

(NAME OF HOME)

Procedures Manual

Title: SERVICE USERS' MEDICATION (KLOE)

1.0 Scope

1.1 The process of administering Service User's medication and those who choose to administer their own medication.

2.0 Aims and Values

2.1 To ensure that Service Users receive their medication as prescribed by their General Practitioner.

2.2 To encourage Service Users who are able, to administer their own medication.

2.3 To ensure effective medication records are kept.

3.0 Contents

6.0 Person Centred approach to Service Users medication.

7.0 Informed decision making.

8.0 Medication reconciliation.

9.0 Administering medication to Service Users.

10.0 Completing the Medication Administration Record (MAR Sheet).

11.0 Entering the timing of medication.

12.0 Self-medication.

13.0 Self-administration of controlled drugs.

14.0 Controlled drugs not self-administered.

15.0 Visits by health care professionals.

16.0 Homely remedies and prescription required as needed PRN.

17.0 Dealing with errors/discrepancies when administering medication to Service Users.

18.0 Administration of medication away from the service.

19.0 Service Users refusal to take medication.

20.0 Unusual and adverse effects to medication.

21.0 Mental capacity and the administration of medication.

22.0 Covert Medication.

23.0 Antipsychotic medication.

24.0 Emergency medicines.

25.0 Storage of medication.

26.0 Disposal of medicines.

27.0 Monitoring and review of Service User's medication.

28.0 Staff training in managing and administering medicines.

29.0 Responding to alerts.

30.0 Compliance to Medicine Regulations.

4.0 Referenced Documents

C4-050 Medication Administration Record.

C4-051 Medication Return Form.

C4-064 Record of Medication Received by the Home Form.

C4-068 Record of Staff Authorised to Administer Medication.

C4-079 Person Centred Care Plan.

C4-110 Administration of Medication Away from the Home Form.

C4-114 Medication Error Report Form.

C4-128 Service Users Self Medication Audit.

C4-145 Homely Remedies form.

C4-CDB Controlled Drugs Book.

C4-SSCB Senior Staff Communications Book.

QP-15 Covert Administration of Medicines.

QP-68 Use of Antipsychotic Medicines

The Safe Management Of Controlled Drugs In Care Homes, CQC, January 08.

5.0 Responsibilities

5.1 The manager, senior staff and all care staff.

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This is the procedure to be followed

This procedure has been written to comply with the guidelines set out in the National Institute for Health care Excellence, (NICE), Managing Medicines in Care Homes, 2014.

This procedure must be read in conjunction with the service’s Medication Management Policy, QP-49 and Covert Administration of Medicines QP-15.

6.0 PERSON CENTRED APPROACH TO SERVICE USERS MEDICATION

6.1 The manager will ensure that the service adopts a person centred approach to the administration of medication by taking into account the Service Users’:

- Age.
- Choices.
- Lifestyle.
- Cultural and religious beliefs.
- Allergies and intolerances.
- Existing medical conditions and prescriptions – adverse drug reactions.
- Recommended prescribing regimes.

6.2 The Person Centred Care Plan, C4-079, should provide evidence of how these items have been addressed.

6.3 The manager should ensure that discussions should take place between staff Service Users and their families or carers, (as appropriate and in line with the Service Users wishes) about their medicines and their understanding of them. The discussions may include:

- Concerns, questions or problems with the medicine.
- All prescribed, over-the-counter and complementary medicines that the Service User is taking or using, and what these are for how safe the medicines are, how well they work, how appropriate they are, and whether their use is in line with national guidance.
- Any monitoring tests that are needed.
- Any problems the Service User has with the medicines, such as side effects or reactions, taking the medicines themselves (for example, using an inhaler) and difficulty swallowing.
- Helping the Service User to take or use their medicines as prescribed (medicines adherence).
- Any more information or support that the Service User (and/or their family members or carers) may need.

7.0 INFORMED DECISION MAKING

7.1 Service Users and (as appropriate and in line with the Service Users wishes) should be involved in decisions about medication arrangements, and treatment. These decisions should be recorded by nursing or care staff responsible.

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Staff will actively promote and inform Service Users about their medication and understanding of what is being taken and side effects of prescribed medicines.

- 7.3 Where information leaflets are provided with medicines, Service Users are made aware and given access if they request it.
- 7.4 There must be a record of the Service Users consent to take medication. Health care professionals should document where Service Users are unable to give consent. E.g. hearing, sight issues. The manager should ensure that consent is regularly reviewed.
- 7.5 Service Users should be assessed for capacity to take medications. Whether capacity fluctuates or is temporary. The manager must ensure that Service Users and their families are involved in best interest decisions.

8.0 MEDICATION RECONCILIATION

- 8.1 The manager should ensure that the following information is available for medicines reconciliation on the day that a Service User transfers into or from a care home:
- Service User's details, including full name, date of birth, NHS number, address and weight where appropriate, for example, frail older Service Users.
 - GP details.
 - Details of other relevant contacts defined by the Service User and/or their family members or carers (for example, the consultant, regular pharmacist, specialist nurse).
 - Known allergies and reactions to medicines or ingredients, and the type of reaction experienced.
 - Medicines the Service User is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known.
 - Changes to medicines, including medicines started, stopped or dosage changed, and reason for change.
 - Date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines).
 - Other information, including when the medicine should be reviewed or monitored, and any support the Service Users needs to carry on taking the medicine (adherence support).
 - What information has been given to the Service User and/or family members or carers.

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9.0 ADMINISTERING MEDICATION TO SERVICE USERS

- 9.1 Staff should always follow the 6 R's when administering medication to Service Users:
- Right Service User.
 - Right medicine.
 - Right dose.
 - Right time.
 - Service User's right to refuse.
- 9.2 The home manager should consider ways of avoiding disruptions during the medicines administration round, such as:
- Having more trained and skilled care home staff on duty at that time.
 - Avoiding planned staff breaks during times of medicines administration.
 - Ensuring fewer distractions for care home staff administering medicines.
- 9.3 The manager or senior member of staff on duty should ensure that all medication is only administered by designated, appropriately trained and competent staff to a Service User. This will be signed for, immediately after it has been given, by the member of staff concerned. Medication for nursing-care Service Users should only be administered by a G.P. or a registered nurse.
- 9.4 On admission to the service, Service Users should wherever possible bring with them two weeks' supply of their prescribed medication. This medication must be counted / measured by the senior member of staff on duty and a record of the amount entered on the Record of Medication Received by the Home Form, C4-064, and Medication Administration Record, C4-050.
- 9.5 Following admission of a Service User, the manager or senior member of staff on duty should make arrangements with a local pharmacist for the supply and disposal of Service User's medication who understands the care, treatment or support that is provided by the service and a relationship should be established for obtaining appropriate pharmaceutical information and advice.
- 9.6 When ordering staff must ensure the right amount of medication is prescribed to fit in with a 28-day cycle.
- 9.7 Where the prescribed medication for the Service User is changed by the GP, the new prescription should be sent by the senior member of staff on duty to the pharmacist who will amend the medication. In cases where the GP does not issue a new prescription, e.g. when the Service User's medication that is already in use is either increased or decreased, the GP should be requested to countersign the Medication Administration Record, C4-050.
- 9.8 If the GP refuses to countersign the Medication Administration Record, C4-050, the senior member of staff on duty, with another member of staff, should make a record in the Senior Staff Communications Book, C4-SSCB. This entry should always be signed by two people.

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- 9.9 In those cases where the Service User requires medication on the day of admission, where no medication has been supplied but a prescription is available, the senior member of staff on duty should make arrangements for the pharmacist to deliver the medication to the service or arrange for collection.
- 9.10 Where no prescription form is available, the senior member of staff on duty should make arrangements for a GP to visit.
- 9.11 On receipt of any medication, the senior member of staff on duty should sign the Medication Administration Record, C4-050 and the Record of Medication Received by the Home form, C4-064, to acknowledge a visual check of the medication received has been carried out.
- 9.12 Where discrepancies are found, the senior member of staff on duty should notify the pharmacist and record the discrepancy on the Record of Medication Received by the Home form, C4-064, and in the Senior Staff Communications Book, C4-SSCB.
- 9.13 The manager must ensure that all staff who have responsibility for the Service User's medication check that the Service User's prescription for medicines, for which the service is responsible, is:
- Up to date and reviewed where required.
 - Changed when the Service Users needs or condition changes as part of the care plan review.
 - Monitored for any side effects and action taken to address any adverse reactions that have an effect on the quality of life of the Service User. These are discussed and reported to the GP and the pharmacist and a report is made in the Person Centred Care Plan.
- 9.14 In addition it is essential that staff ascertain if any instructions have been sent in by relatives/carers. In particular staff must find out from relatives/carers about any intolerances or allergies to certain drugs that the Service User may have.
- 9.15 Service Users should be given information where possible about the medication they are taking including risks. This should also include information and guidance received from a GP or pharmacist that balances the side effects of medication against ill health.
- 9.16 The manager should ensure information is available for people about medicines that are advisable for them to take for their health and wellbeing and also to prevent ill health.
- 9.17 The manager should ensure that staff have access to up-to-date legislation and guidance related to medicines handling - see the Royal Pharmaceutical Society Handling of Medicines in Social Care 2009, and NICE Managing Medication in Care Homes 2014.
- 9.18 Specimen signatures of the staff responsible for the issuing of medication should be recorded on the Record of Staff Authorised to Administer Medication, C4-068.

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- 9.19 The keys for medicine cupboards are restricted to authorised staff and do not form part of the master key set.
- 9.20 The manager should ensure that staff have protected time to order medicines and check medicines delivered to the home.
- 9.21 The manager should ensure that at least 2 members of staff have the training and skills to order medicines, although ordering can be done by 1 member of staff.

10.0 COMPLETING THE MEDICATION ADMINISTRATION RECORD (MAR SHEET)

- 10.1 The manager or senior member of staff on duty should ensure that there is a Medication Administration Record, C4-050, for each Service User.
- 10.2 The Medication Administration Records must show:
Full name, Date of birth, weight, allergies, details of the medicine (name, strength, form, dose, frequency and route of administration), review or monitoring of medicine, support needed to take medicines, any special instructions
- 10.3 Staff responsible must ensure they:
- Check the Mar sheet is up to date and accurate.
 - Complete the administration before moving on to the next Service User.
 - Record when and why medicines have not been given.
 - Correct written mistakes with a single line through the mistake followed by the correction and a signature, date and time.
- 10.4 Using the relevant recording format for the medication record ensure the medication details are written down clearly in the space provided. It is very important that the information is:
- Copied from the label accurately, do not use ‘joined up’ writing but ‘print’ so that information is clear and easy to read.
 - Person recording the information initials in the space provided.
 - That a second staff member (who has passed their assessment of competence to administer medication) checks that the information is correct and corresponds with the label and initials in the space provided.
- 10.5 Any medication, such as simple linctus or a mild analgesic, which has not been prescribed by a doctor, should be recorded in the same way as prescribed medicines when administered to Service Users.
- 10.6 It remains the responsibility of the manager to ensure that recordings are accurate, clear and easy to read. The manager or senior member of staff on duty should ensure that the Medication Administration Record, C4-050, shows if prescribed medication is not given or is refused.

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- 10.7 Staff should ensure that medicines with a short shelf life, when brought into use, are recorded to ensure that they are not used beyond the expiry date.
- 10.8 A record of medicines administered by the GP or visiting health professionals should be made on the Service User's Medication Administration Record, C4-050.
- 10.9 Staff responsible for administering medicines should add a cross- reference (for example, 'see warfarin administration record') to the Service Users medicines administration record when a medicine has a separate administration record.
- 10.10 Hand-written Medication Administration Record, C4-050 should be produced only in exceptional circumstances and is created by a member of care staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.

11.0 ENTERING THE TIMING OF MEDICATION

- 11.1 Where a GP prescribes that medication is to be taken twice a day (bd) ideally there should be a 12-hour gap between each dose administered e.g. 8am and 8pm.
- 11.2 Where a GP has prescribed that a medication is to be taken three (tds) or four (qds) times a day the waking hours should be divided equally to identify the timing of administration.

12.0 SELF MEDICATION

- 12.1 Wherever possible, Service Users should be encouraged to become responsible for the administration of their own medication.
- 12.2 A detailed assessment of ability and risk should be carried out and an individualised plan developed including teaching required, counselling, on-going staff support and monitoring arrangements to be approved by all involved.
- 12.3 The assessment should include:
- If self-administration will be a risk to the Service User or to other Service Users.
 - If the Service User can take the correct dose of their own medicines at the right time and in the right way (for example, do they have the mental capacity and manual dexterity for self-administration?).
 - How often the assessment will need to be repeated based upon individual Service User need.
 - How the medicines will be stored.
 - The responsibilities of the staff, which should be written in the Service Users care plan.
 - The records that should be kept of what medicines are supplied to self-administer.
 - Whether monitoring is needed.

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- The person's willingness or adherence to taking medicines independently.
- Checking by asking if the medicine has been taken and recording this.

- 12.4 The manager should coordinate the risk assessment and should help to determine who should be involved.
- 12.5 Where following a risk assessment it is deemed appropriate that a service user is able to become responsible for their own medication, then a formal agreement must be made following detailed discussions with the service user, Keyworker, their family where involved, GP and any other relevant health professionals involved.
- 12.6 When a Service User is deemed competent, they may become responsible for all aspects of their own medication, including visits to their GP for reviews and obtaining their own medication from the local chemist.
- 12.7 Where a Service User has been risk assessed and is able and expresses a wish to self-medicate, the manager should make suitable arrangements for the storage and safekeeping of the Service User's medication.
- 12.8 A record of medication given by staff to be self-administered by a Service User should be recorded on the Record of Medication Received by the Home Form, C4-064, and Medication Administration Record, C4-050.
- 12.9 In the case of self-medication, Service Users who wish to retain their own medication should be provided with individual lockable drawers or cupboards, for safekeeping of medication. A periodic check by the manager or senior member of staff on duty should ensure that medicines are being taken and stored correctly.
- 12.10 The manager or senior person should use the Service Users Self Medication Audit, C4-128 to establish that the Service User is managing to take their medication as prescribed. Where it is found that a Service User has not been able to self-administer their medicines a record must be made on the Service Users Medication Administration Record, C4-050 and the Daily Report Record. Arrangements should be made for a review of the Service User's Person Centred Care Plan and for regular Service User's Self Medication Audits, C4-128.
- 12.11 The use of appropriate self-medication systems (e.g. Nomad trays, Medi-wallets) could be used to minimise the risk of errors in self-medication.

13.0 SELF-ADMINISTRATION OF CONTROLLED DRUGS

- 13.1 The manager should ensure that their process for self-administration of controlled drugs includes information about:
- Individual risk assessment.
 - Obtaining or ordering controlled, drugs.
 - Supplying controlled drugs.

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- Storing controlled drugs.
- Recording supply of controlled drugs to Service Users.
- Reminding Service Users to take their medicines (including controlled drugs).
- Disposal of unwanted controlled drugs.

14.0 CONTROLLED DRUGS NOT SELF-ADMINISTERED

14.1 All controlled drugs not self-administered should be kept in a separate locked metal cabinet securely fixed to a solid wall, and used only for storing controlled drugs, where possible this should be in a locked room. Refer to CQC's publication The Safe Management of Controlled Drugs in Care Homes for further details on the type of cabinet and storage in the case of self-administration.

14.2 Separate records should be maintained for controlled drugs in the service, using a bound Controlled Drugs Book, C4-CDB, as well as in the normal records. The record should clearly indicate what drugs are administered to a Service User, the dosage amount, the date and time given, the signature of the provider, the signature of a witness and an indication of how much remains.

15.0 VISTS BY HEALTH CARE PROFESSIONALS

15.1 If a health care professional visits the home to administer any medicines to Service Users, staff responsible for Service Users medication should ensure they make a record in both the Service Users MAR chart and medical notes. These records should also be made available to the homes staff.

15.2 Care staff responsible for administering the Service Users medication should accompany any health care professional when they administer any medication.

16.0 HOMELY REMEDIES AND PRESCRIPTION REQUIRED AS NEEDED (PRN)

16.1 Staff must comply to the following guidelines when administering when required or PRN medication:

- Wherever possible PRN medicines should be kept in their original packaging.
- Record the reasons for giving the PRN medicine.
- How much to give if variable dose has been prescribed.
- What medicine is expected to do?
- The minimum time between doses if the first dose has not worked.
- Offering the medicine when needed and not just during 'medication rounds'.
- Record 'when required' medicines in the Service Users Personal Centred Care Plan.

16.2 Homely remedies or non-prescription over the counter medication should all follow the guidelines listed below:

- Name of the medicine and what it is for.

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- Which Service Users should not receive certain remedies (e.g; paracetamol should not be given to a Service User already prescribed paracetamol).
 - The dose and frequency.
 - Maximum dose.
 - To be recorded on MAR sheet.
 - Name of staff that give homely remedies and a signature that acknowledges that they are responsible for their actions.
 - How long the medicine should be given before contacting the doctor.
- 16.3 Where Service Users request the use of or bring to the service medicines for minor ailments that could be bought over the counter, such as paracetamol for headaches or indigestion remedies often referred to as ‘homely’ remedies or unlicensed medication. Staff must contact the GP or pharmacist for advice before giving homely medicines to a Service User, to ensure it will not interact with the Service Users prescribed medicines and it is safe to use.
- 16.4 When homely remedies are administered then the precise dosage must be given and recorded on the Homely Remedies form, C4-145 and the Medication Administration Record, C4-050.
- 16.5 Where Service Users request continued dosage of homely remedies the Service Users GP must be contacted to see if it is safe to do so or whether or not a review of the Service Users medication needs is required to ascertain if homely remedies medicines or alternative medication should be provided on prescription.
- 16.6 Where Service Users are using prescription required as needed medication (PRN) staff responsible for the administration should be made aware that some PRN medication is controlled and dangerous. This is prescribed in accordance with GP directions (which must be followed) and is only given in emergencies.
- 16.7 When PRN medication is administered, then the precise dosage must be given and recorded on the Homely Remedies form, C4-145 Medication Administration Record, C4-050.
- 16.8 One **P.R.N. Administration Record** must be used for each individual P.R.N. medication, with the instructions written accurately and clearly in the space provided. Different P.R.N. medication must not be entered on the same sheet.

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16.9 Staff should monitor PRN medication and variable doses through records made on the MAR Sheet and relay the information back to the GP for decision.

17.0 DEALING WITH ERRORS / DISCREPANCIES WHEN ADMINISTERING MEDICATION TO SERVICE USERS

17.1 Definitions of a Medication Error “A medication error is any preventable event that may cause or lead to inappropriate medication use or Service User harm while the medication is in the control of social care/ health care professional, or Service User.

17.2 Dispensing Errors can include:

- Service User dispensed the wrong medication/dose/route.
- Medication dispensed to the wrong patient.
- Service User dispensed an out of date medicine.
- Medication is labelled incorrectly.

17.3 If an error in administering medication to a Service User is identified (the wrong dosage is given or there is a discrepancy between the M.A.R. sheet and the drugs available) the authorised member of staff must immediately report the error / discrepancy to the manager or the senior member of staff on duty using the Medication Error Report Form, C4-114, describing the error and the medication given in error.

17.4 The manager or senior member of staff on duty must immediately notify the Service User’s GP of the error that has occurred. Accurate details of any medicine related safeguarding incidents should be recorded as soon as possible so that the information is available for any investigation and reporting.

17.5 The owner or line manager should also be informed. Any error / discrepancy should be recorded on the Medication Error / Discrepancy Report Form, C4-114, the Medication Administration Record, C4-050, and the Senior Staff Communication Book, C4-SSCB.

17.6 There is no requirement to notify CQC about all medicines errors, but a notification would be required if the cause or effect of a medicine error met the criteria to notify one of the following:

- A death.
- An injury.
- Abuse, or an allegation of abuse.
- An incident reported to or investigated by the police where relevant, you should make it clear that a medicine error was a known or possible cause or effect of these incidents or events being notified.

17.7 The manger should refer to local safeguarding arrangements for details of which medicine related safeguarding incidents should be reported under local safeguarding process and when.

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- 17.8 The manager will carry out an investigation into any adverse events, incidents, errors and near misses that have occurred in the administration of medication and establish the root cause. The findings from analysis of the root cause and review of administration of medicines is disseminated and action taken to prevent recurrence and improve practice. The manager will also implement any required changes to procedures including, any advice received from the Service User's GP or from the safeguarding team or Care Quality Commission to prevent any recurrence of the error.
- 17.9 The manager will ensure that any lessons that are learned from the investigation are shared with all concerned.
- 17.10 If mistakes are made then advice must be sought immediately from the GP or pharmacist, particularly if medication is missed or a double dose is accidentally given.
- 17.11 The manager should ensure that all staff involved in the medication error should submit a written statement immediately as to their understanding of the incident.

18.0 ADMINISTRATION OF MEDICATION AWAY FROM THE SERVICE

- 18.1 Service Users or their representatives should be given the original dispensed containers of medication when going on leave e.g. holiday or an additional set of medication organised for that leave through the pharmacist. Secondary dispensing of medication from original containers into other containers is not appropriate.
- 18.2 The medicines taken with the Service User should provide:
- Clear directions and advice on how, when and how much of the medicines the Service User should take.
 - The time of the last and next dose of each medicine.
 - A contact for queries about the Service User's medicines, such as the care home, supplying pharmacy or GP.
- 18.3 The manager or senior member of staff on duty should ensure that the details of the medication taken out of the service and returned are recorded on the Administration of Medication Away from the Home Form, C4-110.
- 18.4 Where a Service User goes out of the service regularly e.g. day care, every lunchtime, and requires medication whilst away from the service, the pharmacist and / or GP should be consulted to assess if an alternative preparation would avoid the need for the dose required whilst away or if it could be administered at a different time. If it is established that it must be taken whilst the Service User is away from the service, a separate container of medication should be requested by liaising with the pharmacist / GP as appropriate.

19.0 SERVICE USERS' REFUSAL TO TAKE MEDICATION

- 19.1 Where a Service User refuses his/her medication, verbal encouragement should be used by staff who should explain the consequences and offer the medication again to

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the Service User as soon as possible. If he/she still refuses, then the matter must be reported to a senior member of staff and the Service User's keyworker.

- 19.2 Staff responsible for the Service Users medication must seek the advice of the Chemist, Community Nurse or GP regarding the time limit before the disposal of the refused medication.
- 19.3 A record must be made on the Medication Administration Record, C4-050, and Service Users Daily Report Record, C4-081 along with the reason for refusal. Where staff are concerned as a result of prolonged or repeated refusal then they should discuss the matter with the Service Users GP.

20.0 UNUSUAL OR ADVERSE EFFECTS TO MEDICATION

- 20.1 If staff have concerns regarding changes in the service user's condition (e.g. unusual or adverse reactions or other health problems) they should seek advice from the GP before offering the medication to the Service User.
- 20.2 Staff must give advice to the Service User taking the medication of any special requirements or problems relating to the medication, e.g. if alcohol should not be taken.

21.0 MENTAL CAPACITY AND THE ADMINISTRATION MEDICATION

- 21.1 It is important that staff are aware that they are not to administer medication in a secret or covert manner (hiding medication in food or drink). See policy QP-15 Covert Administration of Medicines.
- 21.2 Service Users who have a diminished capacity (as assessed under the Mental Capacity Act 2005) to make decisions about their health, repeatedly refuse their medication. In these circumstances, the Service User's family, advocates, general practitioner and members of the care team should be informed, and the arrangements for giving medicines covertly where this is needed in accordance with the Mental Capacity Act 2005 must be followed.
- 21.3 Where staff and the Service User's representatives have concerns about the administration of the Service User's medication, the manager will make arrangements for a Service User's Best Interest Meeting to safeguard the Service User's interests.
- 21.4 Where staff and the Service User's representatives have concerns about medicines in relation to Service Users who are detained under the Mental Health Act 1983, the manager should ensure that arrangements are in place for requesting a second opinion.
- 21.5 The manager should ensure that all staff who have responsibility for administering medication have signed to say that they have read and understood the policy on the Covert Administration of Medicines, QP-15.

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22.0 COVERT MEDICATION

- 22.1 Staff must comply with the requirements of the Mental Capacity Act 2005 when administering medication to a Service User with diminished capacity.
- 22.2 Staff should refer to the policy QP-15 on Covert Administration of Medicines.

23.0 ANTIPSYCHOTIC MEDICATION

- 23.1 Staff should refer to the policy QP-68 on the Use of Antipsychotic Medication which should be read alongside this procedure.
- 23.2 Where Service Users have difficulty in managing their behaviour and consideration is being given to the use of antipsychotic medication to support the person. Staff should seek the consent of The Service User. Where the Service User is unable to give their consent. Staff should discuss the matter with the family to seek their consent before any approach is made to the GP to prescribe the medication. Staff should fully explain the reasons and circumstances that have led to their decision.
- 23.3 Staff should create a behaviour support plan to help Service Users manage their behaviour. This should detail the behaviour that is challenging and the approaches and methods used to manage it, including antipsychotic medication authorised by the GP, specifying the actions and outcomes required when giving this type of medication.
- 23.4 When a General Practitioner prescribes medication for a Service User who has difficulties in managing their behaviour, it is the responsibility of staff who administer this medication to ensure that the requirements of the prescription are followed.
- 23.5 Staff responsible for the medication must ensure that the instructions from the General Practitioner are clear and there are specific details of when this medication should be administered.
- 23.6 Staff should monitor closely how the Service User is responding to the medication and feed this back to the GP when needed.
- 23.7 The use of antipsychotic medication must be reviewed on a regular basis by the GP and other health professionals where they are involved. Notes from the review should be recorded in the Person Centred Plan and Service Users medical notes.

24.0 EMERGENCY MEDICINES

- 24.1 The manager must ensure medicines required for resuscitation or other medical emergencies are accessible in tamper evident packaging that allows them to be administered as quickly as possible.

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25.0 STORAGE OF MEDICATION

- 25.1 All medication received into the service should be kept in a lockable metal cupboard or trolley that is firmly secured. Portable medication trolleys or cupboards should be immobilised when not in use.
- 25.2 Only medication prescribed for Service Users will be stored in medication cupboards or trolleys. Medication cupboards should not be used to store other items.
- 25.3 Medicines trolleys should be fit for purpose, taking account of the need to store medicine separately for each Service User, and have sufficient capacity for all medicines to be locked away in an emergency (for example during a medicines administration round).
- 25.4 Medication stored and administered on behalf of Service Users should be kept separately and used solely for the Service User for whom it was prescribed.
- 25.5 Other medications, 'homely remedies', e.g. simple linctus or mild analgesic, should be stored separately and securely away from prescribed medication.
- 25.6 Medication requiring refrigeration should be kept in a sealed, clearly labelled container in a refrigerator. The temperatures for storing medicines and the storage conditions for medicines should be monitored.
- 25.7 The manager should assess each Service User's needs for storing their medicines and should provide storage that meets the Service User's needs, choices, risk assessment and type of medicines system they are using.
- 25.8 Compliance devices will be stored in accordance with Misuse of Drugs (safe custody) Regulations 1973 as amended.

26.0 DISPOSAL OF MEDICINES

- 26.1 To comply with The Environment Protection Act 1990 unused prescribed medicines should be returned to the pharmacist using the Medication Return Form C4-051. Medicines should be disposed of when:
- The expiry date has been reached.
 - The doctor stops the medication.
 - The Service User for whom the medication was prescribed dies. Such medicines should be retained in the service for seven days in case they are required as part of an investigation following the death.
 - Service Users are admitted to hospital or moved to other accommodation.
- 26.2 The manager should ensure records of medicines (including controlled drugs) that have been disposed of, or are waiting for disposal are kept. Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy.

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- 26.3 The return of unused prescribed medicines to the pharmacist applies only to care services offering personal care. A care service (nursing) is required to ensure the collection of waste medication as well as other clinical waste products with a licensed waste disposal company. Community pharmacists cannot accept medication waste from care services (nursing) unless their pharmacy holds a Waste Management License.
- 26.4 Clinical waste such as used syringes, needles and used ampoules of injectable substances should be disposed of in an approved 'sharps' box and disposal arranged through a registered collector.
- 26.5 Any concerns raised that relate to medicines handling are drawn to the attention of staff as part of supervision and staff meetings and, where appropriate, the pharmacist and GP.
- 26.6 Where a Service User decides to leave or move on to another service the manager should ensure that arrangements are kept in place for the continuation of the Service User's medication until a new arrangement has been made.
- 26.7 Records should be kept by the manager or senior member of staff on duty using Record of Medication Received by the Home Form, C4-064, and, for disposal, the Medication Return Form, C4-051.
- 26.8 It is the responsibility of the manager or senior member of staff on duty to ensure that records are kept of the safe reception, storage, administration and disposal of medication.

27.0 MONITORING AND REVIEW OF SERVICE USERS MEDICATION

- 27.1 Each Service User's medication is reviewed at regular specified intervals as documented in the personal plan and forms part of the personal planning review process.
- 27.2 A named staff member with extensive knowledge of for the Service Users medication should liaise with the GP and be responsible for bringing to the attention of the GP the following medicines for review should include:
- Antipsychotic medication.
 - Sedative medication.
 - Anticonvulsant medication.
 - Medication for the management of depression.
 - Analgesic medications.
 - Any medication prescribed to control behaviour.
- 27.3 Medication reviews involve the Service User and/or their family members or carers and a local team of health and social care practitioners (multidisciplinary team).

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27.4 Health and social care practitioners should agree how often each Service User should have a multidisciplinary medication review. They should base this on the health and care needs of the Service User, but the Service Users safety should be the most important factor when deciding how often to do the review.

28.0 STAFF TRAINING IN MANAGING AND ADMINISTERING MEDICINES

28.1 Staff will be provided with the following training which will form part of the staff training and development programme:

- Competency in medication administration.
- Compliance with the services policies on the safe administration of medication, for the prescription, supply, receipt, self-administration by people with disabilities, recording, storage, handling, and disposal of medicines that accord with legislation and professional regulatory requirements or guidance.
- Administration of rectal diazepam.
- All staff will receive training on the inappropriate use of medication and specifically that medication must never be used to control Service Users behaviour, unless authorised by the Service Users GP.

28.2 Staff will only undertake these tasks after receiving training and an assessment of competence and knowledge.

28.3 Staff must only work within the scope of their qualifications, competence, skills and experience and should be encouraged by management to seek help when they feel they are being asked to do something that they are not prepared or trained for.

28.4 The manager should ensure staff should be appropriately supervised when they are learning new skills, but are not yet competent.

28.5 Health professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for Service Users living in the home.

28.6 Induction training should ensure that staff receive instruction as a requirement of their role.

28.7 The manager should ensure that all care staff have an annual review of their medication training and any other requirements to the role.

29.0 RESPONDING TO ALERTS

29.1 The manager keeps a record of all arrangements to implement and act upon the recommendations of all relevant medicine-related patient safety communications issued via alert systems within the required timescales and regularly refers to the National Patient Safety Agency and Central Alerting System.

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30.0 COMPLIANCE WITH MEDICINE REGULATIONS

- 30.1 The manager should review the following documents in conjunction with this procedure to ensure compliance with:
- Medicines Act 1968.
 - Misuse of Drugs Act 1971, and their associated regulations.
 - Safer Management of Controlled Drugs Regulations 2006.
 - Relevant health technical memoranda and professional guidance from the Royal Pharmaceutical Society of Great Britain and other relevant professional bodies and agencies.

Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - **Safe S4: How does the provider ensure the proper and safe use of medicines?**

Prompt	Compliance Evidence
S4.1 Is the service's role in relation to medicines clearly defined and described in relevant policies, procedures and training?	This procedure addresses the prompt. Refer to QP-49 Medication Management
Is current and relevant professional guidance about the management of medicines followed?	Para 29.1 and 30.1 of this procedure addresses the prompt
S4.2 How does the service make sure that people receive their medicines (both prescribed and non-prescribed) as intended (including controlled drugs and 'as required' medicines), and that this is recorded appropriately?	This procedure including sections 9.0, 10.0 and 11.0 addresses the prompt
S4.3 How are medicines ordered, transported, stored, and disposed of safely and securely in ways that meet current and relevant legislation and guidance?	Section 9.0, Section 25.0 and 26.0 of this procedure addresses the prompt
S4.4 Are there clear procedures for giving medicines, in line with the Mental Capacity Act 2005?	Section 21.0 of this procedure addresses the prompt
S4.5 How does the service make sure that people's behaviour is not controlled by excessive or inappropriate use of medicines?	Section 23.0 of this procedure addresses the prompt

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S4.6 How do staff assess the level of support a person needs to take their medicines safely, particularly where there are difficulties in communicating, when medicines are being administered covertly, and when undertaking risk enablement assessments designed to promote self-administration?	Section 12.0 of this procedure addresses the prompt
S4.7 How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?	Section 27.0 of this procedure addresses the prompt

Managers will need to demonstrate to CQC that they are complying with the regulation and Fundamental Standard by following the procedure or policy that provides the evidence.

Sample

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