



## **MEDICATION POLICY**

### **Introduction**

During the delivery of homecare services, QCL staff and carers will inevitably be involved in the medication regime of some Service Users. QCL recognises that this involvement will incur specific risks.

The purpose of this Medication Policy document is to ensure that Service Users and QCL employees are given sufficient guidance so that, where QCL become involved in a Service User's medication regime, the delivery of that regime is carried out in an informed and safe manner.

**At all times, QCL will promote the safety and well-being of the Service User and all appropriate actions will be taken to minimise risk.**

This policy document has been designed to embrace the National Minimum Standards and it takes into account CQC advice as published in "**Professional Advice: - The administration of medicines in domiciliary care.**"

### **General Procedure**

When a new Service User is referred to QCL, his/her care circumstances will be subject to QCL's initial "Risk Assessment". This initial "Risk Assessment" includes the completion of a "Medication Instructions" form.

Details contained in the "Medication Instructions" form will indicate which of the following 5 categories apply to each Service User:-

1. Service User takes no medication.
2. Service User takes medication and consistently manages the administration of said medication his/herself.
3. Service User takes medication and consistently relies on family member/s or nominated person (other than QCL employee) to administer his/her medication.
4. Service User takes medication and will require the occasional "prompt" or "assistance" from QCL.
5. Service User takes medication and will require QCL to take responsibility for the administration of said medication.

During QCL's assessment of a Service User, QCL will contact the "appropriate commissioning authority" of the care package to check whether or not any categorisation has already been carried out. Any previous categorisation will be compared to QCL's up-to-date information and any discrepancies will be addressed.

QCL will accept an assessment that has already been carried out by the "appropriate commissioning authority" (i.e. Hospital/CCG/Social Worker etc). However, QCL will maintain the right to question details contained in the said assessment if QCL's own assessment differs.

Where QCL and the "appropriate commissioning authority" disagree, QCL will liaise with the "appropriate commissioning authority" to seek clarification.

# QCL

If QCL and the “appropriate commissioning authority” continue to disagree, QCL will unilaterally apply the higher category (i.e. Category 1 = no risk / Category 5 = high risk).

Where a categorisation dispute exists, then the higher risk category will continue to be applied until an official re-assessment is carried out by a suitably qualified person (nominated by the “appropriate commissioning authority”).

**QCL will not be responsible for “medical assessment” nor for “prescribing” medicines.**

**QCL will react only to information that is made available by the appropriate prescribing authority. All relevant information will be entered on QCL’s “Medication Instructions” form.**

## Action

Action to be taken subsequent to categorisation:-

1. No medication taken

Noted on Service User’s file – no further action from QCL

2. Self-administered medication

Noted on Service User’s file – no further action from QCL

3. Family / Nominated Person to administer medication

Noted on Service User’s file – no further action from QCL

4. Occasional Prompt / Assist by QCL

**A MAR chart will not be created**

The medication regime will be identified by QCL and details entered on Service User’s file. Detailed instructions will be added to the Care Plan and placed in the Service User’s home. The Care Plan will contain a separate dedicated space for details of actions taken by the QCL carer.

Typical examples of “prompt/assist” to include:-

- Check with Service User that medication has already been taken.
- Remind (occasionally) Service User to take his/her medication.
- Upon specific request from the Service User, assist with opening medicine containers and handing containers to Service User for him/her to administer his/her medication independently.
- Dispensing pills from blister-pack for Service User to administer independently.
- Collection of prescription from prescriber and taking to pharmacist.
- Collection of medication from pharmacist and handing to Service User.
- Liaison with “appropriate commissioning authority” from time-to-time to ensure that all parties are aware of Service User’s current circumstances.

# QCL

## 5. Medication Administration by QCL

“Medication Administration” procedure will be applied. A Medication Administration Record (MAR) Chart will be created in liaison with the “appropriate commissioning authority.” Occasionally, a Service User’s family may be consulted.

A MAR Chart will be placed in a separate folder in the Service User’s home and all administration details will be entered on the MAR Chart at each “medication” visit.

Typical examples of “Medication Administration” to include:-

- The continuous prompting of Service User to take his/her medication (lack of capacity).
- Taking pills from original containers and giving to Service User.
- Pouring liquids in measured doses from bottles.
- Administering eye drops.
- Administering nose drops.
- Administering ear drops.
- Dealing with inhalers.
- Percutaneous endoscopic gastrostomy (PEG) feeding (specialist training required).
- Applying creams and lotions.

The above lists giving typical examples of “Prompt/Assist” and “Medication Administration” are not exhaustive. Requirements other than those listed will be dealt with on an individual basis.

N.B. The use of pharmacy filled blister packs/compliance aids is currently under review. QCL are working closely with all relevant authorities to ensure that safe medication administration practices prevail.

## **Communication**

A system for the accurate and relevant exchange of information is vital due to the regular changes in personnel dealing with Service Users. Potential alterations in the medication regime of the Service User need to be accurately recorded.

This process commences with an assessment of the Service User’s medication needs.

Prior to QCL’s involvement, the “appropriate commissioning authority” will carry out a medication assessment that will indicate the nature and extent of support required by the Service User. This assessment will ensure that the Service User’s wishes are upheld and that he/she has consented to the recording of a medication regime. QCL will ensure that the Care Plan will reflect the medication needs identified.

If the “appropriate commissioning authority” has not carried out the required medication assessment, QCL will undertake to collect all relevant information. Decisions based on QCL’s

# QCL

assessment will be applicable unless the “appropriate commissioning authority” varies such decision in writing.

When the Service User is assessed as Category 5 by QCL and/or the “appropriate commissioning authority,” a Medication Administration Record (MAR) will be generated detailing the specific medications and frequency of administration. QCL will enter all relevant information on the MAR Chart and place the MAR Chart in the Service User’s home. The carer will refer to the MAR Chart when attending the Service User.

Occasionally, QCL will work jointly with third parties to provide a package of care to a Service User. In these circumstances, a key QCL staff member will be appointed to take responsibility for any changes to the MAR Chart. The key staff member will usually be the QCL Medication Supervisor. He/she will be responsible for any changes to the MAR chart.

**QCL will not permit members of a third party organisation to alter the medication regime/documents.**

At times, QCL will work jointly with families/next-of-kin to provide medication administration to a Service User. When this happens, QCL’s key staff member (usually the Medication Supervisor) will endeavour to notify any MAR chart variations to those concerned.

The Medication Supervisor will liaise with the family/next-of-kin to determine each party’s responsibilities’ in caring for the Service User, and to determine any issues, such as:

- Ensuring the family/next-of-kin does not fill medication compliance aids which the carer has to administer.
- Ensuring the family/next-of-kin does not leave out tablets in pots for a carer to give at a later time.
- Ensuring that all family/next-of-kin understand and respect QCL’s role in delivery of the Service User’s medication requirements (whether “prompt/remind” or “administration”).
- Ensuring the family/next-of-kin **does not** administer medication without the prior knowledge of QCL. If administration duties are shared between QCL and the family/next-of-kin, QCL will ensure that the family/next-of-kin are trained in MAR Chart management.

Any decisions made jointly between QCL and the family/next-of-kin will be added to the Care Plan and/or MAR Chart by QCL’s Medication Supervisor to ensure accurate communication between all concerned parties.

## Seeking Advice

From time-to-time, a carer will need advice about a particular medication issue, or he/she might need to report specific circumstances regarding a Service User.

Typical examples of this are:-

- Advice about a possible medication reaction.
- Advice about a dropped/spilt dose of medicine.

# QCL

- Advice about missing or missed doses of medication.
- Withdrawal of consent.
- A Service User not being able to take a dose of medicine.

In the above circumstances, the carer will contact QCL's office and speak to an authorised person to discuss the perceived problem. Where possible, the Medication Supervisor will be consulted to ensure the matter is dealt with according to QCL's established policy. Depending on the nature of the perceived problem, the authorised person may decide to consult a medication professional (i.e. Doctor or Pharmacist etc.) prior to advising the carer.

If a carer has a problem when QCL's office is closed, he/she will contact QCL's "on-call" supervisor for advice. The particular advice given will be recorded in the Service User's Care Plan by the carer. The "appropriate commissioning authority" will be informed of the advice given and the relevant details will be recorded on the Service User's file at QCL's office.

## Obtaining Prescriptions

From time to time, QCL will be required to collect prescriptions and/or collect medication from the pharmacist. For this service to be provided, QCL require the "appropriate commissioning authority" to authorise QCL's office. Once a collection service is commissioned, it will appear on a Care Worker's schedule as a separate service. (i.e. not part of the personal care package).

If a prescription/medication collection service is provided, and, if there is a change in medication dosage etc. the carer will record all details in the Service User's Care Plan. If necessary (and only if authorised by QCL's office/out-of-hours service), the carer will alter details on the Service User's MAR Chart to reflect immediate changes in the Service User's medication regime. The Medication Supervisor will be informed of any changes made by the carer and will visit the Service User as soon as possible to ratify and record the said changes. All records at QCL's office will be amended accordingly.

## Over the Counter (OTC) Medication

"Over the Counter" (OTC) medication describes a medicine that is available from a pharmacist or a supermarket to treat common conditions without a prescription. For example, cough medicine, pain killers, ear drops etc. OTC medication can also include some complimentary or homeopathic medicines.

From time-to-time, a Service User may request the purchase of an OTC medication. QCL recognise that certain OTC medication could compromise a Service User's prescribed regime. Therefore, if a carer is asked to purchase an OTC, he/she will contact QCL's office to obtain authorisation. QCL's office staff will check with the relevant person/s (i.e. pharmacist/hospital/G.P.) and only then will QCL authorise the carer to proceed.

There may be occasions when the carer will have direct contact with the relevant person/s (i.e. pharmacist/hospital/G.P.) and is able to obtain direct authority to purchase an OTC medication. The carer is authorised to act on said direct instruction but is required to report all details to QCL's office immediately.

In any circumstances where an OTC medication is purchased, the carer will inform QCL's office (or out-of-hours service) and will record all details in the Service User's Care Plan. QCL's office staff

# QCL

will inform the “appropriate commissioning authority” and record all relevant details on the Service User’s file.

## **PRN (“As and When”) Medication**

‘PRN’ is an abbreviation of the Latin phrase for ‘pro re nata’, meaning ‘when required’. This term may be applied to certain medication dosages within a Service User’s medication regime.

QCL discourage the use of PRN medication and will only give such medication in exceptional circumstances. If a PRN medication is exceptionally agreed, all details will be clearly entered in the Care Plan and, where required, on the Service User’s MAR Chart. All records stored at QCL’s office will be up-dated accordingly.

QCL will always promote fixed dosage medication.

## **Safe Keeping of Medication**

QCL will always ensure that medication is stored in a safe place in accordance with instructions on the medication container and in line with the risk assessment carried out by QCL. In liaison with the Service User, the medicines will normally be stored in a cool dry place, within the Service User’s home.

There may be specific storage instructions for particular medications (i.e. in a fridge, out of direct sunlight etc.) In liaison with the Service User, these instructions will be adhered to, and specific storage instructions will be entered in the Care Plan.

From time-to-time, for the sake of safety, the medication may have to be hidden. In such cases, QCL will liaise with the Service User’s family/next-of-kin or the “appropriate commissioning authority” and agree the location for storage. The location of the concealed medication will be discretely noted in the Care Plan and clearly entered on the Service User’s file at QCL’s office to ensure instructions given to new carers are accurate and protect the Service User’s safety.

In exceptional circumstances, a Service User’s medication will be locked away in a secure place. In these circumstances, a lockable box will be placed in the Service User’s home and a separate key safe installed to ensure that only authorised persons are able to access the medication. QCL’s Key Safe Procedure will apply in such cases.

Decisions regarding the storage of medication within the Service User’s home will always be made after careful consultation with the “appropriate commissioning authority,” the Service User/next-of-kin etc.

In exceptional circumstances where access to the medication by the Service User is considered unsafe, QCL will liaise exclusively with the “appropriate commissioning authority” and/or the Service User’s family/next-of-kin.

The details of all medication storage will be entered on the Service User’s file at QCL’s office and will be made readily available to authorised persons (according to the Data Protection Act) upon request.

# QCL

## Incident Reporting

From time-to-time, during the management of Service User's medication regime, reportable incidents may occur.

Examples of these incidents may be:-

- Medication errors (e.g. over-dosage, missed dose, wrong dosage, wrong medication)
- Reactions to medication (e.g. rashes, nausea, diarrhoea, shaking, stiffness and headaches)
- Service User's refusal to take medication.
- Carer's refusal to give medication

Whenever a reportable incident occurs, the carer will report the said incident to QCL's office or to the out-of-hours service.

Where possible, QCL's Medication Supervisor will be informed and he/she will decide upon the appropriate action to be taken. This action may include consulting the "appropriate commissioning authority" or a medical practitioner for further advice.

Having followed the above procedures, if any doubt continues to exist, the carer is instructed to call for emergency support (999). This action will be taken to maintain the safety and protection of the Service User.

Whenever a reportable incident occurs, it will be clearly noted in the Care Plan and details will be entered on the Service User's file at QCL's office.

## Record Keeping

QCL recognises the importance of accurate record keeping when dealing with a Service User's medication. Medication records will be clearly and accurately kept so that all persons concerned with the Service User's welfare can readily understand particular circumstances surrounding medication administration. This practice is important as information held by QCL will be passed on

# QCL

to third party authorities should the Service User be admitted to hospital – it is vital that health professionals have up-to-date information to enable them to take appropriate action.

Each Service User that requires medication administration will have an individual Medication Administration Record (MAR Chart).

The MAR Chart will detail the following:-

- The prescriber (i.e. G.P./hospital administration etc.)
- The Pharmacist
- Name of medication
- Description of medication (e.g. tablet, capsule, liquid, cream etc.)
- Dosage (i.e. quantity to be administered at each intervention)
- Frequency (i.e. AM, AM & PM, 3 times per day etc.)
- Special instructions (e.g. after/before food)
- Carer's signature confirming each intervention (i.e. dosage given)
- Carer's signature confirming any variation (e.g. refused, family administered etc.)

The MAR Chart will be completed each time administration is required. Should any mistake be identified, the carer will follow the procedure described in "Incident Reporting" section of this Policy.

The Medication Supervisor will monitor the MAR Chart to ensure that the prescribed regime is properly adhered to. Should a carer fail to fill in a MAR Chart according to this policy, the Medication Supervisor will contact the carer and arrange for supervision and a "refresher" training session at QCL's office. Details of this supervision and "refresher" session will be noted on the carer's personal record.

## **Disposal of Medication**

Medication is the property of the Service User. The carer will not take responsibility for disposing of old or out-of-date medication without first informing QCL's office.

If a Service User approaches a QCL carer and requests the disposal of any medication, the carer will contact QCL's office. QCL will then seek the correct permission for disposal from the "appropriate commissioning authority."

Whenever medication is disposed of, the "appropriate commissioning authority" will be informed. QCL recognises that removal of medication from a Service User's home, without permission, could constitute theft.

Should old or unused medication need to be disposed of, QCL will arrange for it to be collected from the Service User's home and taken to a nominated pharmacist in a sealed container. The



# QCL

container will be clearly labelled with all relevant details to enable the pharmacist to dispose of the medication safely.

Medication will NOT be disposed of down the sink or in the toilet except in the case of a one-off “spat out” or “spilt” dose.

Whenever medication is disposed of by QCL, details will be entered in the Care Plan, on the MAR Chart and in the Service User’s file at QCL’s office.

## Training

“External” medication training is commissioned and carers’ initial “internal” induction includes a comprehensive medication awareness section.

QCL will specifically train all care staff in the safe handling of Service User’s medication.

To ensure competence, this training will include simulation, observation and fully documented questioning. Topics covered will include: -

- Service User’s rights
- Difference between “Prompt” and “Administration”
- The importance of communication and joint co-operation
- Seeking advice
- MAR chart administration
- Safe keeping of medication
- Incident reporting
- OTC’s and PRN’s
- Hygiene
- Disposal of unwanted medication