

# Axis Recruitment Ltd

<b>Policy Title</b>	<b>Administration of Medicines</b>	<b>Date Implemented or Date of Last Review</b>	
<b>CQC KLOE Reference</b>	<b>Safe</b>	<b>Date of Next Review</b>	

## **Policy**

Many of the Agency's Clients are advised (for example by their GP, local Pharmacist, Community Nurse etc.) to take medicine(s) either regularly, or on an occasional basis, in order to maintain or improve their health. The taking of medicines will form part of the initial needs assessment, and a decision taken as to whether the Client wishes the Agency, and its care workers, to participate in any way in the process of administering medicines to the Client.

Typically, the Agency will always try to encourage and maintain the Client's independence, through the Client's own self-administration of medicines, but will provide assistance, as needed, when this has been agreed as part of the Client's Personal Care Plan. Where assistance is given by any care worker employed by the Agency, then it will be undertaken within a strict procedure, as outlined below.

Care workers are not permitted to deviate from the procedures laid down (or they may face disciplinary action) and are advised to seek advice on any matter of concern either to them or the Client. However: -

Where a local authority or local Primary Care Trust (PCT) has a more restrictive policy, then this will be communicated to care workers of the Agency, who will comply with that policy;

If a local authority or local PCT has a policy or practice which is less stringent, care workers will not undertake practices which might breach the Agency's own minimum standards.

The Agency and its staff will co-operate with other members of the community team, in relation to individuals' medication, and may share relevant information with them, unless the individual has specifically asked the Agency not to.

## **Procedure**

### *Self- Administration of Medicines*

Prescribed medicines (as well as dressings, appliances etc.) are the property of the Client and in order to promote independence, the Agency encourages Clients to self-administer their own medicines whenever this is possible, and it is safe to do so. Where self-administration has been agreed, and recorded in the Client's Personal Care Plan, then the Agency, and its care workers will undertake to maintain a watchful eye on the situation, and in an unobtrusive way, gain the confidence that medicines are being taken.

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Care workers are instructed to report any concerns (such as apparent failures, sudden shortages) to the Agency Manager. Although self-administration is encouraged, it may not be appropriate in every case, and the Agency will assess the risks associated with self-administration of medicines for each Client. Partial self-administration may be possible in certain situations, particularly, for example, where the Client has full mental powers, but may have some physical problems (such as difficulty opening containers) where assistance needs to be given.

The decision about the responsibility for the administration of medicines will form part of the assessment process, and the tasks agreed to be undertaken by the Agency will be integrated into the Personal Care Plan, which will be reviewed regularly, as the Client's level of competence may change over time.

Where the Client wishes to self-administer but the assessment questions whether self-administration is appropriate, then the agreement of the doctor responsible for patient care must be obtained.

## *Assistance with the Administration of Medicines*

Assistance, with the informed consent of the Client, in each case, may be low level, medium level or high level.

At the low level of assistance, Agency staff may give reminders (usually orally, but may also include "post it" type notes left in strategic locations!) or may help with the preparation of the medicine, such as fetching from the cupboard, shaking the bottle, removing the cap etc.).

At the medium level, staff may give more assistance, such as removing the tablet from a measured dosage system, or container and giving this to the Client, or, for example, pouring a measured dose into a container for the Client to swallow.

At the high level, staff may undertake the complete process, taking responsibility (and so documented in the Personal Care Plan) for the administration of medicines in their entirety. Staff must be trained to undertake such tasks, and in addition must adhere to the following general principles:

- The Agency's care workers have an obligation to ensure that they only perform duties and tasks on behalf of a Client in circumstances where they are competent to do so. Competence may be gained through a variety of methods, but most commonly through education, training and evidential assessment of competence. The tasks which each care worker is permitted to undertake will be specified in writing and noted on the care worker's training record;
- Medication should never be removed from the original container in which a pharmacist or dispensing doctor supplied it until the time of administration. The best way of administering medicines to a Client is directly from the dispensed container;
- Medication should never be prepared for someone else to administer to the Client at a later time or date;

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- Undertaking a care task (including assistance with the administration of medicines) in situations where the individual has not received appropriate education and training, may result in the individual being subject to disciplinary action;
- Medicines that have been prescribed and dispensed for one Client must not, under any circumstances, be given to another Client or used for a purpose that is different from that which they were prescribed for;
- Patient information leaflets, supplied with each medicine will be made available to the Client;
- Any member of the care staff provided with the training and responsibility to administer medicines must ensure, before administering, that each medicine has a printed label which identifies, clearly:
  - The Client's name;
  - Date of dispensing;
  - Name and strength of medicine;
  - Dose and frequency of medicine.
- If the label becomes detached from a container, or is illegible, the prompt advice of the person who made the supply must be sought. Until then, the original container should not be used. In the case of multiple containers, each container should be labelled. For medications which have an inner container and an outer box (e.g. eye drop bottles, cream and ointment tubes) the label should be applied to the item instead of, or as well as, the outer container.

In the case of monitored dosage systems, a new label should be fixed to each supply. Agency care staff must never alter labels on dispensed medicines;

- The procedures and systems implemented by the Agency for the administration of medicines will respect the dignity and privacy of the Client;
- Medicines may only be administered strictly in accordance with the prescriber's instructions;
- The timing of the administration of medicines will be carefully considered and respond to the Client's needs, as well as allowing for special provisions such as when medicines are required in advance of food and medicines with specific dosage regimes;

It is a legal requirement for records to be retained within the Agency even when a Client is no longer being cared for. These records will be retained for a minimum of three years from the date of last entry, and will be retrievable if needed.

*Refusal of Medicines.*

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It is an individual's right to refuse medicines. The Agency's care staff will record the reason(s) for refusal of the dose so that this can be appropriately discussed at the time of a medication review with the general medical practitioner and/or the pharmacist. More urgent cases will be reviewed immediately. When a Client is considered incapable of giving consent to treatment, or where the wishes of a mentally incapacitated Client appear contrary to the interests of that person, the general medical practitioner responsible for treatment will be consulted. He/she should consult relatives/carers and other members of the multidisciplinary team on any action to be taken, and should respect any previous instructions given by the Client.

## *Homely Medicines.*

Non-prescription medicine is another name for Homely or household remedies, which refer to medicines available over the counter in community pharmacies. If a Client is mentally able to choose and wishes to buy their own remedies for minor ailments they will be supported in this decision, and encouraged to speak to a Pharmacist. Advice should always be sought from the Pharmacist about any potential interactions between the non-prescription medicine and the Client's regular medication. Assistance may be given with the administration of homely remedies at the request of the Client (provided that the Personal Care Plan does not warn of a possible conflict with prescribed medicine) and all instances will be recorded in the Homecare Record. If a Client requests that a particular item be bought, then this may be handled in the same way as any other shopping request, although the request and the purchase must be recorded. If the Client is also taking prescribed medicine(s) then the Agency's care worker will:

- Raise with the Client the possibility of a bad reaction to mixing their medication;
- Arrange for an appropriate check to be made.

## *Disposal.*

The medicines that are held in the Client's home at any given time should be appropriate to the current therapy of the Client, and Clients should be advised that any surplus or unwanted medicines should be disposed of in the appropriate manner, usually via the Pharmacist who prescribed them. All medicines have an expiry date. Some medicine expiry dates are shortened when the product is in use e.g. eye drops. If a medicine has a shorter expiry date when it is in use, this will be detailed in the product information leaflet.

## *Adverse Drug Reaction Reporting.*

Any adverse drug reaction (ADR) or suspected ADR will be reported to the general practitioner and / or supplying Pharmacist for that individual Client and discussed before further administration of the drug in question.

No care worker employed by the Agency may recommend, promote or sell to a Client any form of medication, remedy, preparation or aid, including any "homely" medicines of any description.

## *Untoward Incidents*

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Care workers must report all untoward incidents and concerns relating to medication without delay in order that appropriate assistance can be provided. Examples include: -

- Observing that medication is out of date;
- Medication is spilt, or spoiled or the amount available is inexplicably reduced, or “lost”;
- The wrong amount was taken;
- The wrong medicine was taken;
- A planned dose was missed;
- Medication was refused;
- Medication cannot be found;
- Medication has run out;
- An “administrative aid” has not been filled;
- Medication records or instructions are unclear, missing or have been completed by someone not authorised to do so;
- The Client is experiencing problems or adverse reactions after taking the medication, or having unusual “side -effects”.

If medication is spilt or dropped then it should be disposed of and not given to the Client. This should be recorded in the Homecare Record, as should the details relating to all untoward incidents and concerns of the type described above.

*Care workers are instructed to call the Emergency services if: -*

- The Client is suspected of having taken an overdose;
- The Client is found or becomes unconscious;
- The Client suffers a major and apparently serious adverse reaction to medication;
- The Client has difficulty breathing;
- The Client is in any other kind of difficulty where in the judgment of the care worker immediate medical attention is desirable or essential.

## *Homecare Record*

A Homecare Record will be placed in each Client’s home and will remain there for the duration of the period that the Agency provides care. This key document requires accurate and regular information to be recorded, (if necessary daily) on the following topics:

- Assistance given (at the high level) with medication (prescribed medicines and “homely” medicines);
- Details of any financial transactions undertaken with/on behalf of the Client;
- Any changes in circumstances;
- Accidents/Untoward incidents;
- Other information.

## *Aids for the administration of medicines*

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These aids are useful in many respects, in that provided that they are used correctly, they offer a safe and reliable method of helping to ensure that medicines are taken, at the correct time and in the correct dosage. There are two main types: -

## *Monitored dosage systems.*

These are sealed appliances which can only be filled by a Pharmacist.

## *Compliance aid.*

These are unsealed boxes, and should be filled by a Pharmacist, Doctor or professionally qualified person. Care workers are instructed not to fill compliance aids of this type as this involves transferring medicines from the original container provided by the Pharmacist at the time the medicines were dispensed.

If there are any doubts about the reliability with which unsealed systems have been filled (e.g. when filled by the Client, or a family member, or carer) the care worker should report this as an “untoward incident” in the Homecare Record and to the Agency Manager.

To assist in resolving difficulties of this type the Agency will encourage Clients to receive their medication directly from the original container in which it was dispensed. This container, and label carries the name of the patient, the name of the medicine, the dose, the timing and any other instructions, enabling more accurate administration and recording of the medicines administered to and taken by the Client.

## *Storage of medicines and their correct disposal*

Care workers must ensure that medication is stored correctly, and particularly where controlled (e.g. refrigeration) conditions are identified in the Personal Care Plan for the Client. The location of stored medicines should be recorded in the Personal Care Plan, so that other care workers attending the Client are made aware.

The correct method of disposal of medicine is to return it, with its container, to the Pharmacy that dispensed it in the first place. This is the responsibility of the Client or carer and not the Agency’s care worker, unless this practice is incorporated into the Personal Care Plan. Medicines must never be disposed of down the sink, or the toilet, or thrown outside, or placed with domestic rubbish.

The Agency has written its own procedure for the administration of medicines and ensures that staff are trained in the procedure. The procedure is used for the administration of both prescribed medicines and homely remedies, and is attached to this policy/procedure document.

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## Medication which can only be administered subject to specific conditions

There are three levels of medications which require specific training. These methods of administration are outlined below along with the specific conditions, in addition to the general conditions outlined in this policy/procedure document, which need to be met prior to administration.

Level	Method of Administration	Conditions
1	Eye, ear and nose drops	All general conditions above are met; The Client consents to the care worker undertaking the task; The care worker has received suitable training, been assessed as competent to complete the task, and a record of such training is held by the Agency.
2	Inhalers and nebulisers	All general conditions above are met; The individual consents to the care worker to undertake the task; The care worker has received suitable training, been assessed as competent to complete the task, and a record of such training is held by the Agency; It should be noted that often two inhalers are used and that they may need to be taken in a specific order. If this is the case the care worker should be made aware of this fact.
3	Any form of invasive therapy e.g. injections, enemas, suppositories. naso-gastric administration Any form of medication that involves skilled observation to be made before, during or after administration Controlled Drugs Cytotoxic Drugs	All general conditions above are met; The individual consents to the care worker to undertake the task; The care worker has received suitable training, been assessed as competent to complete the task, and a record of such training is held by the Agency; “Cascading” of information from care worker to care worker is an unsuitable method of training and is not acceptable under any circumstances.

# Procedure for the Administration of Medicines

## Identity Check

Check that the Client to be given the medicine is the correct person. This may be straightforward if the Client is well known. If the Client is not known, (to the care worker) then a check must be made with the photographic evidence available. If this is not to hand, or not available, then confirmation must be sought through other means (e.g. orally with the Client) before any medication is administered.

## Medicine Check

The care worker administering the medicine is required to check:

That the medicine has not already been administered to the Client;

That the information in the Personal Care Plan (describing the medicine) and the pharmacy label, match precisely. Never give medicine which has been dispensed for someone else;

That the name of the Client, the name of the medicine, the strength, and the number of dose units and the frequency match.

That the medicine has not gone beyond its expiry date. If it has, then this must be reported immediately to the Agency Manager and recorded in the Homecare Record.

If there is a discrepancy of some kind a check should be made with the pharmacy or person in charge before giving the medicine to the Client.

In situations where the instructions are unclear, for example, the dose is stated as one or two tablets, or as required, and it is not a PRN (as needed or as required) defined medicine and the Client is not self-medicating, then the care worker must seek clarification from the Agency Manager.

## Administration of Medicines

Care staff are required to follow the instructions provided by the pharmacist or the GP, and which may be recorded on the label and/or the Personal Care Plan. If medicines cause any immediate adverse or inappropriate reaction then this must be reported without delay. When there is a choice of dosage e.g. 1-2 tablets, the number of tablets administered must be recorded.

Care must be taken to ensure that medicine is administered in the correct manner.

- Ensure that the Client is either sitting or standing to receive medication that requires swallowing. If a Client has to be lying down to receive the medication, then the care worker must have been trained in this procedure;
- If a medication has to be taken with a liquid (preferably water), get this ready beforehand;



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- Tablets or capsules must not be cut, crushed or dissolved, unless the instructions on the dispensing label require this. In certain cases, if a medication is causing difficulties (e.g. in being swallowed) then it may be possible that it could be prescribed in a liquid or soluble form;
- Confirm that the medication is being given at the correct time;
- If a care worker should miss or omit an administration of medicine to the Client then this must be recorded in the Homecare Record and reported immediately to the Agency Manager who will seek advice.

If a Client has religious beliefs that may cause intermittent variation with their medication management (e.g. fasting) then this should be identified and recorded as part of the Agency's Client assessment process. Advice will then be sought from the Client's GP or Pharmacist.

If a medication is described as to be given "PRN, this means "as required". The instructions on the label should include the amount to be given and also a maximum frequency (e.g. a maximum of X tablets in 24 hours). Taking the medication is at the discretion of the Client. All instances of helping to administer PRN medicines must be recorded in the Homecare Record.

## **Note:**

Some PRN/as required medicines are for the Client's use in an emergency, and so may be needed when the Client is unable to give instructions. Emergency medication of this sort can only be given by a trained care worker, and where individuals have specific conditions which may give rise to the need to administer emergency medication, this must be identified, planned for and the training needs met in advance.

## **Homecare Record**

The Homecare Record will identify all prescribed medicines and will also be used to record other "homely" medicines administered e.g. non-prescription medicines. The signature of the person administering the medicine will be linked to a specific medicine. This is to facilitate audits at a later date and to ensure that the records are clear. It is essential that the person who administers the medicine refers to the record at the time of administration, and signs immediately the medicine has been administered. The recording of self-administration is not anticipated although the Homecare Record will contain information about the date that a supply of medicines was given to the Client.

## **Refusal**

It is an individual's right to refuse medicines. If this situation arises then the Agency's care workers will record the reason for refusal of the dose so that this can be appropriately discussed at the time of a medication review with the GP and/or the Pharmacist, and report the incident to the Agency Manager, who may take immediate action in certain cases. If the medicine is not administered for any other reason, then this also must be entered on to the Homecare Record.

## **Individuals authorised to administer medicines**

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The Agency undertakes to provide adequate training for staff in the administration of medicines and staff may only undertake this task after training has been given, and the staff member is assessed as competent. The Agency will maintain a list of staff members so authorised, together with the signature (and initials) that they will use on the Homecare Record that medicine has been administered. The Agency will ensure that there is no duplication of initials at any one time.

## Key Points for Care Workers – Administration of Medicines

Care workers are required to read and to sign that they have read and understood the Agency's policy/procedure on the administration of medicines. A record of this will be kept on the care workers personal file, held at the Agency.

Unless care workers are advised differently, by the Agency Manager, in writing, then the standards laid down by the Agency, and as described in the policy, must be followed at all times. Failure to follow the standards laid down may result in disciplinary action, which, in serious cases may lead to dismissal.

Medicines in Clients' homes are the property of the Clients. The Agency promotes self-administration of medicines (the Client administers their own medicine) as the most beneficial solution for both the Client and the Agency. However this is not always possible, and it may be necessary for the Agency to discuss and agree with the Client a level of support which will enable medicines to be taken safely and beneficially. Where the Agency agrees high-level support (administering medicines to the Client, with the consent of the Client) then strict procedures must be followed.

### **The key points on administering medicines are:**

- Never give a Client someone else's medicine;
- Never undertake a task for which you have not been assessed as competent to perform;
- Never administer medicine without making a record of what you have given, in detail;
- Always check that the person receiving the medicine is the same person for whom it was initially prescribed;
- Always check that the medicine(s) being administered correspond with those detailed in the Personal Care Plan;
- Always advise the Client that homely (over the counter) medicines may react, adversely with prescribed medicines, and checks may need to be made;
- The Client has the right to refuse to take medicine; However this fact must be recorded and the Agency Manager advised, without delay;
- Never administer a medicine if you do not know what it is, or are not certain it is part of the Client's current care plan;
- Always ensure that you are not giving medicine which is "out of date";
- Call the Emergency Services (999) if a Client suffers a seriously adverse reaction to taking medicine;
- Always dispose of medicines in the correct manner, and never down the sink, or toilet, or in the rubbish bin;
- Always report problems, concerns or incidents, and make sure that records are kept accurately and are always up to date.

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## References to Legislation and Fundamental Standards

<b>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b>	<b>Regulations 11 12</b>
<b>Fundamental Standards</b>	<b>Care and treatment must only be provided with consent.</b>  <b>Care and treatment must be provided in a safe way.</b>