involved.