



H & F Mencap

Medication Policy and Procedure

Policy statement

Adults attending HF Mencap services should be encouraged, where appropriate following a risk assessment, to retain, administer and control their own medication in order to maximise their independence and retain control over their own lives.

Some individuals will be assessed as able to self medicate, while others will need assistance. In some cases supervision and some prompting will be sufficient but in others staff will need to take complete responsibility for the safe-keeping and administration of medicines.

The organisation will keep a up to date record of the medical needs of client's whom receive support services or attend short breaks. In cases where service users may require support with their medical needs, HF Mencap employee's will assess whether we are able to provide the necessary support. If HF Mencap feels unable to offer the appropriate level of support due to particular medical needs, this will be made clear to the individual client and/or to their parent or responsible carer.

In such cases, alternative support options will need to be considered in order for the service user to participate in an activity, for example, the service user may need to be accompanied by someone who can support their medical needs. If, however, HF Mencap agrees it can offer support with medical needs, including the administration of medication, the following policy and procedure will apply.

This policy and procedure complies with relevant legislation (see section 16) and sets out the minimum standards to be achieved in the administration of medication by our staff. The policy and procedure also takes into consideration the promotion of the people we support rights and choices.

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

Policy

1. Aims:

- The individual rights and needs of service users are met.
- Wherever possible service users will have information about the medicine being prescribed for them. This will be given to them directly or where this is not possible e.g. because of the nature of their disability to an appropriate person such as a relative, carer or advocate
- Medicines are used for the correct purposes as instructed by the person prescribing the medication.
- There is a safe and effective procedure for the control and administration of medication
- There is an effective audit trail for all medication
- Service users self-administer when appropriate
- Staff are adequately trained and informed to enable them to handle medications safely, securely and appropriately.

2. Scope

This policy applies to all staff who work for HF Mencap.

3. Definitions

- **Controlled drugs** – These are medicines with potential for abuse for which special legal precautions are necessary. A current list of these can be obtained from www.homeoffice.gov.uk/drugs/licensing
- **MAR sheets** – medication administration record sheets that show the individual administration to an individual.

Created by Rebecca Bone May 2017

Reviewed: September 2018

Next Review: September 2019

- **Consent** – Where adults are deemed by a health professional to lack the mental capacity to consent, their carer or advocate may do so on the grounds that it is in the person’s best interests. Generally doctors, nurses and therapists are normally allowed to provide treatment which they believe to be in the best interest of the person, taking into account not just their physical health but also their general wellbeing and beliefs. This decision should be made in consultation with involved carers and family.

4. Responsibilities

- It is the overall responsibility of the manager or coordinator of each project to ensure that a safe environment exists at all times in relation to the storage, administration and disposal of medicines belonging to attendees who have handed in medication for safe keeping or for staff to administer.
- In discharging this responsibility the manager must promote a safety conscious approach in which: all staff involved understand what is expected of them and are aware of potential side effects, and facilities and procedures are effectively.
- Any staff member (e.g support worker) must inform their supervisor or manager when they are aware of a client bringing in medication to store or be administered. The appropriate steps should be taken to ensure this policy is followed. Inform should be shared appropriately to ensure all the relevant staff are updated of any changes.
- **NOTE** - Volunteers must not administer medication.

5. Training

Suitably trained staff can be delegated to administer medication. Staff administering medication on a regular basis should attend the minimum of a one-day training course or distance-learning course in the safe handling of medicines.

Created by Rebecca Bone May 2017

Reviewed: September 2018

Next Review: September 2019

In the interim, a community nurse or manager within HF Mencap can provide medication administration guidance specific to a particular service user's needs. Each member of staff are to complete online training regarding safe administration of medications.

Obtaining information about service users' medical needs

In the case of services for adults with a learning disability, HF Mencap will require the service user (with capacity) or their parent or carer to provide information regarding their medical support needs to inform their support plan and one page profile etc.

This provides HF Mencap with details about the service user, including details of any medical needs. If the service user has medical needs which would need to be managed during their involvement at our activities, HF Mencap will seek more information about these needs from the client (with capacity), their parent or responsible carer.

In the case of services for children and young people up to age 25, HF Mencap will conduct a meeting to obtain information from their parent or responsible carer, including details of any medical needs. This information will be recorded on the relevant personal profile form or support plan.

6. Healthcare plans

In the case of children, HF Mencap will request a copy of the child's healthcare plan from their parent or responsible carer, if:

- The child has regular medication or emergency medication which may need to be administered during their attendance at HF Mencap activities.
- The child has a health condition which the healthcare plan refers to.
- If the parent or responsible carer is not able to provide HF Mencap with a healthcare plan, HF Mencap may obtain one through other means, with their agreement (e.g from the child's school). HF Mencap will ensure that copies of

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

healthcare plans will be present at the HF Mencap activity the child attends.

- HF Mencap reserves the right to decline to accept a child on a project or activity without a healthcare plan.

7. Managing medical needs

After obtaining information about the service user and any medical needs, HF Mencap will assess how these, by agreement, will be managed by HF Mencap. Depending on the medical condition or the service offered, HF Mencap may not be able to manage the service user's medical needs.

In such cases, this will be communicated with the service user or their parent or responsible carer and alternative options may be considered. In cases where HF Mencap is able to manage the service user's medical needs, HF Mencap will conduct a care plan or risk assessment to show how HF Mencap, with agreement, will manage these needs.

Written consent from the service user (with capacity) or the parent or responsible carer will be obtained to show that HF Mencap has permission to administer medication, as set out in care plan, risk assessment or healthcare plan.

Information about the medical needs of service users will be communicated by the relevant projects Manager/supervisor to the support staff.

7.1 Epilepsy

Epilepsy medication prescribed for use in the event of an emergency can be administered by staff who have been trained in its correct usage and who have received the relevant first aid training. Staff should follow individual client Epilepsy care plans.

7.2 Anaphylaxis

Anaphylaxis Medication prescribed for use in the event of an emergency can be administered by staff who have been trained in its correct usage and who have received the relevant first aid training. Any allergic reaction which requires the administration of an epipen also requires further medical

Created by Rebecca Bone May 2017

Reviewed: September 2018

Next Review: September 2019

assistance - an ambulance should be phoned in every instance. The ambulance crew can then assess if any further medical input is required.

8. Prescribing and Supply of Medication

All prescription medications must be prescribed by the service user's GP, Dental Practitioner or other appropriate authorised practitioner.

Medicines prescribed for a named service user must NEVER be used by or for anyone else.

Staff must never vary the prescribed dose unless following written directions from the prescribing officer.

All medication must be supplied in the original container or dosette box, as received from the pharmacist, with the pharmacy label clear and legible.

Medication prescribed 'when required' or 'PRN', must state the total number of doses per 24 hours, the frequency for which it is to be used and the condition under which it should be used.

These directions should either be on the pharmacy label, or obtained in full and precise writing from the GP.

Staff must not alter or remove labels from the container. If a label is detached from the container or is illegible, advice must be sought from the pharmacist or doctor before administering the medication.

If medication supplied from the pharmacist appears to vary from that previously supplied, confirmation must be obtained from the pharmacist or GP before administering to the service user.

9. Receipt and Return of Medication

All prescribed medication should be supplied by the parents/carers. This should be counted on arrival and recorded on the Medication Administration Record (MAR).

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

All medication should be carefully counted to ensure that there is enough to last the required amount of time the member will be in HF Mencap's care.

All medication must be stored in locked and secured cabinet or fridge (as per directed on instructions) and returned to the service users's parent/carer by HF Mencap upon returning them home.

Medication which is to be disposed of should be taken to the local pharmacy for safe disposal.

10. Recording of Administration

Each time medication is given it must be recorded on the individuals Medication Administration Record (MAR SHEET).

The recording must contain the following information:

- a) Service Users full name and date of birth
- b) Any allergies
- c) GP's name and telephone number
- d) Date to start administration
- e) Name of medication (including strength)
- f) Amount to be given and route (eg. oral, topical) g) Time to be given
- h) Signature of person who checked dose and gave medication
- i) If not administered - reason for non-administration (eg. refusal)
- 5 j) Signature of person who witnessed procedure
- k) Photograph of Service User

Medication must be administered strictly according to the prescribing officer's orders. The MAR sheet must be signed by the person administering the medication, immediately after the service user has taken it.

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

THE CHART MUST NOT BE FILLED IN RETROPECTIVELY AS THIS COULD LEAD TO ERRORS AND DOUBLE DOSAGES.

Staff should never sign for medication that another person has administered, (unless signing as an additional witness). The person administering medication must be the same person who initials the MAR sheet.

If a service user has not received the medication for any reason, the chart should be asterisked and a note made on the reverse about the reasons (e.g. refusal, absence etc.).

Any alteration or cancellation to entries on the chart must be shown by drawing a line through the entry, asterisked and clearly signed and dated on the reverse of the form, ensuring it is clear which dose the note applies to. CORRECTION FLUID MUST NOT BE USED.

Completed MAR sheets should be transferred to the service user's personal file (Scanned to online file and hard copy stored within medication folder).

A clear note in red should be made if any medication has been discontinued with a red line through the appropriate box for initialling. Initials should be clear and consistent.

11. Errors and Incidents

HF Mencap recognises that, despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors immediately to their manager and consult with the relevant health professional so as to prevent harm to the individual (GP, 111 or 999 in an event of an emergency).

Medication errors can lead to the possible over or under medication of a service user, for some individual's this will result in serious ill effects or death. Therefore errors should be dealt with swiftly.

The client and their carer must be informed either in person or by telephone of any error as soon as possible and appropriate measures should be taken to ensure their wellbeing.

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

The error must be recorded on the MAR sheet and on an incident form in detail. Medication errors are to be reported as an incident as soon as possible to a manager. This should then be referred to the relevant local authority preferably within 24 hours of occurrence.

Managers should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. If an error occurs the manager must meet with the employee in person and go through the guidance with them to ascertain their level of understanding. Managers must differentiate between those incidents where there was a genuine mistake, where the error resulted from pressure of work or where reckless practice was undertaken and concealed. A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action in line with disciplinary procedures is taken.

12. Restricted Procedures

Staff must not carry out any of the following procedures without appropriate training and individual service user risk assessment. Authorisation for any of these procedures must be given by the Operational Manager.

- Preparing or giving injections
- Administering suppositories or pessaries
- Administering rectal medication e.g. rectal diazepam

12.1 Controlled Drugs

We are not currently permitted to support service users with controlled drugs. Consideration will be made if HF Mencap receives a referral for a service user who requires support to administer controlled drugs. HF Mencap senior management team (including the Chief Executive and Operational Manager) will decide whether support can be provided and policy and procedure to be reviewed.

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

12.2 Covert Administration of Medicines

Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or drink.

Covert medicating is sometimes necessary and justified, but should never be given to people who are capable of deciding about their medical treatment. Giving medication by deception is potentially an assault.

The covert administration of medicines should only take place within the context of existing legal and best practice frameworks to protect the person receiving the medicines and the care workers giving the medicines.

Covert medication must only be administered once it has been established via an assessment under the Mental Capacity Act 2005 that the person cannot consent to having medication administered and that the results of any subsequent best interest meeting has clearly agreed and recorded on the service users care plan that to give medication in a covert way is in their best interests.

Any staff administering medication in a covert way without the above assessments being undertaken may be subject to disciplinary action.

12.3 Homely Remedies

There is a recognised need for service users to be able to seek over the counter treatment e.g. cold or flu remedies or cough mixture for minor ailments, without necessarily consulting their GP or medical practitioner.

Where staff are involved in the administration of these remedies they must ensure that all remedies are clearly labelled with the service users name, and one batch must not be used to treat anyone other than the person for whom it was obtained.

Homely remedies should be administered by trained or authorised staff, unless the service user self-administers.

Homely remedies should be recorded on a MAR Chart with the dosage instructions and time/frequency marked (ensuring the dosage does not exceed the maximum allowed within a 24 hour period).

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

If a homely remedy is to be used (for example to treat period pain or headaches) then the GP should be asked to provide in writing, precise details of the total number of doses per 24 hours, the frequency for which it is to be used and the condition under which it should be used.

Managers are to be informed if a homely remedy is to be used. They, or a delegated staff member should ensure that the homely remedy does not contra-indicate with other medications or known allergies.

Staff must at no time make recommendations to service users about what homely remedies to take. If a service user requires this kind of advice then they must consult their GP, NHS Direct or a pharmacist. Staff can however facilitate service users gaining this information. This may be necessary when someone is taking prescribed medication and information is needed about how homely remedies may react with these.

It is important for staff and managers to be aware that symptoms that may appear to be minor could indicate a more serious underlying condition and medical advice should be sought.

13. Advice Sources

Where the staff have any queries or concerns over a service users' medication they should contact the pharmacist or prescribing doctor for advice. Parental/Carers advice on the times for administration is acceptable.

14. Hygiene and Infection Control

HF Mencap staff administering medication to service users will observe the highest standards of hygiene when doing so. This will include ensuring a suitable place to administer the medication, hand-washing and/or the hygienic disposal of waste, e.g. wipes and gloves.

15. Staff Medication

HF Mencap staff who require medication with them when working should disclose this to the person in charge, who is responsible for ensuring that their medication is inaccessible to the service users.

Created by Rebecca Bone May 2017

Reviewed: September 2018

Next Review: September 2019

Items belonging to staff which contain their medicines, such as bags and coats, should be placed in a secure space where it is not accessible to service users. In the case of community activities, staff medication should be kept in personal bags or on their person. In the case of a staff member requiring emergency medication, this should be disclosed to their Manager prior to their attendance.

HF Mencap reserves the right to decline to accept a member of staff working on a project or activity if their Manager feels that their medical needs are not able to be managed safely.

16. Relevant Legislation

- Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities)
- Mental Capacity Act 2005.
- Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (safe custody) Regulations 1973

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019

Administration of Medication Procedure

Before administration staff should check the following:

- They are administering the right medication to the right person.
- They are administering the right dose via the right route at the right time.
- They have checked the pharmacy label on the original container or dosette box against the MAR Chart and they correspond. If not then staff should always seek clarification before administration.
- They are sure the medication has not already been administered/ signed for.
- The service user is aware they are receiving medication and is prepared to take it

In line with good practice staff should ensure that they do the following when administering medication:

- Always inform the service user about the medication they are administering.
- If the service user refuses their medication for any reason, this should be respected. A manager should be informed and the issue looked into sensitively, with the input of the GP where necessary. It should be recorded on the reverse of the MAR Chart, and passed onto the appropriate staff and carers where necessary.
- Ensure the service user is sitting down when taking medication.
- Make sure that tablets are given to the service user in a small pot with a drink of water to wash it down, using a no-touch technique.
- Administer one tablet at a time to avoid dropping/choking etc.
- When medication is in liquid form, the correct dose should be calculated and measured out immediately before administering.
- When pouring liquids from a bottle, hold the bottle with label uppermost as you pour to avoid spillage over the label, and wipe bottle afterwards.

Created by Rebecca Bone May 2017

Reviewed: September 2018

Next Review: September 2019

- Take special note of any dosage directions e.g. take before or after food, chew/do not chew, crush or cut, and ensure these are adhered to.
- Avoid direct skin contact with medication, by using surgical gloves or the tablet counter/measures.
- Be aware of the possible side effects or contra-indications of different medication and support service users to seek advice from health professionals where necessary.
- Ensure appropriate records are made of contra-indications and side effects, and these passed onto the relevant staff or family carers.
- Only administer medication where it has been clearly established, via the support plan that this is necessary and that the service user is not self-medicating.
- Under no circumstances administer medication to a service user who is assessed as being able to self-medicate. If there are concerns about a service user not taking/refusing to take their medication when prompted, then this must be reported to senior staff who will advise a course of action.

Activity Centre

HF Mencap will obtain the written consent of the service user (with capacity), or their parent or responsible carer, in order to administer medicine to the service user.

HF Mencap staff are not permitted to give medication to anyone other than the service user for whom it was prescribed.

HF Mencap will ensure all staff who are required to administer medication to service users are trained in the relevant procedure.

Where possible medication will be administered to the service user by two trained members of staff, one of whom will be the person in charge of the service users support for that day or My Life supervisor/and or manager.

Both members of staff administering medication will record their action in writing using the relevant form MARS form. In exceptional cases where a project or activity

Created by Rebecca Bone May 2017

Reviewed: September 2018

Next Review: September 2019

is delivered by a single member of staff, medication will be administered by one member of staff (providing it is possible for a single member of staff to carry out the task), with the written consent of the service user (with capacity) or their parent or responsible carer.

HF Mencap will keep a record of all medication received from the service user or their parent or responsible carer, and will record the return of any medication to the service user or their parent or responsible carer.

HF Mencap will check that all medication received is in the original container, fully labelled with the service user's name and address, the name of the medicine and date of prescription, and the dosage and time(s) to be administered.

HF Mencap will keep medication in its original containers and will only transfer medication into another container in exceptional circumstances. In such instances, HF Mencap will label the new container with the service user's name and address, the name of the medication and date of prescription, dosage and time to be administered, and will advise the service user or the relevant parent, carer or responsible care worker.

HF Mencap will ensure medicines are kept in a secure place and any controlled drugs are kept in compliance with requirements of the Misuse of Drugs (Safe Storage) Regulations 1973. If a service user is over the age of 18 and wishes to administer and/or store their own medication, HF Mencap will conduct a risk assessment to ensure the safety of the service user, other service users, staff and the public.

HF Mencap will consult any relevant parent, carer or responsible care worker and any other relevant professionals, and will provide the facility for safe storage of the medicine, if necessary.

Out in the community

Where possible medication should be administered within HF Mencap Activity Centre or within a service user's home, if this is not possible then medication should be stored in its original container and kept securely within a bag. The bag is to be kept with the staff member who is responsible for administering the medication (except where a service user is self-medicating then the medication can be kept securely with the appropriate service user).

Created by Rebecca Bone May 2017

Reviewed: September 2018

Next Review: September 2019

Staff should take a copy of the original MARS sheet which is to be signed immediately once medication has been administered. A note should be made on the original MARS sheet.

Once returned to the activity centre/home medication should be stored in its correct place and copy of the MARS sheet should be stored with the original within service user's medication file.

Service users who live independently/ Self-administering

Any service user who lives independently will be self-administering i.e. they take the medication themselves without support. However, it may be part of the My Life Support Workers' duties to help the service user to monitor whether they are taking their medication correctly and at times to prompt them to take their medication. Staff should document if they prompt a service user via their notes and other appropriate documentation such as a MAR Sheet.

Staff should advise service users who self-administer to seek professional advice about medication where necessary e.g. pharmacist, GP, or prescribing officer.

If staff notice that a service user is not managing the self-administration of their medication e.g. missing doses from a dosett box, or that they appear to be suffering side effects from the medication, then they should pass this information onto the duty a manager and appropriate action should be taken by that person e.g. contact GP/medical practitioner/Social Worker.

Created by Rebecca Bone May 2017
Reviewed: September 2018
Next Review: September 2019