ADMINISTRATION OF MEDICATION

1. INTRODUCTION

The control of medicines in the United Kingdom is primarily through the Medicines Act (1968) and associated British and European legislation. The administration of medicines is an important aspect of professional practice (NMC 2008). The Nursing & Midwifery Council recognises that it is not a mechanistic task to be performed in strict compliance with the instructions of the prescriber but requires thought and the exercise of professional judgment (NMC 2007).

The use of medicines is the most common healthcare treatment provided for patients and Service Users in the UK, both in hospitals, care setting and community. Used wisely, medicines contribute very substantially to the quality of patient care, but their use is not without risk. There are clear lines of responsibility and accountability and clear policies for management of risk and it is required that medicines be prescribed, dispensed and administered safely and effectively.

Equally important is that they be stored and handled in a safe and secure manner that complies with current legislation. This policy provides guidance to all staff involved with medicines and promotes best practice in the safe use and handling of medicines. This document only considers the processes associated with the actual physical handling of medicines.

In recent years the inspection reports of the regulatory bodies in all UK areas have highlighted the administration of medication as an area of weakness, where potentially life threatening mistakes could be made. There is however, at the present time, no consistency and few accredited training courses in place for care staff on medication. Unlike S/NVQs and other recognised social care qualifications, there is little similar training available on medication which staff can attain to demonstrate competence. It has been left to social care providers to access ad hoc and local initiatives, either from the local pharmacist, training college or other training providers, courses which vary so much in content that the safe administration of medication cannot be assured.

2. PURPOSE

The purpose of this policy is to:

- Provide a system of administration and management with medication that focuses on the needs of the service user, their families and carers.
- Ensure that service users who need assistance with medicines are identified through risk assessments and that the assistance provided is appropriate safe and accurately recorded and monitored.
- Clarify the scope and limitations of the responsibilities of the employee who supports service users with their medications
- Clarify the role of the employee who is not trained in administration of medication
- Ensure safe systems for handling, storage, assisting and administering of medicines to minimise risk
- Identify systems for reporting concerns, errors and risks to employees

- Ensure all employees aware they are responsible for their actions, signatures and initials must be held in Client's files and completed in any establishments worked in prior to administration of medication to ensure identification in the event of an error or concern.
- Ensure employees are given the necessary training in relation to their assignments and are supported to working to the highest standard when involved in the administration of medication through supervision
- Ensure the service user/patient receives maximum clinical benefit from the prescribed medication in a safe way, which minimises any potential harm
- Ensure the importance of administering medication in an appropriate manner, as they are prescribed and in accordance with dispensing instructions and given in a timely manner to ensure an effective clinical outcome.

3. SCOPE

All employees who will be involved with the administration of medication are to be fully aware of this policy.

4. LEGISLATION

The Medicines Act 1968 - governs the control of medicines for human use and for veterinary use, which includes the manufacture and supply of medicines.
The Medicines Act 1971 - often presented as little more than a list of prohibited drugs and of penalties linked to their possession and supply
The Misuse of Drugs (Safe Custody) Regulations 1973 Sin 1973 No 798 as amended by Misuse of Drugs Regulations 2001 - state that all schedule 2 (e.g., opiates) and some schedule 3 (e.g., temazepam) drugs should be stored in a cabinet or safe, locked with a key. The cabinet should be made of metal and fixed to the wall or floor. A designated person at the practice should be nominated as responsible for the CDs and appoint key holders. The keys should be kept in a safe place and no unauthorised members of staff should have access to the keys, e.g., a locum. For home visits doctors should carry CDs in a lockable bag.
The NHS Scotland Pharmaceutical Service (Regulations) 1995
The Data Protection Act 1998 – in relation to the protection or service user's data
The Care Standards Act 2000
The Regulation of Care (Scotland) Act 2001 - The main aim of the Regulation of Care (Scotland) Act 2001 is to improve standards of social care services. The Act meant that far more care services and people who work in them came under scrutiny and had to conform to established standards. Failure of a care service or an individual to comply with the Act and associated regulations means that they are de-registered and unable to continue providing services.
Adults with Incapacity (Scotland) Act 2000 - The Adults with Incapacity (Scotland) Act 2000 creates provisions for protecting the welfare of adults who are unable to take decisions for themselves because of a mental disorder or inability to communicate. It allows other people to make decisions on behalf of these adults about things like arranging services, managing finances and property and medical treatment. People who are most likely to use the provisions

of the Act include those with a learning disability, dementia, mental ill health, head injury or a physical disability that prevents a person from communicating.

5. RELEVANT DOCUMENTATION

All Aberness Recruitment staff to be aware of relevant documentation in relation to the safe administration of medications:

Managing Medicines in Care Homes – NICE Guidelines

Prompting, assisting and administration of medication in a care setting: guidance for professionals – Care Inspectorate

Standards for Medicine Management - NMC Guidelines

Better Medicines Management – RCN Guidelines

6. TRAINING

All trained nurses and community carers are qualified to administer medications. However, it is good practice to keep yourself updated with current legislative changes and practice. Aberness Recruitment offers refresher training on Medication Management and encourage all trained staff to attend. Supervision is also carried out on all trained staff whilst administering medication in care establishments to check competency.

All staff who administer medication should access up to date information about the use of medicines when they do not know or are unsure of the use and benefit of specific medications. The British Nurse Formulary (BNF) should always be available in all care establishments and hospitals. If not available, you can access the BNF internet www.bnf.org. The BNF can also be installed free into your mobile phone by searching through your apps. There is an app specific to nurses and also to carers who administer medication.

If a qualified nurse or carer has concerns about their or others competencies in medication administration, it is essential to contact their line manager.

7. LEVELS OF MEDICATION MANAGEMENT

Level 1 – no support with medication is required

Service users on medication management level 1 are fully independent and have capacity manage and take their medications. They will retain control and responsibility for their medication. No support with any tasks involving medication is required from staff.

Level 2 - minimal support, service user retaining control

Service users on medication management level 2 have **capacity** regarding their medications and remain in control when level 2 input is provided.

The service user has the capacity to manage their medications, however:

- Requires physical assistance e.g. help to open medication containers, confirm reading of labels
- Sometimes the service user requires reminding to take medications – this is considered as 'prompting' or 'reminding'
- Is enabled by the use of Telecare devices for prompting and reminding, this may be visually and/or audibly

The service user must request staff assistance or agree that staff can perform a task(s) regarding medication management. This assistance and level of input must be agreed by the multidisciplinary team / care manager / local area co-ordinator and documented in the shared care and support plan.

There is a drive to maintain independence, with service users being encouraged and enabled to retain their own responsibility for medications. Staff to aid in the facilitation of this independence. There is a supervisory/monitoring element with level 2 input.

Permitted tasks – level 2 input

- Reminding / prompting the service user to take medications. The service user must be aware of what medications they should be taking and when to take the medications. Staff should be aware of when prompting for medication is required; this should be documented in shared care and support plan.
- Providing physical assistance at the service user's request to open medication packaging, read or confirm instructions and, if necessary, place medication in service user's hand. This may be due to conditions affecting manual dexterity e.g. Arthritis, Parkinsonism, Multiple Sclerosis or visual impairment.

Additional information – level 2 input

'Prompting' is an informal service where the staff member is acting as a reminder to the service user using verbal, visual or physical cues e.g. asking the service user if they have remembered to take their medications and/or prompting by showing them their medications. As part of the prompting process, staff should tell the service user the time of day. A Telecare aid may enable the service user to self-medication by means of visual or audible prompts.

A level 2 service user may, if they have issues with physical ability, request medication be taken out of packaging by staff for self-administration at a later time. The service user must direct the staff member regarding this activity. In such circumstances, the staff member is assisting the service user to maintain their independence.

The service user is responsible for the safe storage of any medications removed from their original packaging. **This activity should only be performed in exceptional circumstances. If this activity is undertaken, this should be recorded in the shared care and support folder.** The service user, or staff member if requested by service user, should consider / discuss alternative solutions with community pharmacy / line manager e.g. non-child resistant caps.

When level 2 input is provided, staff must document the assistance given e.g. *"assisted with opening boxes"*, *"reminded/prompted to take medication".* This should be documented in the service user's shared care and support folder as appropriate during each visit.

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A service user may refuse medication at level 2 – this is their choice. Staff can, with the service user's permission, highlight to their Manager if they have concerns regarding the service user's health or capacity regarding medication management.

At level 2 input, the service user remains in control. If staff have concerns regarding diminishing ability of the service user, they have a duty of care to report this to their Manager. The Manager should alert the appropriate member of the multidisciplinary team, preferably the individual who undertook the initial assessment, they would then consider if a review / reassessment is required.

Level 3 – staff administer medication

Service users on medication management level 3 lack capacity or understanding regarding their medication, therefore is unable to safely manage their medication independently.

'Administration' is the formal process of staff selecting and administering medication and recording what has been given following clear information on a Medication Administration Record (MAR) or short-term / emergency prescription and recording chart.

Level 3 assistance must be agreed with the service user, family or their legal welfare attorney / guardian, signed consent must be obtained.

Permitted tasks – level 3 input

- Administering regular oral medication, including controlled drugs and warfarin where prescribed, as detailed on a Medication Administration Record (MAR) or short term / emergency prescription and recording chart that is supplied by the service user's pharmacy or dispensing practice.
- Administration of 'as required' medication. All 'as required' medication must have specific directions on the MAR (or short term / emergency prescriptions and recording chart) / label with regards to the dose, the frequency of administration, the maximum daily dose and the reason for the medication.
- Personal care, infection control, catheter care training etc. is provided as part of staff standard training. Personal care allows for the use and application of topical emollients for dry skin as required for individual service users. This may include products such as Diprobase, Doublebase, E45 and Ungeuntum M. Pharmacy can be contacted for further information if necessary. Such emollients do not need to be prescribed or documented on a MAR sheet.

Additional permitted tasks – level 3 input

Certain additional medication administration tasks may be undertaken by staff. These are only permitted after appropriate task specific training and provision of written direction, if available, from a healthcare professional e.g. community nurse / pharmacist. Healthcare professionals should provide documentary evidence of any training provided.

Staff must be authorised to perform these additional delegated tasks by their Manager. This should be done on an individual service user basis and should recorded in their shared care and support plan.

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Tasks might include:

- Eye drops and eye ointments
- Ear drops and ear ointments
- Nasal drops and nasal ointments
- Inhaled medications by inhaler device or nebuliser
- Oxygen
- Products for oral hygiene
- Application of protective dressings on intact skin following personal hygiene
- Topical medications (creams and ointments) excluding emollients applied following personal care
- Emptying and changing day and night catheter bags

Additional information – level 3 input

Staff must not undertake level 3 medication management tasks until they have undertaken level 3 medication management training, completed the assessment and been deemed competent by their Manager. Staff may not undertake any medication management tasks unless approved to do so for each individual service user.

If level 3 input is provided, all medications administered must be documented on a Medication Administration Record (MAR) or short term / emergency prescription and recording chart. Staff have the responsibility for selection, administration and recording the administration of medications.

If level 3 input is only required for some medications e.g. eye drops, this must be clearly documented in the service user's shared care and support plan. These medications must be on the MAR or short-term / emergency prescription and recording chart to allow staff to administer and record administration.

Level 3 medication management will only be initiated if arrangements are in place for a community pharmacy or dispensing doctor practice to prepare and maintain a Medication Administration Record (MAR) listing all medications. Only those medications listed on the MAR or short term / emergency prescription and recording form can be administered by staff.

For level 3 medication management, all medications to be administered by staff must be prescribed by a doctor / non-medical prescriber, dispensed in original packs, and be labelled by a pharmacy / dispensing doctor with specific, clear administration instructions.

If the family / informal carer wishes to be involved with the service user's medication management then their level of involvement and agreed responsibilities must be documented in the service user's shared care and support plan. This may include tasks such as ordering and collection of medication.

Any medication discrepancies should be reported immediately by staff to their Team Leader who should refer the issue to an appropriate healthcare professional.

Supervision and monitoring of competence is an ongoing responsibility of Aberness Recruitment. Competence can be reviewed by the healthcare professional on request of the staff member, Team Leader or Manager.

Level 4

Medication management level 4 is beyond the knowledge and skills of community staff and requires input from persons with greater medical knowledge and skills. This may include for example, insulin administration, palliative care, or nursing home care.

8. ORDERING MEDICATION

On the agency the responsibility of ordering medications lies with the Client. Some Clients have different pharmacies that they use and different protocols in relation to the ordering of medication.

On the Community, the ordering of the medications for a Service User is usually done by family or via GP and district nurse. Many medications will be repeat prescriptions and staff must ensure that when re-ordering all the following are correct:

- Name of service user
- Name and strength of medication
- Amount ordered will be sufficient for the specified time period

As a matter of best practice, all Service User's medications should be reviewed every 3 months or as required by the professional prescribing the medication in conjunction with the pharmacist and the care staff. When carers are required to order medication for service user's, this must be mutually agreed by all parties and clearly documented in the care and support plan.

9. STORAGE OF MEDICATION

All medication needs to be stored in a clean, lockable, secure facility so that they cannot be mixed up with other people's medication and cannot be stolen.
In the community staff must ensure medication is stored in a designated area, at an appropriate temperature and protected from light. Staff need to ensure that the Service User is aware of the correct way of storing their medication at home and advise against areas that are too damp, too warm or unhygienic.

Controlled drugs must be stored in cupboards that comply with the Misuse of Drugs (Safe Custody) Regulations 1972. 'Controlled Drugs cabinets should be reserved for controlled drugs only, holding nothing else – it is not safe and should not hold jewelry, cigarettes etc.' A separate bound Controlled Drugs Register (CDR) must be kept to record all controlled drugs held. Any stock of stored medications should be audited, rotated and checked for expiry dates on a regular basis

10. ADMINISTRATION OF MEDICATIONS

'Safe Administration' is defined as medicines given in such a way as to avoid causing harm to the person taking the medication. Apart from homely remedies, a prescription must always be obtained from a registered medical practitioner or a nurse prescriber, for any medication administered to another person.
Medicines must never be removed from their original containers or bottles in which they are dispensed by the pharmacist. This includes the Monitored Dosage System (MDS) or other compliance aids.
Staff must always follow the following procedures and adhere to the main principles of safe administration:

- Identify the medication correctly

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- Identify the person correctly
- know the medication you are administering
- know whether there are any special precautions needed
- the dignity and privacy of the service user must always be preserved
- Check that the prescription or label on medicines dispensed by a pharmacist, is clearly written and unambiguous.
- Consider the dosage, method of administration, route and timing of the administration in the context of the condition of the service user and co-existing therapies
- Check the expiry of the medication to be administered
- Check that the service user has no allergy to the medication being administered
- Contact the prescriber without delay where contra-indications to the prescribed medication are discovered, where the service user develops a reaction to the medicine or where assessment of the service user indicates that the medicine is no longer suitable
- Make a clear, accurate and immediate record of all medicines administered, intentionally withheld or refused by service user, ensuring that any written entries and the signature are clear and legible.
- If an entry is incorrect, it should be scored out and signed error. It should **never** be corrected with TIPPEX.
- Not all medication is administered by mouth. Therefore any topical/ invasive routes of administration or for those service users who have difficulty in swallowing, medicines should be given in private**.**
- Medicines for individuals are available when needed. All prescriptions should be ordered on a regular basis to ensure continuous supply. Systems and timing of medication administration should be person centered and not dictated by other organisational needs and timetables.
- Aberness Recruitment should foster good relationships with the local pharmacist, whose expertise will assist in providing information and support. Contact details of the local pharmacist should be readily available so that staff can contact the pharmacist as required**.**
- Medicines are only used to cure or prevent disease or to relieve symptoms and not to punish or control behavior.
- Under no circumstances should medication prescribed for one person be given to another even if they are both on the same medication.
- Medication must only dispensed form its container at the time of administration for the person to whom it is intended. It must never be decanted into another container or given to someone at a later time.
- Medication can have two names, the generic name based on the medicine's main ingredient like Paracetamol and its trade name e.g. Anadin.

11. SELF ADMINISTRATION

Self-Administration is the term used to describe the service user storing and administering medicines for their own use. All individuals should be encouraged to self-administer their own medications, however, this is not always possible and at that stage, trained care staff should intervene. Service users still retain their

legal right concerning their medication, as any medication prescribed for a particular person remains their personal property.

A risk assessment is carried out by the social work department for those who wish to self-medicate, (see level 1). The purpose of the risk assessment is to:

- Ensure the service user can administer their medication without supervision
- Ensure that all medication is taken as prescribed by the service user's GP
- Minimise risk to service user or to others
- Ensure that security and control can be maintained, with the service user taking responsibility for the storage of their own medication

If a dispute occurs regarding competency, the social worker should be called to advise if further action is required to ensure the safety of the service user and others. This may result in a re-assessment of service user need to incorporate medication support.

12. RECORD KEEPING

Medication is the property of the service user for whom they are prescribed, however providers are required to keep records of medicine used by the service user, ensure they are regularly reviewed and a record kept within their care plan. All medication should be referenced back to the original prescription and not the previous Medicine Administration Record (MAR) chart. An up to date record of current medication must be maintained. All medication records should be kept together in one place. All records should be clean, legible, in black ink and signed. Providers need to keep a record of the initials and full signatures of all staff that are in any way involved with the administration of medication.

The main purpose of medication recording is to provide an accurate audit trail from the initial prescription to the final disposal of the medicine.

13. HOMELY REMEDIES (NON PRESRIBED MEDICATION)

Homely remedies refer to medicines that can be obtained without a prescription from a chemist or store e.g. Analgesia, antacids, laxatives, vitamins, cough medicines, antihistamines etc. The GP should compile a list of homely remedies that each individual service user can have that will not have any adverse reaction with them, this should then be signed and kept along with their MAR sheet. All homely remedies that are administered should be recorded on the MAR sheet with the reason they were given, and the effect they had on the service user. Homely remedies should never be given if they have not assessed by GP.

A running total of all Homely remedy stock should be kept to ensure there is an audit trail of when and whom the medications have been given. Staff should also ensure that they know what these homely remedies contain in case of accidental overdose e.g. Paracetamol being given when the service user is already prescribed and given a medication which contains Paracetamol i.e. Co Codamol.

14. PRN MEDICATIONS

PRN medicines are normally prescribed for unexpected clinical events e.g. pain. Instructions for their use are normally written on the container's label. However, in some situations they may be advised by a GP or visiting McMillan team.

PRN medications must be checked for:

- Maximum 24 hour dose allowed
- Maximum individual dose range
- Maximum frequency of administration
- Route of administration
- Indications for use

PRN medications taken or administered and the reason for use must be documented following administration in the MAR sheet. Usually on the back of the MAR sheet the reason is written along with the effect the PRN medication had.

When a service user requires frequent doses of PRN medicines, their GP must be informed as the usual prescription may need to be changed to a more regular prescription, or they may need reviewed medically for changed in their condition.

15. COVERT MEDICATION

People have freedom of choice in relation to their medicines. Individuals must consent to take medication and it is within their rights to refuse to take medication. People with altered mental states may refuse due to their inability to discern their need to take medication. It therefore may be necessary to devise strategies to encourage service users to take their medication as prescribed without resorting to coercion or deception. Any refusal should be recorded and a risk assessment regarding medication done.
If we require to administer their medication for their health and wellbeing, then a risk assessment should be put in place for the use of Covert Medication. This is when the service user's medication is administered within their food to ensure it is taken. The risk assessment is agreed between the family, care staff and GP and should only be used if there is no other option available and the medication is required. The risk assessment should be reviewed on a regular basis. In compliance with the Mental Welfare Commission for Scotland - Covert Medication, there will be Covert Medication Care Pathway and AWI (section 47) in place prior to carer staff administering medication covertly.

16. CHEMOTHERAPY AND ANTI CANCER DRUGS

Treatment of Cancers is on the increase and more service users are prescribed oral chemotherapy medications. These medications must be treated seriously as they are a cytotoxic agency and require careful handling. The importance and timing and schedule of the medication is crucial and an omission of a dose can seriously affect the therapeutic outcome for the service user.

When handling the medications, a non-touch technique should be used to avoid damage and contamination of the tablets or capsules. This will also provide protection to the handler from contamination from the agent.

17. CONTROLLED DRUGS

A Controlled drug is a dangerous or otherwise harmful substance which is designated as a controlled drug under the Misuse of Drugs Act 1971. Some service users will be prescribed controlled drugs as part of their treatment. All such medicines entering a center must be reported to senior management and

recorded in a Controlled Drugs Register (CDR). All entries must have a date, services user's name, strength and dosage, time of administration, running total of stock and be signed by two appropriately trained staff.

Controlled drugs must be stored inside a locked cabinet, with the service user's consent. Carers must be informed of the storage place for the key or the safe code to access this cabinet. They key must be returned to its' storage place after the controlled drugs have been stored away securely.

Any discrepancies in the number of controlled drugs must be reported immediately to the Community Manager. The Care Inspectorate must also be informed and if necessary, the Police.

When administering the controlled drugs, a second member of staff should be present to act as a witness. It is best practice that the controlled drugs are checked and counted before and after administration so there can be no dispute later as to what has been done.

18. SIDE EFFECTS

All medication can potentially cause side effects or adverse reactions and these can vary from person to person.

Side effects may be minor or extreme enough to be life threatening. Common side effects include :- rashes; stiffness; breathing difficulties; shaking; swelling; headaches; nausea; drowsiness; vomiting; constipation; diarrhea; weight gain, - this list is not exhaustive. Side effects can either present as one symptom or as a combination of symptoms. Staff must monitor all medication given and record any adverse reactions in the service user's care/support plans. The service user's GP must be contacted and the medication stopped until informed otherwise.
All medication should come with a description leaflet, which lists possible side effects. These should be retained for future reference. If medication for service users come in MDS packs the pharmacist should send the leaflets for all medications at the same time of delivery.

Older people are particularly susceptible to reacting adversely to medication and are often already taking many different types of medication (polypharmacy). Staff should be particularly vigilant with older people. Common adverse reaction symptoms in older people are: - restlessness; falls; confusion; drowsiness; depression; constipation; incontinence and Parkinson's symptoms. Policies and procedures should be put in place locally, describing the steps to be followed in the event of an adverse reaction to a medicine, whether minor or life threatening.

19. ERRORS

Medication errors happen, but when they do, it is important that there is a 'no blame' policy in place that encourages staff to report errors immediately. Common medication errors include:

- Under administration
- Over administration

- Incorrect medication
- Incorrect prescription
- Non administration
- Non recording
- Administration of wrong medicine to wrong service user
- Administration at wrong time

When an error occurs, the policies and procedures for Aberness Recruitment must be followed immediately and should include the following steps:

- Report immediately to line manager and follow directions given
- Report immediately to GP and follow directions given
- If serious error is made, the service user may need hospital treatment
- Document error fully
- Contact Aberness office and report incident

All incidents should be fully investigated, the results documented and every possible action taken to prevent the incident happening again.

If serious negligence or an attempt to cover up the mistake is discovered, this should be treated as a disciplinary offence. The Care Inspectorate also require to be notified of medication errors.

20. DISPOSAL OF MEDICATION

Dispensed medication for individual service users can be described as household waste or is covered by the Hazardous Waste Regulations 2005. These medications can be returned to the dispensing pharmacist for disposal.

Unwanted medication should be returned to the pharmacist. The service user's family (person in charge of medication) should be responsible for returning medication. If this responsibility lies with Aberness Recruitment, this should be agreed by all parties and clearly documented in the care and support plan. All medication should be recorded and signed for by the receiving pharmacist and a copy kept in the service user's home.

21. RESPONSIBILITY

All those persons referred to within the scope of this policy are required to be familiar with the terms of this policy.

Maintenance, regular review and updating of this policy is conducted and agreed by the Director. Revision, amendments and alterations to the policy can only be implemented following consideration and approval by the Director of Aberness Recruitment Agency.