



Policy No: SJD/YP/16	Authorised by: Davina Powell	Review Date: 20th November 2023
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MEDICATION		

Policy Statement

This policy is aimed at all staff responsible for the handling, storing and/or administering medication at SJD Homes.

The basic principles that underpin the safe and secure handling of medicines in any setting do not vary according to the nature of support that is offered. Whether the establishment / setting is large or small; whether the staff or person responsible have a nursing qualification or not, there is a Duty of Care that requires medication to be safely handled so that the people who are supported are assisted to take their medicines safely.

Training

SJD Homes Staff that administer or who are likely to administer medication as part of their duties must first satisfactorily complete appropriate and suitable training organised through Learning and Development Department. Regular refresher training, as determined by the Service, needs to be considered as well as competency framework observations for the administration of medication.

Level 1 support – General support (assisting with medicines)

Any staff providing level 1 support with medication must clearly understand the limits of the support to be provided and work strictly within the instructions in the care plan.

Level 2 support – administration of medicines

Care staff must not be permitted to give level 2 support with medication until they have received training in medicines management and have been assessed as competent.

Competencies should be assessed consistently and re-assessed annually.

Managers are required to obtain and retain training plans for the service and for individual staff, keep documentation relating to internal and external training, review and evaluate staff competencies and have a record of staff that have undertaken the training.

Quality Care Framework (QCF) and Care Certificate

Managers of services must ensure that anyone enrolled on a Quality Care Framework program completes the medication unit as part of an ongoing training program for staff. The People Directorate Medication Policy must be covered in staff induction. Any staff requiring additional training must bring the request to the attention of their line manager.

All staff before administering medication should be familiar with the People Directorate Medication Policy and understanding of the policy must be recorded in each staff folder.

Casual and Agency staff new to the service must be briefed by a trained and competent team member on the procedure prior to starting a shift. Any casual or agency staff must have documented relevant experience before administering medication and record of this must be held in the service.

Supply of Medicines

Medicines supplied for individual people we support is the property of the named individual. The Medicines Act (1968) clearly states that Medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Prescribed medicines may not at any time be used for other people we support.

Labelling of medication

For a member of staff to administer medication it must have a printed pharmacy label containing the following information:

- Name and strength and form of medication
- Name of person medication has been prescribed for
- Dose and frequency
- Quantity dispensed
- Name, address and telephone of dispensing pharmacy
- Special instructions if given by the General Practitioner or pharmacist e.g. 'to be taken on an empty stomach'.
- Date of dispensing
- Expiry date

In case of multi containers / packaging, each container must be labelled separately. Staff must not administer medication that has been tampered with, where the expiry date has been reached or where the label is illegible or has become detached from its container. In these situations, staff must seek advice from the person who made the supply and seek advice from the Manager/on call/senior. Until then the original container must not be used.

In cases of changes to medication, for example an increase or decrease in dose, it is not acceptable to change the label by writing the new dose on the existing label. Staff must request the changes from the person prescribing that medication and the labels need to reflect the new dose that is to be administered. The person must provide clearly written and initialled instructions to cover this period of change to medication whilst the existing container is awaiting replacement or updating.

Verbal instructions to change medication or doses

Under exceptional circumstances staff may accept; verbal instructions which needs to be repeated and confirmed to a second person i.e., another staff member, from the health professional to change or stop prescribed medicines.

Care providers should:

- Request the prescriber to follow up verbal instructions in writing as soon as possible
- Ensure that verbal instructions are fully documented in the care record
- When confirming the verbal instruction read back the instructions to the authorising doctor and record the name of the authorising doctor in the care record.
- Record the date and time of the conversation
- Involve the person we support as much as possible to ensure they are aware of and consent to the change

Any regular change to medication must be made upon receipt of written authorisation from the doctor or other healthcare professional.

Repeat Prescriptions

The Individual GP surgeries may have a slightly different system for repeat prescriptions and staff should check what will be most suitable and efficient. In particular, the service should know how many days the surgery needs to process requests. There is usually a computer record given to the person with repeat prescriptions that also details when a review of the treatment is due.

When written prescriptions are received from the GP surgery, they should be checked against the request list. This should be done before they are submitted to the pharmacy for dispensing to ensure that all medication ordered has been correctly prescribed and to ensure that no new medication has been added by mistake. If there are unexpected changes these should first be checked with the GP.

Where a person is receiving respite care and a repeat prescription is due during their stay, it is imperative that the prime carer ensures the respite service has adequate supply of medication.

Administration of Medication

Self-administration

Prescribed medication belongs to the person it was supplied for.

People with capacity may prefer to self-administer and this is an important element of choice that promotes independence and dignity.

Where a Child or Young Person chooses to self-administer; the service provider must record this on the care or support plan. Where there is a risk to others, e.g. a shared space, a risk assessment and Best Interests assessment needs to be completed if necessary.

If staff identify a change that indicates it may no longer be safe for the person to self-medicate then staff should consult with that person's medical practitioner/parents/carer/advocate to determine if:

- Concerns with mental capacity are short-term or long-term
- Does the person require a medication review
- Identify any new procedures considering the information obtained from the above
- Does the person require Assistive Technology to then maintain their independence in safely self-administering

Administration by staff

Before administering medication, staff must receive appropriate training and be assessed as competent.

Staff must check that the person supported is not allergic to the medicine before administering it.

Staff must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.

Staff must be aware of the persons' care and support plan.

Staff must check that the prescription and the label on medicine dispensed is clearly written and unambiguous.

Staff must check the expiry date of the medicine to be administered.

Staff must not directly handle the medication without the use of fresh disposable gloves. If staff have any concerns about skin contact with medication (e.g., a spillage/unplanned contact), staff should examine the medication leaflet/information and follow advice contained therein.

It is essential that staff who administer medication refer to the MAR sheet at the time of administration and do not sign the MAR sheet until after the medication has been administered and they are certain it has been taken.

Where the person requires medication to be administered as an emergency recovery, be it rectally or buccally, staff must satisfactorily complete additional training provided by a recognised health care professional. Where the use of an EpiPen for emergency situations is indicated, an appropriate risk assessment will be completed to detail what actions will be taken by support staff in the use of the EpiPen.

If the person is unable to self-administer pre-loaded insulin pens or complete a finger-prick test an appropriate health care professional will administer the pre-loaded insulin pen.

Injections will not be administered by support staff.

Medication must never be secondary dispensed to someone else to administer to the person at a later time or date.

If a person we support refuses their medication staff should seek advice from a Manager, GP, Pharmacist, or non-emergency NHS line 111. If refusals continue a risk assessment will need to be completed with the person's medical practitioner/parent/carer/advocate to determine how long the person can go without each medication and who to inform. The manager will complete the risk assessment. For prolonged medication refusals a medication review will be completed with the medical practitioner/parent/carer/advocate

Any previous known wishes, beliefs or values must be considered and if there is an advance directive or a direction from a person with Enduring Powers of Attorney or Deputy appointed by the Court of Protection that

has the appropriate health powers, then they must be checked against the code of practice and, if valid, are binding.

Storage and Security of Medicines

All medicines should be stored in a safe and suitable place that is not affected by extreme heat and moisture.

All medicines should be stored in a cool (below 25°C) dry designated place unless refrigeration is required.

Where refrigeration is required temperatures should be maintained between 2°C and 8°C.

Medication must never be removed from the original container in which a pharmacist or dispensing doctor supplied it until the time of administration.

People responsible for their own medicines and those supported with their medication must have provision for a lockable space e.g., own room.

Where staff have the responsibility for handling medicines on behalf of a person, there must be a designated place for storing medicines that is secure.

Lockable cupboards or individual lockable cupboards or drawers are all acceptable methods of storage. Designate storage areas must not be used for the storage of any other items.

The keys for the medicine area or cupboard should not be part of the master system for the service. Key security is integral to security of the medicines therefore access should be restricted to authorised members of staff only.

Error reporting/management

Action needs to be taken when any medication error occurs to prevent any potential harm to the person we support, and this must be reported as soon as possible to the Manager/Senior.

Medical advice or treatment should be sought for any administration of medication errors and outcomes recorded. Medical intervention and advice should be sought from a GP, Pharmacist, 111 depending on their availability.

If the person is showing signs of a reaction to the error and is in need of more urgent attention, an ambulance should be called, or the person taken to the nearest hospital.

Staff to also make use of the medication leaflets if these are available where contra-indications to the prescribed medicine are discovered or where the person, we support develops a reaction to the medicine.

Staff must observe the person for signs of reactions to the error. Observation should be determined by the professional giving advice but if none given, staff should observe the person for a minimum period of one hour. All observations to be recorded in person's file.

Medication errors or concerns should be recorded in the following ways:

- Individual's file (daily log/incident log)
- Accident/Incidents/Near miss form

Disposal of Medicines

Any surplus, out of date or unwanted medicines must be disposed of as per local procedure and records kept of the disposed medication. When the person leaves the service the medication remains with the individual.

When there is a change of therapy and a product has been discontinued the medicine should be returned to the pharmacy/family home/prime carer and recorded as such.

Following the death of a person we support; their medicines must not be disposed of for 7 days.

A complete record of medicines coming into and going out of some services must be recorded and signed as checked by two people where possible or as specified in the local procedure.

