

Policy Name: **Instruction for the Administration and control of Medicines in Care Homes and Day Care Centres for Adults**

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SUFFOLK COUNTY COUNCIL ADULT AND COMMUNITY SERVICES

INSTRUCTIONS FOR THE ADMINISTRATION AND CONTROL OF MEDICINES IN CARE HOMES AND DAY CARE CENTRES FOR ADULTS

1. INTRODUCTION

- 1.1 The purpose of these instructions is to ensure that people resident in care homes and using day centres receive their prescribed medicine in the correct dosage and at the times specified by their General Practitioner. They are designed to provide a clear and robust framework for staff in carrying out their duties. The main policy document refers generally to residential care homes, guidance specifically for day care centres is found in the appendices.
- 1.2 This guidance incorporates the principles and legislation set out in:
- The Administration and Control of Medicines in Care Homes and Children's Services - Royal Pharmaceutical Society, 2003
 - The Care Standards Act, 2000 and the associated National Minimum Standards
 - Mental Capacity Act 2005
 - Human Rights Act 1998
 - CSCI Professional Advice: The administration of medicines in Care Homes
 - CSCI Professional Advice: Training care workers to safely administer medication
 - The Medicines Act 1968
 - The Misuse of Drugs Act 1971
 - The Misuse of Drugs (Safe Custody) Regulations, 1973 and amendments in Misuse of Drugs Regulations, 2001
 - Suffolk County Council: Culturally Competent Care
- 1.3 In these instructions the term "medicine" includes liquids, tablets, capsules, ointment, creams, drops, patches and any other prescribed internal or external medication. There are also instructions on the administration of medication by specialist techniques and the use of "homely remedies."

2. DESIGNATED STAFF

- 2.1 In each care home or day centre the overall responsibility for the custody, administration, ordering and disposal of medicines will be that of the Registered Manager. In the absence of the Registered Manager another senior member of staff can be given this overall responsibility. This role includes responsibility for the security of keys to all places where medication is stored.

- 2.2 Appropriately trained and competent staff (designated staff) can undertake the day-to-day administration of medication, whether they are Managers or Carers. A list of all designated staff, showing the signatures they will use on the Medication Administration Record (MAR) must be maintained in the Home/Day centre.

3. MEDICINE RETAINED BY RESIDENTS

- 3.1 Persons should be given the choice of having personal control over their medicine and their wishes should be respected, wherever possible. The procedures for Choice and Risk assessment at Appendices 1, 1a and 1b should be followed. The assessment must be reviewed after six months or when there has been a change in circumstances or a consistent failure to manage their own medication, which places themselves or others at risk.
- 3.2 Where people choose to retain their own medicine, staff should offer them any advice or support necessary to facilitate their taking medicines safely and appropriately. **(Complete the Choice and Risk Assessment – Appendix 1b)**
- 3.3 Where there is doubt about a service users capacity to self-administer an assessment of capacity should be made using the Mental Capacity Act procedures. The outcome of this assessment must be recorded on the persons care plan. The following links are to the Mental Capacity Act Code of Practice and Guidance and a booklet for those working in health and social care.
www.dca.gov.uk/legal-policy/mental-capacity/mca-cp.pdf
www.justice.gov.uk/docs/mc-booklet03.pdf
- 3.4 People who retain their own medicine will be responsible for its safekeeping and must ensure that it is not left unattended. A lockable cupboard or drawer must be made available for the resident to store their medicines safely. Persons wishing to have medication re-ordered by staff should sign to show that they have requested this and to acknowledge receipt of medicines. **(See Appendix 1a)**

4. ADMINISTRATION OF MEDICINES

- 4.1 The Registered Manager is responsible for ensuring that all medicines are administered in line with these Instructions. In all drug administration, the safety of cared for persons and safe practice by staff is of paramount importance.

- 4.2 A persons prescribed medication is their property and they must give their consent if staff take responsibility for its custody and administration. **People must sign a statement giving this consent. (Appendix 2)**. Where there are concerns about a resident's capacity to give consent, the procedures for assessment under the Mental Capacity Act should be used to determine capacity.
- 4.3 The member of staff who gives medicine(s) to people cared for will check their identity against the name and photograph shown on the MAR or the Monitored Dose System (MDS), or in the individual medicine cabinet in a resident's room. The Registered Manager must ensure that an identification photograph (with the persons name) is attached to medication records for each person who has medication administered by staff.
- 4.4 Medication should be taken directly from the containers or MDS systems in which it was supplied from the pharmacist or dispensing GP. The person administering the medication should ensure that they have washed their hands in accordance with the Universal Precautions. Drinking water and a supply of cups and spoons must be at hand. Handling the medicines should be avoided and medicine pots should be used. If medicines have been handled then hands must be washed afterwards. All medicines must be given directly to the person concerned who must be observed to have taken them. Once the administration for the person is completed, the MAR sheet will be initialled in the appropriate box.
- 4.5 Medication must not be decanted into other containers for use at a later time. The only exception to this would be if the person was going out for the day and needed to take necessary medication with them. Medication should be transferred to a container clearly marked with the persons name and the name, dosage and time of administering the drug.
- 4.6 People may have preferences about how they take their medication this should be recorded as part of the Choice and Risk Assessment **(Appendix 1b)** and in the MAR folder. Managers should also refer to the Culturally Competent Care policy.
- 4.7 Staff responsibility does not extend to coercing people into taking medication. Refusal to take medication must be recorded on the MAR by writing in the appropriate code. The additional notes section of the MAR should be used to record the reason for refusal. Refusal to take prescribed medication should be reported to the persons GP. Medication that has been refused should be returned to the Pharmacy.
- 4.8 There are some circumstances where covert administration has to be considered to prevent a person missing out on essential treatment, which is in their "best interests" as defined by the Mental Capacity Act.

An assessment of capacity, using the procedures under the Mental Capacity Act, needs to take place. Where the person is assessed as having capacity, this confirms their individual right to refuse medication. Where the assessment shows a lack of capacity, a multi-disciplinary team, including relatives or informal carers, must consider the position and decide whether it is in the persons "best interests" to administer medicines covertly and the means of doing so. A detailed record of assessments and all decisions taken must be made on the persons care plan to ensure a clear audit trail.

- 4.9 In circumstances where a person is unable to swallow tablets and the medication is unavailable in liquid form, there may be a case for crushing tablets, as long as the GP or Pharmacist confirms that this will not alter their pharmaceutical properties.
- 4.10 If medication is accidentally dropped or spilt, this should be noted in the additional notes section of the MAR. The Manager on duty should be informed and additional medication should be re-ordered from the pharmacist. Dropped tablets should be kept in a separate container marked with the name of the person concerned for return to the pharmacist; either at the end of the four week cycle in the case of Homes using MDS, or at the time of a new prescription for medication outside MDS.
- 4.11 If a person is given the wrong medication (e.g. a medicine that belongs to another person) or is given an incorrect dose, misses or takes a dose too soon, the Duty Manager must be informed immediately and advice must be taken from the GP. A record of the error must be made in the additional notes section of the MAR. An Incident Report Form should be completed. The Registered Manager is responsible for investigating all errors in administration, amending the Home's/Day Centre's procedures and providing additional training where necessary. Serious errors must be reported to the Commission for Social Care Inspection (CSCI). **Appendix 3 details the full procedure to be followed after medication errors.**
- 4.12 The following forms of administration require specialist techniques and It is recommended that a team leader administers these.
- Rectal administration e.g. diazepam suppositories for epileptic seizure
 - Medication administration through a percutaneous endoscopic gastronomy (PEG)
 - Assistance with nebulising machines and PEG feeds
 - Application of transdermal patches e.g. for pain relief
 - Insulin injections using a pen or pre-loaded systems
but no other injections

Staff will only assist with administration by specialist techniques when the following criteria are satisfied:

- A joint assessment involving staff of the Home/Day Centre and health professionals has taken place which has been recorded on the resident's Care Plan
- The relevant health professional (usually the Community Nurse) has undertaken training of each member of staff who will be administering by specialist technique and confirms in writing that they are competent to undertake the technique
- The Community Nurse remains accountable for the appropriateness of the delegation and provides regular monitoring, supervision and support
- The person concerned consents to the treatment being delegated by the Community Nurse

Staff can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.

- 4.13 All injections other than insulin injections will be administered by the appropriate GP, Community Nurse, Community Psychiatric Nurse or Macmillan Nurse. This includes the setting up and renewing of medication where syringe drivers are in use.
- 4.14 On commencement of a course of medicine, the container should be labelled with the start date. Expiry dates of medications should be checked on receipt and a fresh supply obtained, if needed, when this date is reached. Any medicine remaining in the original container should be returned to the pharmacist.
- 4.15 Special attention should be given to people on certain drugs, e.g. MAOI (Monoamine Oxidase Inhibitors) group, which may have adverse reactions if a specified diet is not adhered to.
- 4.16 If a cared for person conceals and attempts to dispose of medication, this should be discussed with the Registered Manager, who will speak to both the person and the GP.
- 4.17 If adverse reactions to medicines are suspected these should be reported to the GP immediately.
- 4.18 Medication may sometimes be prescribed for use "As required" or "PRN". This usually applies to medication for pain relief or to reduce agitated/distressed behaviour. In such cases the indicators for use of the medication should be presented clearly, written in the care plan and include the dose, frequency and interval between doses; including the maximum daily dose. When a pattern of use of an "As required" or "PRN" medication becomes clear or consistent, the GP should be asked to review the prescription.

5. CHANGES TO MEDICATION

- 5.1 Where medication is supplied to the Home/Day Centre in Monitored Dosage Systems, minimal handling of tablets is facilitated. If a GP changes the dose of any drug the MDS cassette/pack should be returned to the Pharmacy with the new instructions. On no account should tablets in a MDS be removed or altered by staff of the Home/Day Centre.
- 5.2 Visiting GP's should be asked to record changed doses of existing medication in a new section of the MAR. Where the dose of an existing medication is being changed, the old entry should be marked through with a diagonal line and DISCONTINUED should be written in, dated and signed by the G.P.
- 5.3 Where a medicine has been previously prescribed and the GP considers changes to the dosage are necessary, instructions cannot be accepted over the telephone. A fax or e-mail is required to enable the new instruction from the GP to be followed. This should be followed by a new prescription within 24 hours.

6. SUPPLIES OF MEDICINE

- 6.1 Supplies of medicine should be obtained on prescription for each individual person.
- 6.2 It is good practice for the Registered Manager to ask GPs to review a person's medication at least every six months. In the case of Older People on four or more drugs, such reviews are required to comply with National Standards Framework.
- 6.3 Medicine prescribed for a person becomes his/her personal property as soon as it is dispensed, and it is **not** permissible to administer it to another person.
- 6.4 The Pharmacist or dispensing GP will label each medicine with the name of the person for whom it is prescribed, the name of the drug and directions for its use. Staff must not change this labelling under any circumstances. If there are any doubts about what is written on a label, then the matter must be referred back to the pharmacist or GP. If labels become detached from bottles or become illegible, the contents must not be used.
- 6.5 The last tablets remaining in an old container should not be added to a new container.
- 6.6 All new medication should be checked against the prescription and the MAR. Any discrepancy should be resolved with the Pharmacist immediately.

- 6.7 Any discrepancy when medicines are received from the Pharmacy must be resolved with the Pharmacist immediately and recorded on an incident report form.
- 6.8 A responsible relative, or a member of staff will collect prescriptions for people staying in care homes if new supplies are needed outside the normal monthly delivery system. If medication is required urgently out of hours and the supplying Pharmacy is closed, a duty pharmacist may need to be used. The GP should be informed if there is a problem obtaining medication that is required urgently.
- 6.9 Medication which has not been prescribed brought in by relatives should be brought to the attention of the Manager/Team Leader to ensure no adverse reactions occur when taken alongside prescribed medication. The Pharmacy or G.P should be consulted if it is not reasonable for the Manager/Team Leader to make this decision.
- 6.10 **Complementary and Alternative therapies** must be managed in accordance with this policy. Advice must be obtained from the relevant qualified practitioner and the residents G.P
- 6.11 When a person dies, medication should be retained for a period of seven days in case there is a coroner's inquest. Medication records must be retained for seven years for insurance purposes.

7. **HOMELY REMEDIES**

- 7.1 Some medicines can be purchased without prescription and are sometimes referred to as non-prescription medicines, homely remedies or "over the counter" medicines. They can be defined as treatments for mild to moderate symptoms, which need immediate relief, of the type that people would use in their own homes without consulting their GP, e.g. medicines for relief of pain or indigestion.
- 7.2 People may decide to purchase and keep their own homely remedies for self-administration. Where people purchase their own homely remedies from the pharmacy, they should be encouraged to take advice about any possible inter-action with their prescribed medication.
- 7.3 The Home/Day Centre can maintain a small supply of homely remedies for people cared for, purchased from the community pharmacy. The supply should be limited to the minor ailments and medications listed below:
- | | |
|-------------------------|-------------------------------|
| • Indigestion | Antacid tablets e.g. Rennie's |
| • Mild to moderate pain | Paracetamol |
| • Cough | Simple cough linctus |
| • Constipation | Senna |

- Mild skin conditions E45 cream/Savlon/ Aqueous cream

- 7.4 People must give their consent to treatment with homely remedies and this should be recorded on the additional medication notes section of the MAR.
- 7.5 If there is any doubt about possible interactions between a homely remedy and prescribed medication, advice should be sought from the Registered Manager, Pharmacist or GP, in that order. Gloves should be worn when applying medicated creams.
- 7.6 The dose and frequency of administration must not exceed that set down on the container and any patient information leaflet accompanying the medicine. Symptoms that appear to be minor may be indicative of a more serious underlying condition and treatment with a homely remedy should not continue beyond two days without medical advice being sought. **(N.B Diarrhoea and/or Vomiting are not to be considered as minor symptoms** and there is Infection Control guidance that must be followed in cases of diarrhoea and/or vomiting) www.dh.gov.uk/en/Publications/PublicationaPolicyAndGuidance/DH
- 7.7 Where a homely remedy is given, this must be recorded both on the persons Care Plan and in the additional medication notes section of the MAR.
- 7.8 Staff must ensure that they have their own homely remedies for personal use and cannot expect the home/day centre to provide.

8. STORAGE OF MEDICINE

- 8.1 All medications must be kept in a locked cupboard, secured and bolted to the wall, or a lockable trolley that can be tethered to the wall.
- External preparations must be stored separately from other medication.
 - Controlled drugs must be kept in a CD regulation cupboard, used solely for this purpose.
 - Homes may decide to provide each resident with an individual locked cupboard in their room, which is solely for storage of medicines. This is a requirement where residents self-administer.
- 8.2 Each Home/Day Centre should have one or more secure lockable medicine cabinets, solely for storage of medicine, large enough for the medicine belonging to each resident to be kept separate, and not exposed to extremes of temperature and humidity. Whenever possible, medicine cabinets should be sited where there is oversight by duty managers.

- 8.3 The keys to locked medicine cabinets must be securely stored or carried by the Duty Manager at all times. The number of duplicate keys should be restricted and recorded and their location kept under the control of the Registered Manager.
- 8.4 Certain medication e.g. Insulin and some eye drops, antibiotics and creams must be stored in a lockable refrigerator. A min/max thermometer must be used to monitor temperature, which should be recorded on a daily basis. Should the temperature fall outside the specified range, affected medication should be re-ordered and the old stock returned to the Pharmacy.

9. **OXYGEN CYLINDERS**

- 9.1 Where Oxygen is prescribed, staff will follow the procedure in the Health and Safety Manual on "The Safe Use, Storage, Transportation and Disposal of Oxygen Cylinders."
[\(Policy 6.2.290 – Policy and Procedures database\).](#)

10. **DISPOSAL OF UNUSED MEDICINE**

- 10.1 Unused or unwanted medicines should be returned to the pharmacist as soon as practicable. The pharmacist should sign the Medication Returned Book to acknowledge receipt.
- 10.2 When a course of treatment is ended or discontinued, or a person dies, remaining medicines prescribed for that person must not be used for other persons or taken into stock.
- 10.3 All hypodermic needles and syringes should be disposable. Used syringes and needles should be carefully dropped in a Sharps Bin, which should be sealed when full and taken away by the Community Nurse.
- 10.4 It is good practice to have unused Controlled Drugs collected by the Pharmacist. The return of Controlled Drugs must be recorded in the Controlled Drug Book (see 12.3 below). The record must show the following details:
- Name of the resident,
 - Name and strength of the drug
 - The amount returned
 - The name of the Duty Manager returning the medication
 - The date of return to the pharmacist
 - The signature of the Duty Manager and a witness signature
 - The pharmacist should countersign the book to acknowledge receipt.
- 10.5 Used transdermal patches should be disposed of by cutting them in half (to show they have been used) and placing them in an original container. Used transdermal patches for controlled drugs should be disposed of in the same way *and returned with other controlled drugs*.

11. MEDICATION RECORDS

- 11.1 A Medication Administration Record (MAR) must be kept, which may be used in conjunction with a monitored dosage system. The MAR will detail medication and treatment prescribed, received, completed and discontinued for each resident. This record will constitute the formal reference at all times for the administration of medicine. **An example of a MAR is available at Appendix 4 if the pharmacy does not provide one.**
- 11.2 The medication record should record the administration of all medicines, except Controlled Drugs (see 12.2 below). The designated staff member will sign to record administration in the appropriate spaces on the MAR. If the medication was not given or taken by the cared for person a note should be made in the additional medication notes section of the MAR indicating the reason (refer to symbols on MAR).
- 11.3 All treatments and medicines **prescribed** will be entered on the MAR sheet; including medicines for short-term or respite care residents, Controlled Drugs and short courses of medicines. On completion of a course of treatment a diagonal line should be struck across the appropriate section of the MAR, with the word COMPLETED written in, dated and signed.
- 11.4 On receipt all medications should be checked by comparing the new labels with the old MAR, which will act as the 'Central Register'. A record must be kept of all returns of medications, signed by the Duty Manager and the pharmacist.

12. CONTROLLED DRUGS

- 12.1 The pharmacist will advise if a medicine is a Controlled Drug and will require a duty manager to sign to acknowledge receipt. If a resident is admitted to Hospital, check with a pharmacist as to the status of any new medication.
- 12.2 The administration of Controlled Drugs to residents must be recorded in the Controlled Drugs Book. Two responsible members of staff must sign all records for controlled drugs. This book will be maintained according to the procedure in **Appendix 5**. A record of Controlled Drugs will also be kept on the MAR sheet, but administration will only be recorded in the Controlled Drugs Book.
- 12.3 Any Controlled Drugs remaining after treatment ceases must be returned to the pharmacy as soon as possible. Paragraph 10.4 above describes the procedure for the disposal of Controlled Drugs.
- 12.4 Controlled Drugs will be stored in a separate cupboard, kept only for this purpose (see 8.1 above).

12.5 It is a CSCI good practice recommendation and a requirement of this policy that the Schedule 3 controlled drugs need to be considered as controlled drug for administration and recording purposes.

The following table is taken from the CSCI guidance "Safe Management of Controlled Drugs" which can be found in the CSCI website.

Common Controlled Drugs and Legal Requirements for Care Homes.

Schedule 2:

CD	Brand names	Legal Requirements
Morphine	MST	<ul style="list-style-type: none"> • Store in a CD cupboard • Record in the CD register. <p>** Oramorph oral solution 10mg/5ml is not a controlled drug. However, CD storage and CD records are a good practice recommendation.</p>
	Sevredol	
	Oramorph Concentrated oral solution 100mg/5ml **	
	MXL	
	Cyclimorph	
Dexamphetamine	Dexedrine	
Diamorphine		
Pethidine		
Methadone	Physeptone	
Methylphenidate	Ritalin	
Fentanyl	Durogesic	

Schedule 3:

CD	Brand names	Legal Requirements
Buprenorphine	Temgesic	<ul style="list-style-type: none"> • Buprenorphine and Temazepam must be stored in a CD cupboard. Other schedule 3 controlled drugs do not need CD storage. • None of the controlled drugs in this schedule need to be recorded in the CD register but this is a good practice recommendation.
Temazepam		
Pentazocine	Fortral	
Phenobarbital		

Schedule 4:

CD	Brand names	Legal Requirements
Diazepam	Valium	<ul style="list-style-type: none"> • No legal requirements for the care home

13. MONITORING COMPLIANCE

- 13.1 Whilst it is the responsibility of the Registered Manager to ensure that these instructions are followed by all staff, there are also monitoring responsibilities for all designated staff in the Home/Day Centre Pharmacists and GP's
- 13.2 The Registered Manager will conduct a six-monthly audit of the operation of these procedures, which will include examination of record keeping, direct observation of administration and feedback from residents and health professionals on the operation of medication procedures. Following the audit, The Registered Manager will draw up a list of action items, with timescales for implementation.
- 13.3 All designated staff are responsible for ensuring that they fully understand the procedures. Where a designated staff member notices a mistake, such as a gap in signing on the MAR, it is their responsibility to draw it to the attention of the colleague who was responsible for that "medication round", so that any necessary clarification or correction can be made. An Incident Report Form should be completed. It is not acceptable to have gaps in signatures on the MAR without explanation of the reason in the Additional Medication Notes section of the MAR.
- 13.4 Pharmacists should be asked to participate annually in the Registered Manager's audit of the procedures and should be actively encouraged to participate in the management of medicines in the Home/Day Centre.
- 13.5 GP's should be asked to review each person's medication on a six-monthly cycle; this is particularly important where people are taking four or more drugs daily or taking medication for mental health problems.

14 TRAINING

- 14.1 CSCI identifies three different levels of training for care home/day care staff: level 1 (induction); level 2 (basic), which is essential before any worker administers medication and level 3 (specialist techniques), which will only apply in specific circumstances.
- 14.2 **Level 1** forms part of the induction training provided By Suffolk County Council which takes place both outside and inside the workplace. This induction training should raise awareness of the management of medicines in the Home/Day Centre, for example, what to do if a resident asks for paracetamol for a headache.
- 14.3 **Level 2** provides the training that is needed to administer medication. The training described at 14.5 below will be completed before a member of staff is deemed competent to administer medication and

becomes one of the Home's designated staff. A newly designated member of staff must be supervised by a Manager on two "medication rounds" or until the Manager is assured of their competence. A Manager must mentor a member of staff for the first four weeks after they have become a designated person who is competent to administer medication.

- 14.4 The CSCI professional advice on training care workers says that Training at Level 2 is necessary for the following tasks:
- Establishing from the Care Home records which medicines are prescribed for a resident at a specific time of day and understanding the record keeping procedures
 - Selecting the correct medicine from a labelled container, including monitored dosage system and compliance aids
 - Measuring a dose of liquid medication
 - Applying a medicated cream/ointment; inserting drops to ear, nose or eye; and administering inhaled medication
 - Recording administration of medicine or the reason for not administering it, including what to do if a resident refuses medicine
 - Knowing what to do if a medication error takes place
 - Recognising and reporting possible side effects
 - Checking that the medication "use by" date has not expired
 - Checking that the resident has not already been given their medication by anyone else
 - How to administer medicines prescribed "As required" or "PRN"
 - Understanding the policy on the administration of Homely Remedies/non-prescription medication
- 14.5 Before a member of staff is deemed competent to administer medication, they must have undertaken training and demonstrated competencies as detailed below:
- Completed the "Skills for Care - Knowledge and Skills Sets Medication
- 14.6 **Level 3** is the specialist training of Home staff by Community Nurses in the techniques described at 4.12 above.
- 14.7 Some agencies have been accredited to provide medication training. The CSCI Professional Advice on training care workers recognises that, "accreditation has not been consistent and training programmes are variable." There are accredited providers of medication training in Suffolk e.g. Otley College and some of the pharmaceutical companies that supply MDS. Homes/Day Centres should use accredited providers, where they are available, in addition to providing the in-house training that is described in 14.5 above.

Appendix. 1

SELF-ADMINISTRATION PROCEDURE

Where residents have responsibility for their own medication the following procedure must be followed:

1. Find out whether the resident is able to control and administer his/her own medication by following the risk assessment procedure at Appendix 1b. Identify the degree of self-administration on the care plan.
2. Establish a MAR, indicating which drugs are being taken their strength and frequency. Receipt of medication and amounts received must be recorded. This MAR should be marked '**SELF- ADMINISTERING**'
3. When medication is handed over to a resident for self-administration, the form at Appendix 1a must be used and signed.
4. Provide the resident with a lockable drawer or cabinet for safe storage.
5. Tell the resident that they must keep the medication locked at all times and not where others could take it.
6. If a resident wishes, Home staff will re-order their medication, they should be asked to sign that they have requested this and on receipt of medicines, using the form at Appendix 1a. A copy should be retained on their personal file.
7. The resident needs to sign the Choice and Risk Assessment (**Appendix 1b**) to confirm that they are able to self-administer.

Choice and Risk Assessment

Appendix. 1b

Person's Name

1. Does the person need assistance with their medication?

2. Personal preferences for taking medication

3. If the person able to manage their medication without assistance please comment on the reasons for the person to self-administer, e.g. is it their wish, or is it part of their care plan that they should be enabled to do so.

4. Is there evidence that the person has been competently self-administering prior to coming into service? Describe the circumstances.

5. Can the person demonstrate an understanding of what medication they are currently prescribed, the dose and times it should be taken?

7. Does the person have the mental capacity to self-administer? If there are concerns that they may lack capacity, there must be an assessment under the Mental Capacity Act.

8. Is the person taking any non-prescribed medication either in isolation or alongside prescribed medication? If so does the person's GP need to be consulted? (If yes, comment on outcome of enquiry).

9. Can the person maintain safe storage of their medication in line with medication policy and procedure?

10. To what extent will the person self-administer? Please tick accordingly:

Totally, including correct and reliable storage of medication.

With prompting and supervision.

With assistance to store and remove medicines from storage.

11. Are there any other concerns about the person self-administering? (If so describe what these are).

12. If the person is receiving his/her activity in the community what provision is in place for the safe storage and administration of medication?

13. Outcome of assessment, including, if necessary, strategies to reduce risk.

Signed by:

Person carrying out assessment and position:.....

Line Manager

Person or advocate

Date Review Date.....

Appendix. 2

**Suffolk County Council
Adult and Community Services**



Consent to Administer Medication

**I give consent to(Name of service)
administering medication to me as part of my care
plan.**

Customer name:

Customer Signature:

Date:

Family Carer Signature:

Date:

***(This letter can be made available in other languages and
formats)***

Appendix. 3**PROCEDURE TO FOLLOW IN THE CASE OF AN ERROR IN ADMINISTRATION OF MEDICATION.**

1. Upon realising that there has been an error with a person's medication, the person's condition must be checked immediately. An error would consist of giving a person someone else's medication, giving a person too much medication or failing to give a dose of medication.
2. Contact the GP for advice, explain clearly what medication has been given or omitted.
3. Contact the Registered Manager, or senior Manager if the Registered Manager is not available.
4. Inform the person of events and reassure as required.
5. Keep relatives informed, if the person wishes.
6. Record the incident on the running record, the person's care plan and the MAR, or Controlled Drug sheet as necessary.
7. Complete an incident report and write an additional report giving as much information as possible.
8. Verbally communicate the incident to the duty manager taking over the next shift.
9. Monitor the person's condition, and re-contact the GP if necessary.
10. Re-order medication if necessary.
11. Complete the Reportable Events form and send to CSCI.
12. The Registered Manager will investigate all medication errors and will amend the Home/Day Centre's procedures and provide additional training or supervision where necessary.

Note re Appendices 4, 4a and 4b

The following forms are for use where the customer does not have a MAR sheet supplied by the Pharmacist.

MEDICINE ADMINISTRATION RECORD: ADULT SERVICES ³¹

Surname:

Forename:

Date of Birth:

Sheet No: Date:

Address:

Town:

Postcode:

Tel. Number:

General Practitioner:

Surgery Address:

Tel. Number:

Fax Number:

Other Medical Professional
contact (eg Com Nurse or
Consultant)

Main Carer:

Address (if different from above):

Prescribed Medication (including P.R.N):

Directions:

Details of known allergies and/or sensitivities:

P.R.N. Medication

			Date:	Time:	Dose:	Signed:	Date:	Time:	Dose:	Signed:
Name of Medication:										
Reason:										
Dose:										
			Date:	Time:	Dose:	Signed:	Date:	Time:	Dose:	Signed:
Name of Medication:										
Reason:										
Dose:										
			Date:	Time:	Dose:	Signed:	Date:	Time:	Dose:	Signed:
Name of Medication:										
Reason:										
Dose:										
			Date:	Time:	Dose:	Signed:	Date:	Time:	Dose:	Signed:
Name of Medication:										
Reason:										
Dose:										

Key Guidance:

R = Refusal
 P.O. = Part only taken
 H = Hospital

H = Home (Staying Elsewhere)
 PRN = As Required e.g. Paracetamol etc
 N.W. = Not Witnessed

Notes:

CONTROLLED DRUG RECORD

Appendix. 5

Residents Name

Medication

Amount/dosage prescribed

Date Commenced

RECEIPTS/RETURNS					ADMINISTRATION				
Date received	Medication	Amount Received	Received by	Witness	Date & time	Amount given	Signature of person giving medication	Signature of witness	Running total

Appendix. 5a

CONTROLLED DRUG BOOK

1. Controlled Drugs should be listed on the Medication Administration Record (MAR) as well as in the Controlled Drugs book, but their administration should be recorded only in the Controlled Drugs book.
2. On receipt of the Controlled Drug, from the pharmacy, the following details will be recorded by the person in charge in ink in the appropriate columns of the persons' sheet in the book: - date received, amount and name of medication, name of person, signature and countersigned by a witness. Each time new receipts of the same medication are received, these details must be recorded and the running total adjusted.
 1. If the General Practitioner changes the strength of the dose, this change must again be written in the appropriate column immediately under the last entry.
4. When a dose is to be given, the following procedure will be adopted. The Duty Manager will in the presence of a witness take out the medication from the Controlled Drug cupboard. Details on the bottle/container will be checked against those written on the MAR and the required dose will be measured out, the balance checked and the stock bottle/container secured back in the Controlled Drug cupboard. The book and medication will then be taken to the correct recipient and the medication administered in the presence of the witness. After this the details on the Controlled Drug Record sheet will be completed in full.

Appendix. 6**Administration of Medication for persons in short term or respite stays**

1. Direct dispensing of persons' medication from their original containers will apply in all cases.
2. A MAR will be made up for all short-term care persons.
3. Directions on containers must be totally clear, unambiguous and not overwritten. Where there is any doubt about the instructions on a medicine container, the GP will be contacted for clarification before any medication is administered.
4. The guidance at Appendix 7a will need to be sent to persons well in advance of their short stay, to enable them to complete it and order any medicines needed for their stay.
5. On the person's arrival their medicines must be checked with the person, their family or informal carers to ensure they are in the original containers from the pharmacy and are current. Where there is any doubt following this check, the GP must be contacted. Records should be kept of any discussions, e.g. clarification of current medication obtained from a GP by telephone.
6. If it is necessary to obtain a repeat prescription for a short stay person who has run out of medication, their family or informal carers should be contacted. Where this is not possible, the request may need to be faxed or e-mailed to the GP Surgery.
7. If a short stay person is able to self-administer, they should be encouraged to do so.

Appendix. 6a



Day-Care/Short Term Care Medication

Name of Service.....
 Name of Person
 Date of Stay.....

I require assistance with medication during my stay

Signed - Person receiving medication.....

Signed -Family Carer.....

To enable staff to assist with your medication during your stay please assist us with the following:

- All medication is in the correct container with original labels and instructions from the pharmacist as directed by the GP's prescription.
- These instructions must be current and unaltered.
- Please bring sufficient medication to cover the length of your stay, including anything taken occasionally. The Home/Day Centre does not hold stocks of medication.
- Please hand the completed form to staff on your arrival.
- If you are currently able to manage your own medication, we will actively encourage you to do so during your stay. We want your routine to remain much as it is at Home/Day Centre whilst with us. Please ask for any assistance you may need with your medication, we will be happy to help.

This is to ensure your medication is administered correctly.

Thank you for your co-operation

Use with Consent Form Appendix 2

Appendix. 7**DAY CARE SERVICE MEDICATION PROCEDURE**

1. Every encouragement should be given to customers to self-administer and thereby promote independence.
2. If assistance is required with medication, it should be brought along in the original containers clearly labelled with administration instructions.
3. The following assistance to customers can be given without the need to make a record on each occasion that assistance is given:
 - Occasional reminders or prompts to a customer to take their medication.
 - Reading the label on a medication container to remind a customer of the correct dose.
 - Manipulation of a container e.g. opening a bottle, dissolving soluble tablets in water or taking tablets out of a blister pack at the request of a customer; when day centre staff have not been required to select the medication.

Details of the type of assistance to be given should be recorded on the customers care plan and the Choice and Risk assessment e.g. requires occasional reminders to take medicines.

4. Where day centre staff take responsibility for the custody and administration of a customer's medication they must record administration on the Day Care Medication Administration Record Card (**Appendix 8a**).
5. New day care customers should be asked to provide the medication information at Appendix 7a and bring it with them on their first visit to the day centre.

