

SILVA CARE LTD

MEDICATION POLICY

Policy Statement

Silva Care's medication policy intends to provide staff with the appropriate support and guidance to ensure they manage medication with or on behalf of service users in line with current legislation/ guidance such as:

- The Care Standards Act 2000
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973 amended 2001
- The Mental Capacity Act 2005
- Prescription Only Medicines (Human use) Order 1997
- The Human Medicines Regs 2012
- The Data protection Act 1998
- The Access to Health records Act 1990
- Health and Safety at Work (etc) Act 1974
- Control of Substances Hazardous to Health regulations (COSHH) 2002
- Personal and Protective Equipment (PPE) Regulations 2002

In order for staff to maintain the appropriate level of standards when supporting service users with medication, this policy must be adhered to.

Assessment

All new service users to the scheme/ service will take part in an assessment of their needs. The choices made by service users regarding their medication and to administer and manage their own medication — will be respected by staff and recorded in the plan of care.

No assumption will be made that a service user cannot self-administer their medication purely on the basis of their condition or mental capacity. Service users who are suspected to be lacking capacity will be assessed according to the “best interest” principles contained in

the Mental Capacity Act. Where a service user can be enabled to self-medicate with additional support, or where they can self-administer parts of their medication, this will be provided.

The best interest assessment is intended to establish the ability of the service user to self-medicate, ability to take part in the medication processes and any needs they may have which might affect their safety / health if staff do not support or guide them to take medication. The assessment will cover the following areas:

- The Service User's knowledge of the need for medication
- The Service User's knowledge and understanding of the impact not taking medication may have on their health
- The Service User's knowledge of the medication, for example what it has been prescribed for and the possible side effects
- Physical / cognitive ability to self-medicate
- Any risks to Service User or others
- Previous attempts at self – medicating
- Agreement from the Service User that they wish to self-medicate and exactly what they are agreeing to do and what they are agreeing staff will do
- Agreement from the Care Team

The assessment will outline the specific support requirements which will be documented in the How to Support Me Care Plan and Outcomes and relevant Risk Assessment where appropriate. It is important to remember when completing the medication details that you outline what the role of staff is and service user for each individual.

In respect of the use of medication to help reduce a person's anxiety Silva Care recognises that unless this medication is used appropriately and is prescribed accurately then there is a risk of that medication effectively acting as a form of chemical (or medical) restraint. Silva Care recognises the value that medications can sometimes have as part of a holistic approach to meeting a service user's support needs but we are also very clear in stating that there exists a risk that medication can be used inappropriately to control behaviour. We are committed to working in partnership with the multi-disciplinary team and relevant qualified medical practitioners to ensure that the level of medication prescribed (if medication is prescribed at all) is prescribed at a level which ensures the service user is not adversely affected nor is effectively 'restrained' by that medication.

How to support me care plan and outcomes

All new service users to the scheme or service will need to have a Support Plan which maps out all the support they require to meet their individual needs. This Support Plan must set out the specific support required to meet their needs in relation to the management of medication, in particular to what level of support is required (Level one, two or three) The Support Plan needs to include the full support required by staff involved in managing their health or wellbeing needs

The Support Plan must also include details of whom to contact if there is an emergency and what action to take. It will also describe any best interest decisions made for covert medication or court appointed deputies in relation to health and wellbeing.

The support plan will also document any outcomes the service user wishes to work towards in respect of their medication and how they wish to be supported to achieve these outcomes.

Procedures

Once the needs of the service user have been clearly established, through assessment and support planning, staff must provide the appropriate support. To enable staff to support service users appropriately the manager of the scheme or service must put in place appropriate written procedures. Depending upon the kind of scheme / service and the individual concerned the service may need to write individual procedures for each service user, which address their specific and personal needs. This will enable each individual to have a greater level of involvement and control in the management of their medication and facilitate increasing skills. The procedures must be monitored and reviewed on a yearly basis or as and when needed to ensure the procedures meet the needs of the service users. It is therefore essential that the following procedures are in place and that all staff are aware of and understand them fully:

- Ordering
- Receiving / Receiving Controlled Drugs
- Storing / Storing Controlled Drugs
- Administration
- Monitoring • Disposal / Returns / Controlled Drugs Disposal and Returns
- Service users being away from their service base
- Training
- What to do in the event of an incident or accident
- Include a list of all those who are trained and authorized to administer medication including a list of their initials.
- Homely Remedies

Ordering

Every service receives medications differently, this can either be from parents/ carers (outreach and short breaks) or pharmacists (supported living). The manager of each service is responsible for ensuring they have the correct amount of medication for each individual service user and that it is received into the service in a timely manner.

Receiving / Receiving Controlled Drugs

Every scheme, supported tenancy, domiciliary service that receives medication with or for and on behalf of a service user must complete a stock checking form and record in the following:

- Date of receipt
- Name, strength and dose of medicine
- Quantity received
- Service user for whom medication is prescribed
- Signature of the member of staff receiving the medicines

Staff must check against the printed mar chart (medication record) and an up to date prescription slip/ or list of medications from the GP and the medication supplied (using the labels). Staff need to check all aspects correlate with each other before they sign and date the mar chart and the stock check form.

There must be a separate Receipt of Medication Log for the receipt of controlled drugs; however, the recording process should be completed in the same way as for the receipt of other medicines.

Storing / Storing Controlled Drugs

Every scheme, supported tenancy, domiciliary service that stores medication with or for and on behalf of a service use, must follow these guidelines:

- Staff must always read the label of any medication to ensure it is being stored appropriately.
- Unless specific storage requirements are noted on the packaging, medication should be stored in the cabinet of the individuals own room, or in a cabinet in the office.
- When storing medication, staff should ensure that all cabinets are kept locked at all times and the temperature of the cabinet/ refrigerator is monitored on a daily basis.

Controlled Drugs

- Where the scheme / home stores controlled drugs for and on behalf of service users these should always be stored in a locking metal cabinet that is fitted within another locked cabinet, which is fixed securely to a wall or floor. The controlled drugs cabinet must be provided purely for the purpose of controlled drugs.

Support / Administration / Recording / Mar Chart

Every scheme, supported tenancy, domiciliary service that administers medication with or for and on behalf of a service user should follow these guidelines:

- Staff can only administer medication following training and a competency assessment.
- Staff can only administer medication which has a printed pharmacist's label on it which details the service user's name, the date it was dispensed and the dose and frequency. Staff should never alter a label.
- Check the right individual is receiving the right medication
- Check the name on the blister pack, medicine bottle or dosette box
- Check the time of day coincides with the dose and time on the pack or bottle, box.

- To either support the service user to pop the medication out of box, pack etc into the small plastic pot to empty into their mouth, or to pop it out for them, in to a pot, never on to the service users/ support worker hand, where their assessment is they are unable to do so themselves, ensure they have a glass of water or alternative method as documented in their support plan.
- Observe the tenant taking the medication
- Enter the appropriate code or signature on the mar chart
- If the service user is absent or refuses to take the medication this needs to be recorded appropriately following the printed codes on the chart.

IF AN INDIVIDUAL REFUSED MEDICATION THEN STAFF NEED TO TRY AGAIN IN 10 MINUTES, IF THE INDIVIDUAL STILL REFUSES CONTACT THE GP/111 FOR ADVICE AND GUIDANCE. INFORM THE MANAGER OF THE SERVICE AND THEN COMPLETE A HEALTH AND SAFETY FORM.

Support / Administering Eye/Ear drops and creams

It is important to remember that all individuals where possible should administer their own drops or creams, however, where this is not possible, staff can administer these medications following these guidelines:

- Staff can only administer medication which has a printed pharmacist label on it or a written agreed protocol signed by a relevant health professional, which details the service user's name, the date it was dispensed and the dose and frequency.
- The support plan and details of medication record must record exactly what support from staff is required, specifically when using creams; and this record must be kept up to date and reviewed regularly. This record should demonstrate agreement has been reached in partnership with the care team on how to administer creams and any risks must be recorded appropriately, along with a plan of how to manage these risks.

It is important that hands are washed prior to administering eye drops and principles of good hygiene are followed. Care should also be taken not to touch the nozzle of the eye drops.

Support / Administering / PRN

There must be a clear written procedure in place which should follow these guidelines:

- There is written evidence on file stating, the times, dosage, frequency, interval level and exact circumstances the PRN is to be administered, this must include details of what symptoms the service user states they experience as well as those they display.
- This written plan must be signed and dated by the GP or Consultant
- This written plan must be reviewed every year or as and when needed.

If the scheme cannot satisfy the above circumstances then PRN cannot be routinely administered to the service user or held by staff at the scheme. However, if a crisis has occurred and the PRN is prescribed to manage the crisis this can be administered for a short period following advice from a pharmacist or 111, (for example when prescribed Saturday

morning until Monday). Under these circumstances staff must write all details in the summary of works at the front of the service user's medication file to ensure that any person can understand how the prescribing of PRN came about.

Compliance / Non Compliance

It is essential that all staff and service users understand that all Silva Care employees have a duty of care to all the service users with whom they work. It may be the case that during the process of either administering, supporting or monitoring a service users medication that staff realise that an issue has arisen with regard to compliance.

Where it is noted in the support plan and risk assessments as a known issue with an individual a protocol must be drawn up which highlights what action staff should take.

Where it is not a known issue for a service user, staff are concerned that compliance may be an issue they should TRY AGAIN IN 10 MINUTES, IF THE INDIVIDUAL STILL REFUSES CONTACT THE GP/111 FOR ADVICE AND GUIDANCE. INFORM THE MANAGER OF THE SERVICE AND THEN COMPLETE A HEALTH AND SAFETY FORM.

Monitoring

In order to ensure that a service user's needs are maintained at all times, all staff must ensure they monitor the use of medication. This means that all staff are responsible for remaining observant and reporting any concerns regarding side effects and/ or adverse effect to a GP or Consultant without delay. Any issues that arise must be recorded appropriately on a health and safety form and handed over to a senior member of staff immediately.

Disposal / Returns / Controlled Drugs Disposal and Returns

There are always occasions where medication needs to be disposed of, for example when a medication has been stopped and changed for something else, or when a service user has refused medication and there are excessive stocks in place. Following the death of a service user medication must be kept for 7 days after death in case there is an inquest. All medication that enters or leaves the service must be documented clearly in the stock check.

All services must ensure they complete the separate controlled drugs receipt / disposal log when returning controlled drugs.

All medication that is to leave the scheme must be logged out in the stock check form.

Staff must not dispose of medication in any other way than returning to the pharmacy.

Service users that require medication away from their service base when supported by Silva Care Staff

Staff should follow these guidelines:

- Staff must ensure that the Service User is going to be able to take their medication appropriately. If the service user is self-medicating, staff can observe the service user planning out their medication for the day and record this observation in the summary of works. If the Service User is not self-medicating staff need to either ensure medication is taken prior to going out or provided to the Service User when going out.

- If the Service User is to take the medication with them, staff must remember they cannot remove the medication from the original container. For example, staff cannot take the medication out of the container and put it into another dosette or an envelope as this is classified as Secondary Dispensing. If the Service User uses a blister pack, then the blister pack sleeve must be issued to the service user.
- When the Service User leaves the scheme, the total contents of the medication pack must be logged out of the scheme in the stock check to ensure the quantities left on the scheme tally up with the written record.
- When the Service User returns to the scheme the pack or dosette must be checked back in using the receipt / disposal log and should be counted and signed for accordingly.

Homely remedies

Homely remedy protocols are not prescriptions but protocols to enable administering of general sales list (GSL) and pharmacy only (P) listed medicines are required for liability purposes. Any service user using a homely remedy must have a protocol for administration that has been drawn up and agreed in consultation with other relevant qualified professionals (i.e medical practitioner or pharmacist). Protocols must also be signed by the manager of the service.

Training

All staff who administer medication should receive appropriate training (every 3 years). Whilst training is provided for staff to understand the medication they administer and how to administer it, it is important to remember that local training is of equal importance. For example, all staff need to know the local policies and procedures to follow when issuing medication and what to do if something goes wrong.

Competence training must be provided to all staff who undertake medication procedures prior to the staff carrying out medication tasks. Competency checks are to be completed every year.

Additional training provided by the local NHS district nursing service will be offered to those fulfilling additional roles relating to the administration of medication.

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



Covert Medication

Covert medication is where medication is issued to a service user without them knowing, for example putting medication in a drink without their consent or knowledge. It is important that staff remember that this type of action, whatever the reason for this is not acceptable and could lead to disciplinary action being taken. To ensure staff are protected at all times, staff should ensure they consult senior staff or on call if there are any queries in this regard.

There are however certain circumstances where covert medication can be issued, but when this is the case this must always be agreed as part of a multi-agency approach to managing certain issues (best interest decision). When Covert Medication is agreed we must have this in writing from the prescribing doctor.

Quality Assurance Audits

Silva Care has a robust procedure of monthly manager audits and 6 monthly quality assurance manager audits to ensure the medication systems within each service remain safe, transparent and respects service user's choice and independence.

| Date Reviewed: | Signature | Next Renewal Date |
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| 06/08/2014 |  Sharon Moore | 06/08/2015 |
| 06/08/2015 |  Sharon Moore | 06/08/2016 |
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