

(NAME OF AGENCY)

Procedures Manual

Title:	SUPPORTING SERVICE USERS WITH THEIR MEDICATION (KLOE)
1.0	Scope
1.1	Actions taken when supporting Service Users with their medication.
2.0	Aims and Values
2.1	To support Service Users with their medication to promote their health and well-being.
2.2.	To promote the independence and dignity of the Service User.
3.0	Contents
6.0	Supporting Service Users with their medication.
7.0	Assisting with prescribed medication.
8.0	Administration of prescribed medication.
9.0	Non- prescribed medicines and homely remedies.
10.0	Completing the Medication Administration Record (MAR Sheet)
11.0	Entering the timing of medication
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14.0	Disposal of medicines.
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16.0	Compliance to Medicine Regulations.
17.0	Monitoring and review of service user's medication.
18.0	What the Home Care Staff should do if problems arise.
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DC-009	Communication Record Sheet.
DC-032	Medication Administration Record.
DC-054	Person Centred Care Plan.
DC-058	Social Worker's / Care Manager's Care Plan.
DC-080	Medication Error Report Form.
DC-085	Medication Supervision Record.
DC-118	Medication Return Form
DC-122	Staff Competency Assessment Administration of Medicines.
DC-123	Consent for Medication.
QP-12	Covert Administration of Medicines.
QP-46	Medication Management.
QP-63	Use of Antipsychotic Medication PRN Administration Record. MAR Medication Administration Record Sheet.
5.0	Responsibilities
5.1	Management, all Home Care Staff and the Service User.

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This procedure should be read alongside the policy Medication Management QP-46.

6.0 SUPPORTING SERVICE USERS WITH THEIR MEDICATION

- 6.1 On each visit staff should check the Social Worker's/Care Manager's Care Plan, DC-058, Service Users Person Centred Care Plan, DC-054 and Communication Record Sheet, DC-009 to establish tasks to be undertaken.
- 6.2 There must be a record of the Service Users consent to take medication. Senior staff must record consent on DC-123, Consent for 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.
- 6.3 Home Care Staff must record on the Communication Record Sheet, DC-009, within the Person Centred Care Plan, DC-054, all occasions where support with medication has been given.
- 6.4 All medication must be stored safely in accordance with the manufacturer's and pharmacist's instructions, and the Social Worker's/Care Manager's Care Plan, DC-058.
- 6.5 The Social Worker's/Care Manager's Care Plan, DC-058 should contain details of who will be responsible for ordering Service Users medication where the lack mental capacity.
- 6.6 Care staff observing/assisting Service Users taking their medication should document on the Medication Supervision Record, DC-085 MAR Sheet.

7.0 ASSISTING WITH PRESCRIBED MEDICATION

- 7.1 Staff must only administer medication following authorisation by the home Care Co-ordinator where the authorisation of the Service User has been obtained or where the Social Worker's / Care Manager has completed an appropriate assessment that identifies lacks the capacity to so authorise and it is in the best interests of the Service User to receive assistance.
- 7.2 Staff must only assist a Service User to take medication which has been prescribed by the Service Users Doctor or other authorised prescriber responsible for aspects of the Service Users care.
- 7.3 Only staff who have undertaken the appropriate basic training on the management of medicines may provide assistance with the following:
- Medication taken by mouth (oral preparations) e.g. tablets, capsules and oral liquids.
 - Medication applied externally to the skin e.g. ointments, creams and lotions.
 - Assistance with the administration of drops or other preparations (e.g. ointment)

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For instillation into the eye, ear or nose, and medication in patches to be applied to the skin (transdermal patches) may only be given after specific written instructions from the staff's Home Care Co-ordinator. Where necessary and appropriate staff will receive training in the administration of unusual medications or preparations. e.g. from District Nurses.

- 7.4 Staff should preserve the dignity and respect the wishes of the Service User, including cultural practices, when assisting with medication. Guidance on these wishes or cultural issues should be recorded in the Social Worker's / Care Manager's Care Plan, DC-058, and Service Users Person Centred Care Plan, DC-054.

8.0 ADMINISTRATION OF PRESCRIBED MEDICATION

- 8.1 Staff must maintain a MAR Sheet for each Service User who is receiving administration of their medication.
- 8.2 The MAR Sheet and the Service Users Communication Sheet DC-009 must be kept in the Service User home in an agreed location, and both must be examined on each occasion by staff who attend the Service Users home, in order to note any changes in medication.
- 8.3 Staff must always check the Service Users Communication Record Sheet DC-009 and the MAR Sheet prior to administering any medication to ensure that the medication has not already been administered.
- 8.4 Depending on the Service Users ability, the Social Worker's / Care Manager's Care Plan, DC-058 may identify that the only support necessary is to remind (prompt) the Service Users to take their medication. The Service Users must still be observed taking their medicine and this must be documented in the Service Users notes. "medication prompt and observed".
- 8.5 **Administration of oral medication means:
Removing medication from container and directly administering.**
- 8.6 Doses of liquid oral medication must be measured using a 5ml medicine spoon, an oral syringe or a graduated medicine measure all of which are supplied by the Pharmacist. Where the Service User experiences difficulty in taking liquid medicine from a medicine spoon or measure, an oral syringe may be required. Staff should contact the Home Care Co-ordinator if the Service User is experiencing difficulties with liquid oral medicines.
- 8.7 Medication should not be handled, and solid dose forms e.g. tablets and capsules should be passed to the Service User in an appropriate container e.g. a medicine pot. Where staff have to place the dose in the Service Users mouth, they should wear disposable gloves.
Sometimes the Pharmacist may advise that tablets need to be cut in half; this should be done with a proper tablet cutter. Staff involved in this task should have their practice checked by the Home Care Co-ordinator to ensure they are using the cutter

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correctly and getting an accurate half tablet. Training should be offered where necessary.

- 8.8 Tablets should never be crushed, nor capsules opened, without the explicit instruction of the prescriber and/or the supplying pharmacist.
- 8.9 Some medication must be dissolved or dispersed in water before administration. This will be indicated on the label.
- 8.10 Tablets and capsules are best taken with a sufficient quantity of water to aid swallowing. This is especially important with capsules.
- 8.11 Staff must wear disposable gloves when applying external medication (e.g. ointments, creams, lotions or patches).
- 8.12 Staff must always follow the dosage directions and other instructions on the medicine label.
- 8.13 Medication must only be administered if the container is clearly labelled with the Service Users name, the name of the medication and dosage.
- 8.14 Staff must never force a Service User to take medication as this is illegal and could be an assault on the Service User.
- 8.15 Staff must report to the Home Care Co-ordinator immediately where a Service Users refuses their medication and this should also be noted on the MAR Sheet and in Communication Record Sheet DC-009. Staff should check if guidance has been given on the Social Worker's / Care Manager's Care Plan, DC-058 about what to do in this situation.
- 8.16 Staff must only administer medication from containers that have been assembled by the Pharmacist, supplied by a hospital or dispensing doctor practice.
- 8.17 Staff **must not** administer medication from multi-compartment compliance aids or other compliance aids made up by family members or friends of the Service User.
- 8.18 If the label becomes detached from the container, is illegible, or has been altered, staff **must not** administer medication. Advice should be sought from the Home Care Co-ordinator who should seek further advice where necessary. Out of normal working hours advice should be sought from the G.P. Collaborative (by ringing the patient's own GP) and also via the 111 service. Details should be recorded on the MAR Sheet.
- 8.19 Medicines have an expiry (use-by) date. The expiry date must be checked to ensure that the medicine may still be used.
- 8.20 Staff must inform the Home Care Co-ordinator about any medication that has expired. The Home Care Co-ordinator must contact the Service Users doctor to ascertain if the

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medication is still required, in which case the doctor will be requested to issue a new prescription. Staff must enter the details on the Service Users MAR Sheet and in the Service Users Communication Record Sheet DC-009 and the expired medication should be returned to any pharmacy.

- 8.21 If medication is labelled with imprecise or ambiguous directions, e.g. ‘take as directed’, ‘take as before’, ‘apply to the affected part’, staff must seek clarification through the Home Care Co-ordinator.
- 8.22 Most medication will be prescribed for administration on a regular basis. Some treatments may be prescribed on a PRN or an ‘as required’ basis. It is essential that staff have sufficient information in order to determine if a dose being requested by the Service User is appropriate. If in doubt staff must contact the Home Care Co-ordinator, who must contact the GP practice for clarification. Any such ‘as required’ dose should have information about the purpose of the medication, the recommended dose, the recommended frequency and the maximum dose. The reason for assisting with a dose of ‘as required’ medication should be recorded on the Service Users Communication Record Sheet DC-009.
- 8.23 When PRN medication is administered, then the precise dosage must be given and recorded on the Medication Administration Record, DC-032 (MAR Sheet). 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.
- 8.24 It is important to note that alcohol will interfere with the action of some medication and therefore staff should remind Service Users of the potential for adverse effects of alcohol consumption whilst taking some medication. Where a known interaction exists between a medicine and alcohol a warning should appear on the label of the medicine container. Staff should notify the Home Care Co-ordinator of any concerns about the use of alcohol by the Service User.
- 8.25 Some medication causes side effects and staff should be alert to this possibility and report any concerns to the Home Care Co-ordinator.
- 8.26 When necessary the Home Care Co-ordinator should discuss any concerns relating to a Service Users medication with the supplying Pharmacist or the GP.
- 8.27 If there is more than one Provider, or a Provider and a family carer, involved in assisting the Service User with their medication their respective roles and responsibilities should be clear from the Social Worker’s / Care Manager’s Care Plan, DC-058 which is kept in the Service Users home. Everyone should follow these procedures and complete the MAR Sheet, Medication Administration Record, DC-032.
- 8.28 The assistance with the administration of controlled drugs follows the steps for the administration of any other medication.

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- 8.29 Where patches are prescribed, these should be accompanied with a Body Sheet which will be kept with the MAR Sheet, Medication Administration Record, DC-032.
- 8.30 To assist in the safe and effective administration of Service Users Medication staff should refer to the **Medication Administration Checklist Appendix 1**.
- 8.31 A senior member of staff will carry out regular assessments on the ability of staff to safely and effectively administer medication to Service Users. This will be recorded on the Staff Competency Assessment Administration of Medicines, DC-122.

9.0 NON- PRESCRIBED MEDICINES AND HOMELY REMEDIES

- 9.1 Staff must not offer advice on non-prescribed medicines and remedies. It may be **DANGEROUS TO DO SO**. The Service User may be allergic to the treatment or be taking other medicine that may result in harm to the Service User.
- 9.2 Staff must not administer non-prescribed medication before advice has been sought from the Service User Doctor or Pharmacist to check if the non-prescribed medication may be safely administered to the Service User, and providing the Non-prescribed Medications form is completed which should be filed with the Service Users Person Centred Care Plan and Social Worker's / Care Manager's Care Plan.
- 9.3 When staff are asked by the Service User to administer non-prescribed medication or to purchase a non-prescribed medicine, and the medicine has not been listed on the Non-prescribed Medications Form, they must either:
- refer the Service User to seek advice from their GP
 - seek advice from their Home Care Co-ordinator, who will take further advice from the Service Users GP or Pharmacist
- The Home Care Co-ordinator should record any advice received, and forward the information on to the Social Worker's / Care Manager.
- 9.4 Before contacting the Home Care Co-ordinator, staff must ask the Service User what other medicines they are taking. The Pharmacist and/or the GP require this information in order to determine if it is safe for the Service User to take the non-prescribed medication. **This course of action must be followed in circumstances where staff are responsible for assisting the Service User or where a Service User manages their own medication.**
- 9.5 Non-prescription medicines may only be purchased or administered on behalf of a Service User, where the Home Care Co-ordinator has contacted the Service User GP or Pharmacist to check if the medication requested is appropriate and the medicine has been listed on the Non Prescribed Medication form (see Appendix 2).
- 9.6 Details of any non-prescribed medication (including the time and the dose) that is administered to the Service User must be recorded on the Service Users MAR Sheet and Communication Record Sheet, DC-009.

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- 9.7 If there is more than one Provider, or a Provider and a family carer, involved in assisting the Service User with their non-prescribed medication, their respective roles and responsibilities should be clear from the Social Worker's / Care Manager's Care Plan, which is kept in the Service Users home. Everyone should follow these procedures and complete the Medication Administration Record, DC-032, when non-prescribed medication is administered.
- 9.8 Before assisting with non-prescribed medications staff, or anyone else involved in assisting, should check on the Service Users Communication Record Sheet DC-009, to see if anyone else has administered non-prescribed medications and that the recommended dose will not be exceeded. They should then record on that sheet any medicine that they administer. If in any doubt staff must contact the Home Care Co-ordinator for advice.

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, DC-032, 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 the 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.

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- 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, DC-032, shows if prescribed medication is not given or is refused.
- 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, DC-032.
- 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, DC-032, 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 COVERT ADMINISTRATION OF MEDICATION

- 12.1 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).
- 12.2 The only exception to covertly administering medication is when service users who have a diminished capacity 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 a course of action should be agreed.
- 12.3 Where staff and the Service User's representatives have concerns about the administration of the Service User's medication, the Home Care Co-ordinator will contact the Social Worker's / Care Manager to make arrangements for a Service User's Best Interest Meeting to safeguard the Service User's interests.

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12.4 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-12.

13.0 ANTIPSYCHOTIC MEDICATION

13.1 Staff should refer to the policy QP-63 on the Use of Antipsychotic Medication which should be read alongside this procedure.

13.2 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. Consent must be recorded on form DC-123, Consent for Medication.

13.3 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.

13.4 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.

13.5 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.

13.6 Staff should monitor closely how the Service User is responding to the medication and feed this back to the GP when needed.

13.7 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.

14.0 DISPOSAL OF MEDICINES

14.1 To comply with The Environment Protection Act 1990 unused prescribed medicines should be returned to the pharmacist using the Medication Return Form DC-118.

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 for seven days in case they are required as part of an investigation following the death.

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- Service Users are admitted to hospital or moved to other accommodation.

- 14.2 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.
- 14.3 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.
- 14.4 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.
- 14.5 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.
- 14.6 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.
- 14.9 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.

15.0 RESPONDING TO ALERTS

- 15.1 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.

16.0 COMPLIANCE WITH MEDICINE REGULATIONS

- 16.1 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.

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17.0 MONITORING AND REVIEW OF SERVICE USERS MEDICATION

- 17.1 Where the Agency is responsible for the administration of medication. Each Service User's medication should be reviewed at regular specified intervals as documented in the personal plan and forms part of the personal planning review process.
- 17.2 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.
- 17.3 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).
- 17.4 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.

18.0 WHAT HOME CARE STAFF SHOULD DO IF PROBLEMS ARISE

- There is no prescribed medication available.
Record on the Communication Record Sheet, DC-009, and contact the Home Care Co-ordinator.
- The Service User cannot self-administer their medication.
*Record on the Communication Record Sheet, DC-009, and contact the Home Care Co-ordinator. **DO NOT ADMINISTER ANY MEDICATION.***
- The Service User refuses to take medication.
Establish the reason, record on the Communication Record Sheet, DC-009, and contact the Home Care Co-ordinator.
- An error in administering medication occurs.
Contact the Home Care Co-ordinator who should notify the Service User's GP. The error should be recorded on the Medication Error Report Form, DC-080.

Remember to record all actions undertaken on the Communication Record Sheet, DC-009, within the Person Centred Care Plan, DC-054.

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MEDICATION CHECKLIST FOR STAFF

Appendix 1

- 1.0 You must **NEVER** involve yourself with Service Users medication unless you have been asked to do so by your manager and the Service User has given written authorisation. If the Service User is unable to give authorisation then the Social Worker's / Care Manager will arrange for a 'best interests' decision to be made and this will be noted in the Social Worker's / Care Manager's Care Plan.
- 2.0 You must not fill Monitored Dose System cassettes, or put out medicines in advance in egg cups, saucers etc.
- 3.0 You must always administer medication in line with the correct procedure:
 - a) The MAR Sheet and the Service users Person Centred Plan will be set up and kept in the Service Users home and should be examined on each occasion for any changes in medication;
 - b) Check the MAR Sheet and the Service Users Communication Sheet DC-009 to ensure that the medication has not already been administered
 - c) Select the medication required
 - d) Check the name of the Service User, name and dose of the drug on the label with the description on the MAR Sheet.
 - e) Administer the medication
 - f) Record the administration of medication by entering your initials in the correct date and time box on the MAR Sheet (or record in the Service Users Communication Sheet DC-009 if appropriate.)
 - g) Record on the MAR Sheet if medication is not taken, indicating the reason using the appropriate code on the MAR Sheet
- 4.0 Under no circumstances should staff alter the labels on medication.
- 5.0 Medication should not be handled. Tablets and capsules should be shaken or tapped onto a spoon to prevent handling. Liquid medication should be measured using a 5ml medicine spoon or graduated medicine measure showing specific measurements to ensure the correct dosage is given.
- 6.0 The use of an oral syringe to measure and administer a dose of liquid may be advisable if a Service User has difficulty taking a liquid medicine from a spoon or medicine measure. Oral syringes are available from the Pharmacist on request.

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NON-PRESCRIBED MEDICATION

Appendix 2

To be completed by the Social Worker's / Care Manager or Home Care Co-ordinator

Home Care Workers should assist Service Users with the administration of non-prescribed medication providing that advice has been taken from the Service User's Doctor or Pharmacist checking that it is suitable and does not affect any medication the Service User is already taking. Where the person lacks capacity, information should be sought from their family, carer, LPA, advocate or whoever has the required information.

The Service User should be asked the following questions in relation to non-prescribed medication:

Do you take any medicines that are not prescribed for you by your doctor?

(or dentist/nurse prescriber/pharmacist prescriber) Yes No

If Yes: Do you take non-prescribed medicines Regularly? Yes No

Occasionally? Yes No

What non-prescribed medicines do you take **regularly**, (e.g. vitamins, herbal products)

Medicine	Recommended dose	Dosage interval	Maximum dose in 24 hours	Authorised Yes / No	Authorised by GP or Pharm

What non-prescribed medicines do you take **occasionally** (e.g. Paracetamol for pain relief, dioralyte for diarrhoea, E45 Cream / Aqueous Cream for dry / itchy skin)?

Medicine	Recommended dose	Dosage interval	Maximum dose in 24 hours	Authorised Yes / No	Authorised by GP or Pharm

N.B: Indicate against each medicine listed if the continued use of the non-prescribed medicine has been approved by the Service User's GP or Pharmacist. The doctor should be requested to prescribe all medicines taken on a regular basis (if available on an NHS prescription)

Name of Assessor/Line Manager

Name of GP

Name of PharmacistDate

If you have concerns about any aspect of the Service User's medication you speak first to the Pharmacist.

Any changes should be noted on the continuation sheet by Assessor or Line Manager

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Guidance for managers

What the Care Quality Commission requires

Key Home Care Co-ordinators of Enquiry- **Safe Service S4 (Mandatory)**

How are people's medicines managed so that they receive them safely?

Prompt	Compliance Evidence
S4.1 Is the service's role in relation to medicines clearly defined and described in relevant policies, procedures and training? Is current and relevant professional guidance about the management of medicines followed?	This procedure addresses the prompt. Refer to QP-49 Medication Management Section 16.0 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?	Sections 9.0, 10.0 and 11.0 of this procedure 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?	Sections 6.0 and 14.0 of this procedure addresses the prompt
S4.4 Are there clear procedures for giving medicines, in line with the Mental Capacity Act 2005?	Para 7.1 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?	Para 13.1 to 13.4 of this procedure addresses the prompt
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 7.0 of this procedure addresses the prompt

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S4.7 How does the service engage with healthcare professionals in relation to reviews of medicines at appropriate intervals?	Section 17 of this procedure addresses the prompt
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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.

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