

Brent Learning Disability Partnership (BLDP)

MEDICATION POLICY

August 2006

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BLDP
JOINT MEDICATION August 2006

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**BLDP
JOINT MEDICATION POLICY**

1. SCOPE

This policy is a sub- set of the Brent PCT medicines policy and will apply to non clinical health and social care staff in the Brent Learning Disability Partnership who have attended designated training and have been assessed as competent by their local manager. The policy covers the following day centres:

- Neasden Resource Centre
- Albert Road Day Centre
- Strathcona Day Centre, including ASPPECT
- Stonebridge Day Centre

Residential home:

- Melrose Avenue (registered and inspected under CSCI)

Nursing care provided at Peel Road (New Kingswood) and the care given through the BLDP community nurses is not included in this policy and is covered by the main Brent PCT medicines policy (PMMP10)

The aim of this policy is to ensure that the medication process is safe and secure and that staff and managers are aware of relative roles and responsibilities.

This policy should be applied in line with the principles set out in common law and Mental Capacity Act 2005. It should be assumed that every adult is competent to make his or her own decisions unless it is established that the adult lacks capacity.

2. INTRODUCTION

- 2.1 The following policy has been drafted as a guidance document for staff in the administration of oral medication.
- 2.2 The guidelines are intended as guidance notes. It is the individual responsibility of staff to ensure that any queries are raised with the Manager of the day centre/ or On-call manager for staff working in residential homes or supported living in order that they can be clarified.
- 2.3 It is essential that staff keyworking service users maintain the information on service user files and in the medication file on a regular basis. All service users on medication must have regular reviews by their GP (minimum on an annual basis). This should be raised by keyworkers within their service user reviews and parents/carers advised to arrange on an annual review with their GP.

3. POLICY STATEMENT

Regulations and Minimum Standards

1. Regulation 13 (2) of the Care Homes Regulations 2001 requires the registered person *'to make arrangements for the safe administration of medicines'* prescribed for service users.

2. National minimum standards for care homes include that the care provider:
- supports service users who wish to and are capable of self-administering their medicines to do so safely.
 - provides care workers with a robust procedure to administer medicines to those service users who rely on them for this aspect of care.

The national minimum standard that applies to care homes (personal care) states that *'all medicines, including controlled drugs, (except those for self administration) are administered by designated and appropriately trained staff'*.

Service users should be encouraged to administer their own medication to maximise independence and to enable them to keep control of their own lives. Some will be able to do this completely. Some will need supervision and a little assistance. For others, the administration of medication will need to be undertaken by the care worker.

'Care workers may, with the consent of the service user, administer prescribed medication, so long as it is in accordance with the prescriber's directions.'¹(non invasive, non specialist techniques) Consent does mean that a service user may at any time refuse to take medication that the care worker offers. Service users will also have certain preferences and these may relate to equality and diversity including the following:

- the medicine may be provided in a gelatine capsule and the service user is vegetarian
- Service users prefer to have medicines given to them by a member of the same sex
- The service user observes religious festivals by fasting and prefers not to have medicine given at certain times.

These examples should be recognised and accommodated through the care planning process.

Where care workers administer medication, or assist in the administration of medication, appropriate training and procedural guidance will be in place to safeguard both the service user and the staff member.

In assisting in this health care task, social care staff and health care colleagues will seek to work co-operatively.

This policy does **not** cover the administration of controlled drugs.

4. RECEIVING MEDICATION

- 4.1 All medication sent into the day centre/residential home must be received in clearly marked containers with the name of the issuing pharmacy, the service user's name, clear instructions, the date of issue and expiry date of the medicine on the label or original container.

¹ CSCI 'Professional advice: Training care workers to safely administer medicines in care homes', April 2006 128/06

- 4.2 The medication must be kept in its original container in which it was received.
- 4.3 Monitored dosage systems (MDS) have been promoted as a safe system of medicine administration in care homes. But MDS are merely a convenient form of packaging for a limited group of medicines. Safe practice is not guaranteed by use of a system alone but is promoted by only allowing staffs that are trained and competent to give medicines.
- 4.4 MDS can only be used for tablets and capsules. But there are exceptions and the following should not be put into MDS:
- medicines that are susceptible to moisture, e.g. effervescent tablets
 - light-sensitive medicines, e.g. chlorpromazine
 - medicines that should only be dispensed in glass bottles, e.g. glyceryl trinitrate
 - medicines that may be harmful when handled, e.g. cytotoxic products like methotrexate.
- 4.5 MDS work well when the service user's medication is regular and does not change frequently. Packaging of medicines for 'as required' use in MDS is not suitable.
- 4.6 Medication can be accepted in MDS but these must be clearly labelled with the service user's name, the names and strengths of all medicines contained in it, the dosage and instructions for administration. There should also be an expiry date.
- 4.7 A nominated person will be responsible to receive medication and to hold the medication key.
- 4.8 Using a Medication in Stock Form, medication must be signed in by the escort (if applicable) and countersigned by the designated staff receiving the medication (Appendix 1).
- 4.9 Transportation: On minibus transportation, the medication must be kept in the lockable container provided. If using public transport it is the responsibility of the staff accompanying the service user to carry the medication in a safe manner.
- 4.10 The quantity of medication for each service user must be checked to ensure that there is adequate medication to cover their time within the service. If there does not appear to be sufficient medication, further supplies should be sought from the family/ carer in the first instance (day services) or GP (residential services). This request should preferably be made 3 days before the supply finishes. (Repeat prescriptions take approximately 48 hours to prepare). The person requesting the medication supply should clearly give the name of the patient, date of birth and address and the medication requested. This process can be completed over the phone or by sending a repeat script to the surgery or pharmacy. Medication belonging to others **must not be used** for this service user. The on-call manager/ day centre manager must be informed immediately if the problem persists.

5. STORAGE OF MEDICATION

- 5.1 All medication brought into BLDP premises must be stored immediately in a lockable cupboard in a locked room.
- 5.2 The medication cupboard must be kept locked at all times except when medication is being issued or received.
- 5.3 The keys for the medicine cupboard and its designated room will only be held by the manager and the staff responsible for administering medication. A log sheet will be kept of the person in possession of the key, including date and time.
- 5.4 All medicines should be kept in the containers in which they were dispensed with the actual dispensing label attached. On **NO ACCOUNT** should staff transfer medicines into other containers.
- 5.5 Only medicines, which are currently prescribed to service users, should be kept in the cupboard. Discontinued medication **MUST NOT** be kept in the cupboard and should be returned as described in section 8.4.
- 5.6 Oral (taken by mouth) and topical (to be used externally e.g. eye drops, cream) medicines should be stored separately to avoid confusion of application.
- 5.7 Items requiring refrigeration should be stored between 2 and 8 degrees centigrade in a lockable fridge.
- 5.8 Any theft or loss of medication must be reported immediately to your manager.
- 5.9 In the event of the death of a service user, medication should be retained for seven days in case there is a coroner's inquest.

6. ADMINISTRATION

Administration = To select, measure or give medicine to a service user, as specified in the care plan, where the Service User is unable to make the decision on medication for themselves. This includes applying cream/ointments, inserting drops to eye, ear or nose and inhaled medication.

Staff should use available means of communication to inform the service user of the reason and need for medication, but if a service user refuses medication, this will be respected and the manager and the prescribing clinician need to be informed at once.

Level 1: General Support

General support is given when the adult service user takes responsibility for their own medication. The support given may include some or all of the following:

- Requesting repeat prescriptions from the GP

- Collecting medicines from the community pharmacy
- Disposing of unwanted medicines safely by return to the supplying pharmacy (when requested by the service user).
- An occasional reminder or prompt from the care worker to an adult to take their medicines. (A persistent need for reminders may indicate that a service user does not have the ability to take responsibility for their own medicines and should prompt review of the Service User plan)
- Manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the Service User and when the care worker has not been required to select the medication.

a) General support needs should be identified at the care assessment stage and recorded in the Service User plan. Ongoing records will also be required in the continuation notes when care needs are reviewed (Reg.14, Sch.4(4)).

b) Adults can retain independence by using compliance aids and these should be considered if packs and bottles are difficult to open or they have difficulty remembering whether they have taken medicines.

Level 2: Administering Medication

a) The assessment may identify that the adult Service User is unable to take responsibility for their medicines and needs assistance. This may be due to impaired cognitive awareness but can also result from a physical disability.

b) The Service User must agree to have the care worker administer medication and consent should be documented in the service user plan. If an adult is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual. (Reference: Department of Health Guidance 'Seeking Consent: Working with people with Learning Difficulties November 2001).

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

- When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid.
- When the care worker selects and measures a dose of liquid medication for the Service User to take.
- When the care worker applies a medicated cream/ointment; inserts drops to ear, nose or eye; and administers inhaled medication.
- When the care worker puts out medication for the Service User to take them self at a later (prescribed) time to enable their independence

d) The need for assistance with medication should be identified at the care assessment stage and recorded in the Service User plan. Ongoing records will also be required in the continuation notes (Reg.14, Sch.4(4)).

e) Only competent and trained staff should be assigned to Service Users who require assistance.

f) Care workers should only administer medication from the original container, dispensed and labelled by a pharmacist. This includes monitored dosage systems and compliance aids.

g) Service users discharged from hospital may have medication that differs from those retained in the home prior to admission. The agency should provide additional support to care workers when this occurs.

Staff within the BLDP should be able to operate at levels 1 and 2 following the specified training and assessment for competence.

- 6.1 Medicines are the property of the service user for whom they are prescribed and should never be used for the treatment of anyone else.
- 6.2 An authorisation/consent form (*Appendix 2*) must be on file prior to the administration of medication. This must be filled in completely and it should be clear and unambiguous. Where service users are not able to consent their relative/carer may be involved in reaching the decision that administration of medication is in the service user's best interest, upon direction by the clinician (Reference: Department of Health Guidance 'Seeking Consent: Working with people with Learning Difficulties November 2001)
- 6.3 The medication must be kept in its original container with the pharmaceutical label intact OR if received in a dosset box the medication must remain here until administration.
- 6.4 If service user refuses to take medication and medication is not given in this situation, place an R on the medication chart. The service user's home should be informed of this immediately, and asked to inform the prescriber. Any other reason for not giving medicines also needs to be recorded e.g. service user off-site, no stock available, illness.
- 6.5 Where the pharmacist's label does not correspond with information on medicine chart:
 - a. **DO NOT** give medication.
 - b. Phone/check with appropriate carer/parent.
 - c. Clarify any doubts before giving medication.
 - d. Take the name of who you have liaised with at the service user's home and the decision reached and write this in the service user's notes.
- 6.6 'A homely remedy is defined as treatment for mild to moderate symptoms that need immediate relief that people would use to self treat if they were at home without consulting their GP, for example toothache or indigestion.'² No homely medications and all other over the counter medicines are to be administered in day services.
- 6.7 Homely remedies may be used within Melrose House under specific guidelines that detail the following (*Appendix 6*):
 - A list of medicines that are kept for immediate relief of mild symptoms that a service user may choose to self treat in their own home
 - The indications for offering the medicines
 - The dose to give and how often it may be repeated before referring to the service user's doctor

² CSCI Professional advice: the administration of medicines in care homes Apr 06

- How to establish with the service user's GP that the remedies will not interact with other prescribed medicines
 - How to obtain the service user's consent to treatment that the doctor has not prescribed
 - How to record the administration
- 6.8 Be aware of service users with the same name or surname in any medication administration.

ALWAYS WASH HANDS PRIOR TO ADMINISTERING MEDICATION. AVOID TOUCHING TABLETS WITH HANDS AND USE DISPENSING CUPS PROVIDED.

7. ADMINISTRATION GUIDELINES

7.1 Prior to administration of medication the following list must be checked:

- Service user's Name and medication
- Date of birth
- service user's identity
- Correct dosage and expiry date
- Due times/times of administration
- Signature
- Medication should not be labelled "as directed". Be aware of S/R (S/R= Sustained Release Preparation: These are not to be crushed).
- Tablets should not be crushed or split unless explicitly directed by a GP or clinician.

7.2 Procedure for administration:

- Lay out the medication and administration chart for one service user at a time.
- Put medication into dispensing cups. Check each label against the administration chart. Check the name of the medication and directions. Check the time medication is due and whether this needs to be with or after/before food.
- Put remaining medication away and lock cupboard.
- Take the medication to the service user and observe him/her taking the medication ensuring that they have sufficient water to enable the service user to swallow solid doses safely.
- Liquid medications ie Syrups and Suspensions. Check the label as some need to be shaken vigorously. Pour into measuring cups from the opposite side of the label so the label remains clear and legible
- Complete Service User Medication Sheet (*Appendix 3*).

7.3 If a service user is taken out of the building and necessitates medication whilst out, this must be indicated on the Excursion Form (*Appendix 4*) and signed by the manager. The transport guidelines as in section 2.7 must be observed.

7.4 If a service user is given the wrong medication this should be reported immediately to the Manager, the GP and Parent/Carer. Advice must be sought from the GP/GP on call (emergency service) and the service user must be taken to hospital.

7.5 Errors/ problems/ Incident Reporting

If an incorrect medication is given to a service user (i.e dosage or medication), the member of staff responsible for administering medication for that shift must;

- Notify the On-call Manager or Operational Manager immediately to inform them of what has happened.
- Contact the service user's GP or if out of hours the Out of Hours GP service and ask for guidance as to further action.
- Record in the service user's personal file what medication was given, dosage and time it was given.
- Record any recommendations made by the Manager and GP and inform the Care Manager/or Duty Care Manager and family /Carers immediately.
- Complete an Incident Form, documenting as much detail as possible, i.e who was contacted, what were their instructions, what further action was taken, etc. This should be completed on the same day and passed on to the relevant operational or on-call manager
- Closely monitor the service user given the incorrect medication and record details of this in service user's records as appropriate.

8. ASSESSMENT OF SERVICE USER

8.1 In order to promote independence it is desirable that service users be facilitated to retain their medication and self administer. Prior to this there MUST however be an assessment of the service user's competence to handle and self administer medication.

8.2 For service users who may self administer this must be clearly stipulated with the risk assessment completed and an individual agreed programme outlined stipulating levels of supervision and support required. This should be recorded and reviewed regularly. If a review is needed a referral should be made to the community nurse. New referrals must come with a risk assessment.

- 8.3 If a service user is assessed as being able to self administer their medication they must be provided with a lockable container/locker in which to put their medication whilst at the centre/home. This is to safeguard against other service users having access to the medication.
- 8.4 Service users who are not assessed as competent to handle or self administer medication should have this managed by the appropriate staff in line with the guidelines.

9. DOCUMENTATION

- 9.1 Individual service user medication chart and recording sheet detailing all prescribed medication must be kept in the designated folder in a locked medication room.
- 9.2 The medication chart and recording sheet should be available for routine and audit inspection.
- 9.3 Completed medication charts and recording sheets should be kept with the service user notes/files.
- 9.4 The service user Medication Record Sheet (*Appendix 3*) must be completed after administration alongside the Medication Stock Record Form (*Appendix 1*).
- 9.5 Any reactions must be recorded and reported. Service users should be observed to ensure that medication is taken.
- 9.6 If medication is not administered for any reason using the key provided on *Appendix 3*, it must be documented and keyworker and Manager must be informed.
- 9.7 Keyworker to telephone Parent/Carer and a written summary of the conversation including the outcome must be forwarded and filed.
- 9.8 If 'when required' (PRN) is administered, service users specific guidelines are to be adhered to.

10. DISPOSAL OF MEDICINES

- 10.1 All medicines are the property of the service user. Medicines should be returned to parents/carers/home managers for disposal when:
- a. The expiry date is reached.
 - b. A course of treatment is completed or discontinued.
 - c. The service user for whom they are prescribed leaves or dies.

- 10.2 Unused medication including unused Rectal Diazepam tube must NEVER be thrown into bins etc.
- 10.3 If medication is dropped or spat out by the service user, it must be placed in paper tissue and disposed of within clinical waste bins. Another member of staff should witness this. If it is the service users home the medication should be placed in paper tissue and flushed down the toilet. This must be recorded in the service user notes.
- 10.4 Any medication, which has expired or is unused must be returned to the Parent/Carer/service userial home to take back to the pharmacy for proper safe disposal. where there is no one to do this, consent should be obtained directly from the service user or care manager. This should be documented on the Medication in Stock Form (*Appendix 1*).
- 10.5 On no account should medicines by used for other service users.

11. When required (P.R.N.) MEDICATION -MELROSE HOUSE AND STONEBRIDGE DAY CENTRE ONLY

This refers to medication that has been prescribed by a clinician, not for regular administration but to be given 'as required'. This will be authorised at Melrose House and Stonebridge Day Centre only. There will always be clear written guidelines as to the circumstances under which the medication may be given. The decision to use PRN medication should always be taken by two people and not a single individual.

- 11.1 All previous guidelines are to be adopted for P.R.N. medication.
- 11.2 PRN medication must only be administered according to the specific guidelines for each individual service user. This is to be recorded on their file and a copy kept in the Medication file. Keyworker to inform Manager/Senior, when PRN has been administered.
- 11.3 An individual guideline sheet for each service user will also be kept alongside the medicine cupboard.
- 11.4 This sheet should be checked for correct procedure before any medication is administered.
- 11.5 If criteria are met in the individual guidelines it is to be a joint decision to administer medication.
- 11.6 In the day centre or respite setting, prior to administration keyworker must check with the parent/carer that PRN has not been administered at home within the designated time frame.

- 11.7 Guidelines for use of PRN should specify the limit of amount to be administered within a set time.
- 11.8 Rectal diazepam should only be administered by those who have the appropriate training and are assessed as competent to administer.(This is covered in a separate policy.
- 11.9 In the day centre or respite setting, always inform the service user's home when it has been necessary to administer PRN medication.

12. RECTAL DIAZEPAM

This will be covered in a separate policy.

13. EPILEPSY PROFILE

- 13.1 An Epilepsy Profile Summary is to be completed for each centre detailing service users with epilepsy, their medication, and type of epilepsy, GP contact and action agreed in the event of an epileptic seizure.
- 13.2 This profile should be kept in service user's personal files as well as with medication records. Each profile should be kept in a plastic sleeve where it can be easily removed if necessary to take to the hospital in an emergency.

14. TRAINING

- 14.1 All non clinical health and social care staff in the BLDP services identified under Section 1. Scope, will receive basic medication awareness training before they can assist with the administration of medication. This training will include the importance of medication compliance, observation of side effects, safe storage, and safe disposal under the BLDP policy. This training will be equivalent to level 2 in CSCI professional advice.³
- 14.2 Following training, staff will shadow another staff member administering medication for a designated period, before their assessment for competence by the manager. This time period will be determined between the individual staff member and their line manager.
- 14.3 Managers will be responsible following training for assessing competence in medication administration, using a designated checklist and following training from Pharmacy advisors in administration of this checklist.
- 14.4 Follow up training will be available to all staff.
- 14.5 Staff attendance on training and assessment for competence will be recorded by the line manager of each service and individual staff will record in their individual learning log.

³ CSCI 'Professional advice: Training care workers to safely administer medicines in care homes', April 2006 128/06

15. IMPLEMENTATION, MONITORING AND REVISION OF POLICY

- 15.1 The BLDP Manager should review the systems for storage, administration and disposal of medicines at the centre and, if necessary, obtain further advice from the designated pharmacy advisor in the PCT.
- 15.2 The implementation of the policy is the responsibility of the BLDP Manager.
- 15.3 Melrose House is a registered care home and subject to CSCI standards and inspection. Melrose House have separate guidelines which are attached as Appendix 6 as a sub section of this policy. The registered manager at Melrose House will, in addition has the following responsibilities:

It is the registered manager's responsibility to:-

Ensure that each service user has access to a GP. Wherever possible this will be a GP of their choice, but where a service user's stay is for a time limited period e.g. for short term care for recuperative care the doctor may be designated.

Ensure that a written record is kept of all medication entering the unit, being administered to service users or sent for disposal and that responsibility for actioning repeat prescriptions rest with a senior member of staff. The record should show date of receipt, name and strength of medicine, quantity received, service user for whom prescribed and signature of member of staff receiving the medicines.

The registered person's responsibilities are as follows:

"Registered Person ensures that the healthcare needs of service users are assessed and recognised and that procedures are in place to address them."

- 15.4 The policy will be reviewed regularly and revised as appropriate in consultation with all those concerned i.e.
- BLDP Managers
 - BLDP Staff
 - First Aiders
 - Consultant Psychiatrist
 - Home/Care Managers
 - Parents/Carers
 - Community Health Services Pharmacist (via SLA)
 - Strategic Pharmaceutical Adviser for Brent tPCT
 - Specialist Nurse Advisor

16. JOINT MEDICATION POLICY APPENDICES

Appendix 1: Medication Stock Record Form

Appendix 2: Authorisation / Consent for Administration of Medication Form

Appendix 3: Service User Medication Record Sheet

Appendix 4: Day Service Excursion Form

Appendix 5. Medication Policy Declaration form

Appendix 6. Melrose House administration guidelines

(APPENDIX 1)

MEDICATION IN STOCK RECORD FORM

DATE & TIME	NAME OF SERVICE USER	NAME OF MEDICATION	Strength	Expiry date	No. OF TABLETS IN STOCK	No. OF TABLETS	No. OF TABLETS	TOTAL No. OF TABLETS IN STOCK	SIGNATURE OF ESCORT (PLEASE PRINT NAME & SIGN)	SIGNATURE OF STAFF MEMBER (PLEASE PRINT NAME & SIGNATURE)

**AUTHORISATION / CONSENT FOR ADMINISTRATION
OF MEDICATION FORM**

NAME OF SERVICE USER :

D.O.B.:	TEL. NO:
----------------	-----------------

ADDRESS:

GP NAME:	TEL. NO:
-----------------	-----------------

GP ADDRESS:

	CURRENT MEDICATION	DOSAGE	TIME
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

SPECIAL NOTES e.g. WITH FOOD etc.

ALLERGIES (IF ANY):

HOW MEDICATION WILL BE RECEIVED e.g. BOTTLE/DOSSET BOX	REFILL FREQUENCY

**AUTHORISATION / CONSENT FOR ADMINISTRATION
OF MEDICATION FORM Cont'd**

NAME OF SERVICE USER :

It has been agreed that the above named service user is able to self-administer single dosage medication on a daily basis. The service user is able to:

- Has some concept of time in order to be able to administer medication at the appropriate time.
- Has good motor skills and can open medicine containers.
- Has adequate communication skills to ask for help or for water.
- Has no problems relating to memory loss.

SIGNATURE OF PSHYCIATRIST/GP:

DATE:

SIGNATURE OF PARENT / CARER:

DATE:

SIGNATURE OF DAY CARE STAFF:

DATE:

DATE STARTED:

DATE CEASED:

This form must be completed in full prior to administration of medication.

DAY SERVICE EXCURSION FORM

DATE:	
TIME S/ USER(S) LEFT CENTRE:	
TIME EXPECTED BACK:	

SERVICE USER(S) OUT:	STAFF OUT:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	
7.	
8.	
9.	
10.	
11.	
12.	

OUTING TO?:

<u>MEDICATION NEEDED?</u>	
SERVICE USER(S) NAME:	MEDICATION:

SIGNED (GROUP LEADER STAFF):	
AUTHORISED BY (TEAM MANAGER):	

MILEAGE (START OF JOURNEY)	
MILEAGE (END OF JOURNEY)	
AUTHORISED BY (TEAM MANAGER)	

SPECIAL NOTES:

Medication Record Chart Appendix 3.

Service User's Name _____ Address _____ Month/Year _____

Date	Time	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.
Medication (Approved name)																																
Dose																																
Special Instructions																																
Medication (Approved name)																																
Dose																																
Special Instructions																																
Medication (Approved name)																																
Dose																																
Special Instructions																																
Medication (Approved name)																																
Dose																																
Special Instructions																																

Record medication by initialling the appropriate box.

If medication is not taken, record the appropriate number (from the list below)

- | | |
|-------------------------------------|--|
| 1. Service user not at home. | 2. Service user unable to take medication. |
| 3. Service user refused medication. | 4. Medication not available. |
| 5. Dropped dose. | |

Appendix 5

MEDICATION POLICY DECLARATION FORM

I have attended the Medication Policy training session and have read and understand the content of the policy and my responsibilities for implementing all of the procedure.

Name of Home Carer: _____

Signature: _____

Date: _____

The above named staff has successfully completed the post-training assessment and has been awarded the BLDP certificate for medication training

Training Organiser: _____

Signature: _____

Date: _____

Melrose House

Medication

Policy

INTRODUCTION

1. The following policy has been drafted as a guidance document for staff in the administration of oral medication.
2. The guidelines are intended as guidance notes. It is the individual responsibility of staff to ensure that any queries are raised with the manager of the residential unit in order that they can be clarified.
3. It is essential that staff keyworking service user maintain the information on service user's files and in the medication file on a regular basis. All service users on medication must have regular reviews by their GP (minimum on an annual basis).

RECEIVING MEDICATION

1. All medication sent into the home must be received in a clearly marked container with the pharmacist's instructions on the label.
2. The medication must be kept in the original container in which it was received.
3. Any theft or loss of medication must be reported immediately to your manager.
4. The shift leader will be responsible for the correct storage of medication received and to hold the medication keys.
5. Using the appropriate medication form, medication must be logged in as it arrives.

STORAGE OF MEDICATION

1. All medication must be stored immediately in a lockable cupboard in a locked room.
2. The medication cupboard must be kept locked at all times except when medication is issued or received.
3. The keys for the medication cupboard and its designated room will only be held by the manager and staff responsible for administering medication.
4. All medicines should be kept in the containers in which they were dispensed with the actual dispensing label attached. On NO ACCOUNT should staff transfer medicine into another container.
5. Only medicines which are currently prescribed to service users should be kept in the cupboard. Discontinued medication must not be kept in the cupboard and should be returned to the pharmacist.
6. Fridges used for the storage of medicines should be maintained between 2 and 8 degrees and records of temperature must be recorded daily.
7. Eye drops stored in the fridge must be labelled and date of opening written on the label to ensure that they are not used past their shelf life of 28 days.

ADMINISTRATION

1. Medicines are the property of the service user for whom they are prescribed and should never be used for the treatment of anyone else.
2. The medication must be kept in its original container with the pharmaceutical label intact OR if received in a dosset box the medication must remain there until administration.

3. If service user refuses to take medication and medication is not administered in this situation, place an R on the medication chart. The shift leader must be informed and it must be noted in their report.
4. Where the pharmacist's label does not correspond with information on medicine chart:
 - A. **DO NOT** give medication.
 - B. Phone/check with appropriate carer/parent.
 - C. Clarify any doubts before giving medication.
 - D. Take the name of who you have liaised with at the service user's home (respite clients).
5. No homely medication (Paracetamol) and all other over the counter medicines are to be administered without the awareness of the G.P.

Always wash hands prior to administering medication. Avoid touching tablets by using dispensing cups provided.

ADMINISTRATION GUIDELINES

Medication must be dispensed/administered by the shift leader and another colleague to minimise the risk of error.

1. Prior to administration of medication the following list must be checked:
 - ❖ Service users name and medication bottle/blister pack
 - ❖ Check service users identity
 - ❖ Correct dosage and expiry date
 - ❖ Due times/time of administration
 - ❖ Signature
 - ❖ Medication should not be labelled "as directed". Be aware of S / R (S/R = sustained Release preparation: these are not to be crushed)
 - ❖ Tablets should not be crushed or split unless explicitly directed by the pharmacist
 - ❖ Check regarding service users who are out on excursions from the home.
2. Procedure for administration in the building:
 - ❖ Lay out the medication and administration chart for one service user at a time.
 - ❖ Put medication into medicine cups. Check each label against the administration chart. Check name of the medication and directions. Check the time medication is due and whether this needs to be with or after / before food.
 - ❖ Take the medication to the service user and observe him/her taking the medication ensuring that they have sufficient water to enable the service user to swallow solid doses safely.
 - ❖ Complete service user Medication Sheet.
3. If a service user is taken out of the building on an excursion or away with family this must be noted on the medication form.

4. If a service user is given the wrong medication this should be reported immediately to the Manager, the GP and Parents / Carer. Advice must be sought from the GP/GP on call (emergency service) NSH Direct. If necessary the service user must be taken to hospital.

ASSESSMENT OF SERVICE USER

1. In order to promote independence it is desirable that the service user be facilitated to retain their medication and self administer. Prior to this there MUST however be a risk assessment of the service user's competence to handle and self administer medication.
2. For service user who may self administer there must be a clearly agreed programme outline stipulating levels of supervision and support required. This should be recorded and reviewed regularly. If a review is needed a referral should be made to the community nurse. New referrals must come with a risk assessment.
3. If a service user is assessed as being able to self-administer their medication they must be provided with a lockable container/locker in which to put their medication whilst at the home. This is to safeguard against other service users having access to the medication.
4. Service users who are assessed as competent to handle or self administer medication should have this managed by the appropriate staff in line with the guidelines.

DOCUMENTATION

1. Individual service user medication chart and recording sheet detailing all prescribed medication must be kept in the designated folder in a locked medication room.
2. The medication chart and recording sheet should be available for routine and audit inspection.
3. Completed medication charts and recording sheet should be kept with the service user notes/files.
4. Any reactions must be recorded and reported. Service users should be observed to ensure that medication is taken.
5. If medication is not administered for any reason, it must be documented and key worker and Manager must be informed.
6. Keyworker to telephone parent/carer and a written summary of the conversation must be forwarded and filed.
7. If PRN is administered, service user's specific guidelines are to be adhered to.

DISPOSAL OF MEDICINES

1. All medicines are the property of the service user. Medicine should be returned to parents/carers for respite users and to the pharmacist for residents when:
 - ❖ The expiry date is reached.
 - ❖ A course of treatment is completed or discontinued.
 - ❖ The service user for whom they are prescribed leaves or dies.

2. Unused medication must NEVER be thrown into bins or disposed of in the home unless:
 - ❖ Medication is dropped or spat out by the service user; this must be placed in paper tissues and flushed down the toilet. Staff must ensure that the medication has flushed down the toilet completely. Another member of staff should witness and record this.
3. Any medication which has expired or is unused must be returned to the parent/carer for respite users, or to the pharmacy for proper disposal. This should be documented on the Returning medication book.
4. On no account should medicines be used for other service users.

P.R.N. MEDICATION

1. All previous guidelines are to be adopted for P.R.N. medication.
2. P.R.N. medication must only be administered according to the specific guidelines for each individual service user. This is to be recorded on their file and a copy kept in the Medication file. Keyworker to inform Manager/senior.
3. An individual guideline sheet for each service user will also be kept along side the medicine cupboard.
4. This sheet should be checked for correct procedure before any medication is administered.
5. If criteria are met in the individual guideline it is to be a joint decision to administer medication.
6. No more than three doses of P.R.N. to be given in any 24 hour period.
7. Rectal P.R.N. should only be administered by those who have the appropriate training.
8. Always inform the service users home when it has been necessary to administer P.R.N. medication.
9. Where P.R.N. medication is prescribed as a means of changing behaviour patterns; it should be administered as a last resort and may require consultation with the service user's home before administering.

IMPLEMENTATION, MONITORING AND REVISION OF POLICY

1. The home manager should review the system for storage, administration and disposal of medicines at Melrose House and, if necessary, obtain further advice from the designated pharmacist.
2. The implementation of the policy is the responsibility of the home manager.
3. The policy will be reviewed regularly and revised as appropriate in consultation with all concerned.

Required is a section containing:

- Fridge and temperatures
- Bungalow, medication storage and the administration of medication.