INSPIRED SUPPORT

MEDICATION POLICY

INSPIRED SUPPORT

Effective from:	September 2022	**Review date:**	September 2025

CONTENTS:

1. Introduction

1. This policy sets out how Inspired Support will manage medicine administration.

2. Workers will encourage and support people to look after and take their own medicines unless a risk assessment indicates that this will put them or other people at risk.

3. Workers may provide varying levels of support, for example:
   - advice about safe storage.
   - reminding people to take their medicine at the right time or with food.
   - supervising people while taking their medicine.
   - providing practical help, for example to open a medicine container, shake a bottle and remove the lid, or to take a dose.
   - full management and administration of medicines.

4. Workers will take full responsibility for people assessed under the Mental Capacity Act 1983 (MCA) as being unable to manage their own medication.

5. Workers will only administer medicines where:
   - The worker has been assessed as competent to administer the medication.
   - A medication plan has been completed which specifies the exact nature of the support the person requires.
   - Written consent to administer the medicine to the person has been given.

2. Purpose

2.1. The purpose of this policy is to describe how customers may be supported by workers to use their medication effectively and to set out how medicine related risks will be managed.

3. Legal Context

3.1. Guidance and legislation relevant to this policy includes but is not limited to:
   - The Handling of Medicines in Social Care - Royal Pharmaceutical Society of Great Britain (2007)
   - The Controlled Drugs (Supervision of Management and Use) Regulations 2013
   - The Misuse of Drugs (Safe Custody) Regulations 1973 as amended
   - The Health and Social Care Act 2012 (section 250 power to publish information standards which resulted in the publication of the NHS Accessible Information Standard 2016)
   - The Mental Capacity Act 2005 (MCA)
   - The Data Protection Act 2018

4. Types of medicines that workers may administer

4.1. This section lists the types of medicines that competent workers may administer. All medicine types are subject to the controls of this policy.

Prescribed medicines (see separate guidance for controlled drugs)

4.2. Most medicines administered by workers will be prescribed medicines which will only be administered:

- from the container supplied and labelled by the pharmacist or dispensing doctor.
- as prescribed.
- to the person for whom they were prescribed.

As and when required medicines /P.R.N.

4.3. These are prescribed medicines intended to be taken when needed rather than at specific times or intervals, for example for pain relief.

4.4. As and when required/PRN medication will only be administered where information is held about:

- The circumstances in which the medicine is to be given.
- What the medicine is expected to do, e.g. reduce hayfever symptoms.
- Whether a dose can be repeated and if so:
  - the minimum time between doses if the initial dose has no effect, and
  - the maximum dose which can be taken within 24 hours.

4.5. Before administering an 'as and when required' medicine, workers will check with the person, their family or carer as appropriate to find out when a dose was last administered.

4.6. The reason for administering an as and when medication will be recorded on the MAR sheet.

Non-prescription / over the counter products

4.7. 'Over the counter' remedies and treatments can be bought without a doctor's prescription at pharmacies, supermarkets and elsewhere. They are used to treat minor illnesses. Examples include paracetamol, antacids and cough linctus.

4.8. There are risks that over the counter products may interact with prescribed medicines and cause harm.

4.9. People assessed as able to self medicate can choose whether or not to use an over the counter treatment and may bring them to the centre. Workers will draw any possible contraindications with the person's prescribed medicines to their attention (and / or where relevant to the attention of their family/carers) and recommend that they seek the advice of their GP.

4.10. Workers will not administer over the counter medicines to people assessed as unable to self medicate except:

- with the consent of the person / their authorised representative
- as agreed in the care plan and
- with the advice of a relevant health professional

5. General medicine controls and recording requirements

5.1. Essential information, e.g. changes to medication will be relayed at the start of the day.

5.2. Workers will keep complete, legible, up to date and accurate records. This applies to all records relating to medicine administration including medication plans, risk assessments, MAR charts and ongoing records.

5.3. Paper based records will be completed in ink, dated and initialled by the person making the entry. Errors will be corrected by a single line ruled through the mistake, followed by the correction, the date and the signature of the person making the correction.

6. Receiving medicines

6.1. Medicines to be administered by workers are supplied either by the person themselves or by their families or carers.

6.2. Workers will only accept:

- medicines prescribed for the person to whom they are to be administered. Prescribed medicines must be in the original containers labelled by the pharmacist/dispensing doctor. Labels must have specific administration Instructions. The instruction 'as directed' will not be accepted.
- non prescription / over the counter products in the original packaging as purchased. Workers will check that the product is suitable for use and in date and will mark the product as only for the person's use, i.e. not for general use.

6.3. Workers will not accept medicines in foil strips which do not display an expiry date or where the medicine or dose cannot be identified.

6.4. To avoid potential administration errors, workers will immediately update the person's MAR and medication plan whenever the person's prescription is changed.

7. Individual records

Individual medicine profile

7.1. A medication management plan will be maintained for any person to whom medicine is to be administered which includes:

- the person's full name and date of birth
- any known drug sensitivities e.g. to penicillin, aspirin
- the name of the medicine to be administered
- the form of the medicine e.g. tablets or liquid
- the required dose
- the route of administration e.g. by mouth
- the time(s) the medicine is to be administered

- any special instructions e.g. whether it should be given before or after food.

Medicine Administration Record (MAR)

7.2. The MAR details the person's prescribed medicines and includes the dose, when it must be given and any special instructions.

7.3. Immediately after the person has taken their medicine, the worker will record the date and time that medicine was administered on the MAR and will sign the record.

7.4. Workers will also record on the MAR:

- when they have prompted or reminded someone assessed as able to self medicate to take / use their medicine.
- any prescribed dose refused by the person and the reason why if the person gives a reason. Subsequent actions will be recorded in the person's ongoing record.
- the dose administered where there is a variable dose, for example 1 or 2 tablets.
- the medicine and the dose administered for any 'as and when required' or other infrequent prescribed medicine and the reason for administering it, for example for pain, wheezing, eyes running or itchy.
- the dose and name of any non-prescription or over the counter medicine administered.
- an explanation of why any dose was wasted.
- any medicine error.
- any medicine administered by visiting health professionals.

Supporting people to take their medicines safely

8. Supporting independence

8.1. Workers will encourage and support people to look after and take their own medicines as prescribed unless a risk assessment indicates that this will put them or other people at risk.

8.2. Customers may be able to self-medicate some medication but need help from staff to administer others. It is not 'all or nothing'.

8.3. Some self-medicating service customers may need a reminder to take their medication. If worker are regularly providing prompts, the customer may need a review of their care plan.

8.4. Customers who are self-medicating must be regularly monitored by designated workers to ensure they are taking medication correctly, as part of their on-going care.

9. Consent and Capacity

9.1. Customers who have the mental capacity to give or withhold consent can refuse to take medication at any time. This also includes the use of PRN medication. In these circumstances workers must ensure that the customer has all the necessary

information to make an informed choice. Workers must not attempt to administer medication where the customer has given an informed choice to refuse.

9.2. Covert administration (disguising medication in food or drink and not telling the person it is there) of medication for customers who have the mental capacity to give or withhold consent is NOT PERMITTED UNDER ANY CIRCUMSTANCES.

9.3. If someone is assessed to lack capacity to make decisions in relation to their medication needs, including the use of PRN medication, workers must follow the code of practice that accompanies the Mental Capacity Act 2005 and the supplementary code of practice on deprivation of liberty safeguards. It must never automatically be assumed that they are not able to give or withhold consent to take medication.

9.4. Giving and obtaining of consent is a process not an isolated event. Customers may change their minds and withdraw consent at any time. Consequently, consent must be sought before any administration.

9.5. Capacity to consent may fluctuate and must therefore be assessed continually.

10. Risk assessment

10.1. Workers will assess medicine related risks upon commencement of the service to determine:
- whether someone is safely able to look after and take their own medicines and if not
- what level of support is required by workers.

10.2. Workers will record the outcome of the assessment and any support required in the person's medication plan.

10.3. Provided that it is safe to do so, people may be given the opportunity to manage their own medicines for a trial period before final decisions are made about the support they require. During the trial period, workers will monitor the person's ability to manage their own medicines safely and as prescribed. Workers will end the trial immediately where the person or others are at risk.

10.4. Risk assessments will be reviewed at regular intervals and at any time where there is any doubt about the person's ability to safely manage their own medicines and take them as prescribed.

11. People assessed as able to manage their own medicines

11.1. Workers will explain the need for medicines to be stored where other people cannot access them.
- if the person prefers to keep their medicines with them, monitor to ensure that medicines are not left where others can access them.

11.2. Workers will encourage people to take medicines as prescribed and will record on the MAR when they have prompted or reminded the person to take/use their medication.

11.3. Workers will immediately draw any concerns that someone may not be taking their medicines as prescribed or not storing them safely to the attention of the lead worker/directors. This is likely to result in:

- discussion with the person and / or their family or carer, and
- review of the person's risk assessment.

11.4. Workers will encourage anyone who expresses concern about their health or medicines to discuss their concerns with their GP and will liaise with family/carers to make sure that this happens.

12.Documentation required before workers may manage medicines

12.1.Workers will only administer medicines where:

- a written risk assessment confirms that the person requires support to manage their medicines.
- the person has given their written consent. Where there is any doubt about the person's ability to provide consent, staff will follow the Council's MCA procedures. If the person is deemed to lack capacity, consent may be provided by someone authorised to do so.
- the exact nature of the support required from staff is detailed in the person's care plan.

Information will be updated immediately whenever medicines are started, stopped or changed.

Written information is held about administration requirements. Prescribed medicines have a pharmacy label. The instruction 'as directed' will not be accepted.

The label must confirm the:

- person's name o name of the medicine o prescribed dose
- frequency of administration
- quantity
- date on which the medicine was dispensed.

13.Administering medicines

13.1.Workers are expected to know the purpose of the medication as per the medication plan.

13.2.Workers will only administer prescribed medicines as per the details listed above.

13.3. Workers will only administer non prescribed medication from the original packaging as purchased and in accordance with the manufacturers' instructions.

14.Right to refuse medicine

14.1.People have the right to refuse medicine.

14.2. Generally, it is worthwhile waiting a short time before re-offering the medicine. If the person still refuses, medicines will not be administered against their wishes.

14.3.Workers will discuss any ongoing refusal with the person's family/carer.

14.4.Workers will record:

- Medicine refusal and the reason for the refusal (if the person gives a reason) on the MAR.
- Any subsequent actions in the persons' record.

15.Wasted doses

15.1. Workers will record on the MAR the reason for any dose being wasted, e.g. because it was accidentally spilled or dropped, or because the person refused a dispensed dose.

15.2.Workers will consult a pharmacist about how to dispose of a wasted dose.

16.Side effects/adverse reactions to medicines

16.1. If someone becomes unwell after taking a new medicine, this may be caused by the medicine or a reaction to another medicine. Workers will seek immediate medicinal advice from a health professional.

16.2. Workers will advise the area lead/directors as appropriate, and record details on the person's record.

17.Covert administration

17.1. Covert administration means giving someone medicine in a disguised format without their knowledge, for example in food or drink.

17.2. Staff will not administer medicines covertly to any person who has the capacity to make their own decisions about their care and treatment.

17.3. The decision to administer a medicine covertly is never routine and will **always** be subject to a Mental Capacity assessment, i.e.

- an assessment of mental capacity is required where there is any doubt about someone's capacity to make a decision about their medicine.

- a best interest decision will be made about the best care and treatment option for the person.

17.4. If it is agreed that covert administration is in the person's best interests, the decision will be recorded on an MCA form, and specified in the medicine plan, together with information about how the medicine will be covertly administered.

17.5. The stability or effectiveness of some medicines can be altered by administering it covertly, e.g. administering with food. Advice about how the medicine could be administered without the person knowing should be sought from the responsible health professional before directions are recorded in the medicine plan and on the MAR.

17.6. The plan will be regularly reviewed to determine whether or not covert administration is still necessary.

18.Controlled Drugs

18.1. The Misuse of Drugs Act 1971 places controls on certain prescribed medications (known as controlled drugs) because of their potential for misuse. The Misuse of Drugs Regulations 2001 categorises controlled drugs into five schedules. Different legal requirements for how controlled drugs must be stored and for record keeping apply to each schedule. To meet our legal obligations, we must:

- securely store all controlled drugs in Schedule 2 and certain controlled drugs in Schedule 3 as set out in paragraphs 18.7 – 18.10.
- record the receipt, administration and disposal of Schedule 2 controlled drugs in the controlled drugs register in addition to all other records required by this policy and local procedures.

18.2. This section sets out Inspired Support's requirements for all medication in Schedules 2 & 3 to which legal requirements apply.

Identifying controlled drugs when they are received

18.3. Staff who receive medications from any source are responsible for checking whether or not the medication is a controlled drug. Any community pharmacy will be able to help identify controlled drugs and advise about storage and recording requirements. Reliable online information can be found at:
Online BNF (Adults);
Online BNF for Children;
GOV.UK common controlled drugs list.

18.4. When a medication is identified as a controlled drug, workers must:

- check which schedule applies to the medication.
- record the receipt of medications in Schedule 2 in the controlled drugs register
- ensure that medication in schedule 2 and certain controlled drugs in schedule 3 are stored as set out in paragraphs 18.7 – 18.9.

Double staff involvement – controlled drugs register and the MAR

18.5 Two workers must be involved in updating the controlled drugs register and the MAR whenever Schedule 2 controlled drugs are received, administered, disposed of and stock balances checked.

18.6 One worker must carry out and record the activity then sign and date the record. The second worker must check that everything is correct and countersign the record.

Storage requirements for controlled drugs

18.7 Access to controlled drug storage areas will be restricted according to need. Risk assessments will be used to decide who may hold keys.

18.8 **Adult services** must store all schedule 2 controlled drugs and those schedule 3 controlled drugs to which secure storage requirements apply:

- in a dedicated controlled drugs cupboard which meets the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 (safe custody regulation), or
- in a separate container in a safe which complies with the safe custody regulation, or
- in a locked box separate from other medications in a standard locked medicines refrigerator if the medication requires refrigeration.

People who manage their own medication

18.9 People who are using controlled drugs and manage their own medication are not subject to the safe custody regulation. Decisions about safe storage of controlled drugs managed by someone using the service will be based on risk assessment and recorded on the person's plan. The storage place must not be accessible to other people.

Missing Stock

18.10 Inspired Support must report missing stocks of controlled drugs that cannot be accounted for the regional Controlled Drugs Accountable Officer (CDAO) at NHS England.

19. Medication records and data protection

19.1. Inspired Support has a duty to keep records for each person using it's service.

19.2. Workers must maintain complete, accurate and up to date records of all medication related activities as required by local procedures.

19.3. Paper based records must be legible, completed in black ink, dated and signed by the person making the entry. Errors must be recorded by ruling a single line through the incorrect information so that the original entry remains legible. Workers must then record the correction and date and sign the record.

19.4. We will keep information secure and use it in accordance with GDPR and the Data Protection Act 2018.