

# Medication Management Policy

## Aim

Ormerod aims to ensure that it meets its responsibilities as outlined in The Health and Social Care Act 2008. Ormerod aims to recognise the relevant legislations within this policy.

We aim to implement a person-centred approach to medication management which focuses on enabling service users to have as much control as they wish over their medication, balanced against risk to maintain a safe service.

This policy and procedure will provide information on the following processes relating to medication management that meets the organisations legal responsibilities and ensures safe practices are adhered to;

- Assessing a service users medication support needs.
- Supporting service users to take their medication, including over the counter, 'time sensitive,' and 'when required.'
- Joint working with other health and social care professionals.
- Managing changes to a service users medication
- Sharing information about a service users medication.
- Ensuring records are accurate and up to date.
- Managing concerns about medicines including medication related safeguarding concerns and ensuring safe practices
- Giving medication to service users without their knowledge (covert medication).
- Ordering and receiving medication.
- Transporting, storing and disposing of medications
- Additional information for the management of controlled drugs
- Medicines related staff training and assessment of competency

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## Background

Ormerod recognises that Regulations 12 of the Care Quality Commission (Registration) Regulations 2009 requires the organisation to provide safe care and treatment and this includes the safe administration and management of medication.

Ormerod recognises how regulations underpin the organisations responsibility in safe management of medication.

Ormerod is committed to fully complying with relevant regulations, legislation and guidance. The procedures below provide details of how we propose to ensure compliance in practice.

### Applicable legislation and guidance

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations (Amendments) 2015
- Care Quality Commission (Registration) Regulations 2009
- The Care Act 2014
- [Mental Capacity Act 2005](#)
- [The Mental Capacity Code of Practice](#)
- [Medicines Act 1968](#)
- [The Human Medicines Act 2012](#)
- Misuse of Drugs Act 1971
- Misuse of Drugs Act 2001
- [Data Protection Act 1998](#)
- Human Rights Act 1998
- [Disability Discrimination Act 2005](#)
- [Health and Safety at Work etc. Act 1974](#)
- [The Control of Substances Hazardous to Health Regulations 1999](#)
- [The Hazardous Waste \(England and Wales\) Regulations 2005.](#)
- <http://www.legislation.gov.uk/ukxi/2014/2936/regulation/17/made>
- <http://www.legislation.gov.uk/ukxi/2014/2936/regulation/13/made>
- <https://www.nice.org.uk/guidance/ng67> - medication management
- <https://www.nice.org.uk/guidance/ng46> - controlled drugs management
- Equality Act 2010

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## Policy

This policy details how Ormerod will meet its legal obligations regarding the safe administration and management of medication. This policy applies all staff employed by the organisation who have direct responsibility for administering and managing medication and managers who are responsible for overseeing medication management is adhered to by staff.

Poor management of medication can have serious and potentially fatal consequences for service users who are administered medication, it can have legal consequences for the staff member responsible for administering the medication, the management and the organisation.

This document identifies how Ormerod will reduce the risks associated with medication management and provide a safe, high quality service through the implementation of up to date best practice procedures, monitoring and staff training.

Staff should adopt safe medication practices and adhere to this policy.

All staff are expected to report any concerns or errors with medication and follow safeguarding guidelines.

## Assessment of medication support needs.

Responsibility for medication management should only be carried out if it is indicated in the overall assessment and if it is part of the local governance arrangements.

### Assessment

The service manager is responsible for completing an assessment of a service users medication support needs as part of an overall assessment. This must be completed when a service user commences a service with the organisation or whenever there are changes or if concerns have been raised.

The assessment should be carried out by completing the medication care plan with the service user and if the service user agrees family, carers and other significant people should be involved.

The Medication Care Plan is person-centred. It focuses on what the service user can do for him or herself, and must cover the following;

- The service users **needs and preferences** including their, cultural, spiritual, emotional, social and religious needs.
- The service users requirements in respect of **confidentiality**, including who to contact if there's a problem with medication.

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- The service users **ability to understand** what the medication is, what it is for and how it should be taken.
- The **Mental Capacity Act. 2005**, if concerns are raised that the service user may lack capacity a mental capacity assessment should be carried out. If the assessment indicates that the service user does lack capacity then decisions must be made following the **best interest** decision process ensuring involvement with the service user, their family / carers and other significant people. It should be recognised that a service user may lack capacity to understand why, when and how to take their medication but they may have capacity to choose where their medication is stored so assessments must be based on **specific** questions.
- What the service user can do for him or herself. What he / she needs support for and how support should be provided for each medication
- How the service user orders, stores and takes their medication, including any concerns around taking medication.
- Identify any nutritional or hydration needs.
- How consent is acquired.
- Who will provide the medication support
- A review date
- A medication risk assessment to identify and minimise risks

## Review of the assessment / medication support needs

Planned reviews should take place at least every 12 months. Unplanned reviews should occur at any time if;

- There has been a change to the medication regime
- A concern has been raised
- A hospital admission
- A life event such as an bereavement

Dates and findings of the review should be documented in the care plan.

## Supporting service users to take their medication, including over the counter, 'time sensitive,' and 'when required medication.'

Medication must only be administered by a **competent** person who has received appropriate **training**. The service manager is responsible for maintaining a **list of staff who are authorised to administer medication**.

Medication can only be administered if this is **written up** as an agreed need in the service users care plan.

All appropriate personal **hygiene and infection control** precautions must be taken including wearing PPE.

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**Before administering medication** staff should ask the service user if they have already taken it and check the MARs and medication to check the dosage hasn't already been given.

Ask the service user if they are ready to take their medication prior to popping it / removing it from its packaging.

Medication must be given directly from the packaging they were dispensed in and not left out to be taken later (unless risk assessed, written up in the care plan and authorised).

The staff member administering the medication must ensure that the **6R's** are followed:

- The **Right Person** - the medication is being given to the person named on the medication label and on the MAR.
- The **Right Medicine** - the medication being given is that stated on the medication label and the information on the label corresponds with the information given on the MAR.
- The **Right Route** – the medication is administered as directed on the medication label and MAR for example oral (by mouth) and that any other special instructions are followed i.e. to be given with drink / food.
- The **Right Dose** - the dosage given is the dosage identified on the medication label and on the MAR.
- The **Right Time** - medication is given at the time directed on the medication label and on the MAR. Any variance from the stated time should be documented in the service users daily report and on the MARS. The line manager / on-call manager should be notified.
- The person's **Right to Decline** – service users have the right to decline medication. Staff should consider waiting a while and offering medication again. They should ask / consider the reason why medication has been declined. Incidents of declined medication should be recorded on the MAR and in the service users daily report. Medication that has already been 'popped' / removed from its packaging should be disposed of (please see disposal of medication below).

## Further checks in addition to the 6R's

Staff should check; -

- that if medication is in a pharmacy bottle (glass or plastic), the date of administration is **within 12 months of the date of dispensing**
- that if medication is in a Monitored Dosage System (MDS), the date of administration is **within 8 weeks of the date of dispensing**
- that if it is in a manufacturer's pack, it is within the expiry date printed on the pack
- that the previous dosage of medication was administered from the packaging and signed for on the MAR
- that the correct quantity of medication is available in the service.
- They know what the medication is, what it is for and what adverse reactions may occur

In settings where there is more than one service user due to be administered medication, only one service user is administered medication at a time and that medication is administered safely in line with the service users medication care plan.

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Where required, a second person may be assigned to 'double check' and sign that they have witnessed the above checks being carried out prior to the medication being given, e.g. for controlled drugs.

Medication must only be administered from original containers or from containers filled by a pharmacist or other suitably qualified medical professional.

If the medication requires preparation, staff must follow the instructions on the container label or leaflet provided by the manufacturer, pharmacist or other suitably qualified medical professional.

An up to date 'Patient Information Leaflet' must be retained in the service users file for each medication.

## **Administering medication when special skills are required, for example using a percutaneous endoscopic gastronomy (PEG) tube.**

This task can only be delegated by a health professional to a care worker on the provision that the following criteria is met;

- There is a local agreement between health and social care that this work / task will be provided by a care worker.
- The person (their family, or carer if they have lasting power of attorney) give consent
- The responsibilities of each person are agreed and recorded
- The care worker is trained and assessed as competent
- Training should be provided by a qualified and competent health professional and must be provided specifically for each service user with these needs (training and competency cannot be transferred from one service user to another)
- The service manager and training manager should maintain records of staff who are trained in these specific tasks, their agreed responsibilities, monitor and identify when annual refresher training is required.

## **What to do if a service user is sleeping or having a meal at the time medication is due to be administered**

Staff should seek information and guidance from the service users G.P. or dispensing pharmacist as to whether there are any problems with medication being administered at a later time in the event of the person not being able to take their medication at the specified time.

Advice provided should be documented in the service users medication care plan.

If there are on-going concerns of this situation arising then the G.P. / prescriber should be asked whether consideration could be given to a permanent change in the time medication is administered.

## **Over the counter medication**

Staff cannot purchase 'over the counter medication' for a service user unless it is on the 'homely remedies' list and has been signed as authorised to be administered by the G.P. It is the service managers responsibility to ensure that a 'homely remedies' list has been

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compiled and authorised to meet all potential medication needs of the service user, including a general use analgesic.

- Obtain advice if there are concerns prior to administering the medication. Advice may be sought from the Practice (e.g. GP, Practice Nurse, District Nurse), Community Pharmacist, Lead Nurse, Drug Information Service, Pharmacy Dept, NHS Direct and Local Care Trust.
- The advice received should be documented in the service users daily report including the name of the person giving the advice and the date advice was given.
- The staff member should assist the service user to understand the risks associated with taking the medication and ensure that they accept the risks.
- The staff member should document the name of the medication, the strength, the quantity, any special instructions and the reason why it is required on the MAR.
- Written agreement must be in place from the individual's GP for "over the counter/homely remedies" to be given. **This medication must be logged as per the "PROTOCOL FOR THE ADMINISTRATION OF MEDICINES BY DESIGNATED SUPPORT WORKERS".**

## **'Time Sensitive' medication**

Failure to administer 'time sensitive' medication or delay administration can lead to serious or fatal consequences.

Staff should ensure that medication is administered at the specified time. The service manager should complete a protocol with the service user and where the service user consents with family / carers and other health and social care professionals (as relevant). The protocol should cover actions necessary if the service user is not able to take the medication.

If a service user refuses to take a 'time sensitive' medication then it should be reported to the line manager / on-call manager and medical advice sought immediately.

The manager must ensure that rotas prioritise support for service users who required support with 'time sensitive' medication.

## **'When Required' (PRN) medication**

PRN medication can only be administered if full details are provided on the **MAR sheet**;

- including the dose,
- frequency,
- reason for medication
- maximum quantity to be administered in a time period (e.g. day or week).

This basic essential information can be supplemented by details in the individual person's medication profile/care plan and by following the agreed PRN protocols.

If this information requires writing onto the MARS then 2 staff must complete the task and both must sign to confirm the information is accurate as per the information on the medication bottle / package.

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PRN medication must not be administered without authorisation being granted either by the Support Worker's line manager, or if out of office hours, by the on-call system. The only exception to this will be where it is logged as per the **"PROTOCOL FOR THE ADMINISTRATION OF MEDICINES BY DESIGNATED SUPPORT WORKERS"**.

## **What to do if the person is going away for a short time e.g. visiting family / day services**

Staff should ensure;

- agreements are made and documented in the service users daily report for medication to be administered by the service user or by a responsible person (e.g. family member / carer / health or social care professional)
- the service user takes the medication they require with them. Medication must remain in the packaging it was dispensed in
- a **copy** of the service users MAR is provided with the medication (the original must remain in the service).
- where risks are identified around the service user handling their own medication it must be handed to the 'responsible person.'
- Information and concerns relating to the service users medication should be shared with the service user and the 'responsible person.'

## **Administering creams, inhalers, patches, eye drops, ear drops, liquids etc.**

Advice and training from the dispensing pharmacist, G.P., Community Learning Disability Team etc. should be sought for the administration of other specific medications. This information should be provided in the service users medication care plan and the task risk assessed.

Liquid medications should be administered via a calibrated syringe to ensure accuracy and minimise the risk of spillages.

Only staff who are trained and competent should administer these medications.

## **Joint working between Health and Social Care**

The service manager should inform the service users G.P. and the dispensing pharmacy that Ormerod are responsible for the service users medication and should provide contact details of a named person / service user for medication queries.

Staff who are responsible for supporting medication should contact the service users GP, prescriber, pharmacy or other health professional if they have any concerns or queries. This includes 111 when urgent out of hours support is required.

## **Sharing information about a service users medication**

Safe, high quality care is attributed to through sharing information relating to the service users medication with the individual, their family / carers and other health and social care practitioners.

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The medication care plan identifies the service users wishes in respect of confidentiality and who information can be shared with, this must always be taken into account.

When sharing information about medication with the service user this should be communicated using the individuals preferred means of communication. The discussion should be documented in the service users daily report.

Where the service user has consented to families / carers receiving information about their medication the discussion should be documented in the service users daily report.

When information about a service users medication needs to be shared with other health and social care professionals it should be on a need to know basis. These situations may arise when;

- A service user is admitted to hospital
- A service user attends a GP, nurse, clinic or other medical appointment
- A service user presents with a medical emergency
- A service user is transferring to another care setting e.g. day centre
- A local authority review is held
- A 'over the counter' medication is being purchased by the service user

## Managing changes to a service users medication

On occasions a medical professional may instruct changes to a service users medication, this may be done verbally, e.g. over the telephone in an emergency.

Staff must;

- Request that the prescriber provides written confirmation of the changes / instructions asap in writing via e-mail or in a document that can be collected from the surgery.
- Record details in the service users daily report of the requested change (include who requested the change, the time and date of the request and who received the request).
- Confirm the information received is correct by reading back the information and checking the spelling of the medication.
- Ask the prescriber to repeat the request to another staff member or family member whenever this is possible. Both should agree and sign the recorded details in the service users daily report.
- Where possible the prescriber should be asked to amend the MAR

## Ensuring that records are accurate and up to date

It is a legal requirement that secure, accurate and up to date information is maintained relating to a service users medication, including prescribed medication and 'over the counter' medication.

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Staff must record;

- Changes to a service users medication regime
- When medication is administered
- When medication is declined or not taken for any reason
- When a reminder to take medication is given to the service user
- Concerns are identified relating to medication

## Service users medication files

Each service user should have a separate medication file which includes;

- the MARS
- current medication list
- medication care plan
- homely remedies list
- PRN protocols
- manufacturers leaflets for all medication taken
- Mental Capacity Assessment forms, risk assessments, benefits and burden forms and Restrictive Practice Best Interest Analysis forms relating to medication.
- Records of medication ordered, received and disposed.

## Medication Administration Record (MAR)

Staff should complete a MAR to record all medication support they provide to a service user. This should have information printed on it by the dispensing pharmacist or the prescriber.

A MAR must include the following information;

- Name of service user
- Date of Birth of service user
- Name, formulation and strength of each medication
- Frequency or time of medication
- Route of medication or how it should be taken
- Special instructions or allergies
- The name of the service users GPs surgery
- Any stop or review date

When staff administer medication they should check that they have the correct MAR for the service user and write their own initials in the box on the grid that corresponds with the date and time to confirm that they have administered it.

Staff should write the following codes in the box for specific reason when medication has not been administered by them;

a- refused

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- b- medication popped-nausea or vomiting,
- c- hospitalised,
- d- social leave
- e- refused and destroyed
- f- other to be defined
- m- made available, self-medicates but needs support selecting
- n- offered as required medication (PRN) but not required
- p –prompt / reminder given –self- administers

If a service user is administered medication by a family member (for example on a day out) this should be recorded in the service users medication care plan. The staff should enter 'd' on the MAR to indicate social leave.

## Recording medication changes on the MAR

If a change occurs to a service users medication the prescriber or dispensing pharmacist should be asked to change the details on the MARS. Where this is not possible the changes should be made by 2 qualified, trained and competent staff, 1 of whom should be a manager. Both staff must sign the MAR and confirm the changes are accurate.

## Managing concerns about medication including medication related safeguarding concerns and ensuring safe practice

**Identify Concerns** – staff must be trained in safe administration of medication and safeguarding to support identification and risks associated with concerns.

- Medication not administered according to prescribers instructions
- Service user declined medication
- Possible adverse effects e.g. allergic reactions, side effects
- Service user stock piling medication
- Medication errors or near misses
- Possible misuse or diversion of medication
- Changes in the service users capacity to make a decision relating to medication
- Changes to a service users physical or mental health

Team managers must complete weekly medication audits and report any concerns to the service manager.

Service managers must complete monthly medication audits and report any concerns to the operations manager.

## Report Concerns

On identifying an error **staff should immediately**;

- notify the line manager / on-call manager

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- complete a [Medication-Error-Checklist-Safeguarding-Alert.docx](#) and ensure that the document is passed to the manager

The manager should **immediately**:

- Take appropriate action to ensure the safety and well-being of the service user.
- If a medication error has occurred then emergency advice from a health practitioner should be sought.
- Identify if a safeguarding alert is required (refer to the safeguarding policy and procedure) using the following guidelines;

[Appendix 3 - When To Consider Making an Alert for a Medication Error.pdf](#)

[Blackpool Safeguarding Docs](#)

**Monitoring and Reviewing Concerns** – Reports of medication errors and concerns must be monitored by the service manager and operations manager on a regular basis. Trends and sources of concerns should be **identified, actions considered for immediate intervention / resolution and investigated**. Possible actions the manager may consider include; preventing a staff member from administering medication, re-training, management attending when medication is being administered, accessing support from other medical professionals e.g. prescribing pharmacist, G.P, Community Learning Disability Team.

A log of all reports is to be maintained and reviewed on a monthly basis.

**Lessons Learned** – A ‘fair blame culture’ is facilitated to encourage open and honest reporting of mistakes that are treated as opportunities to learn and improve practices and service delivery.

When something goes wrong with medications the service manager is responsible for **investigating** the situation and identifying with the operations manager ‘Why the situation occurred? What we can do to prevent it happening again? How can we improve our practices and service delivery and ensure safe services? An action plan should be implemented. The lessons learned and actions taken to improve practices are to be **shared**;

- in management meetings and team meetings to ensure learning and improved practices are implemented throughout the organisation.
- With service users, their families and carers.
- With other relevant professionals e.g. the G.P., dispensing pharmacy, community learning disability team, commissioners.

Policies and procedures should be reviewed and amended documents circulated to ‘all staff,’ service users and families.

**Service user and family concerns** – if a service user or a family member / carer raises clinical concerns about medication staff should advise and support the person to access information from an appropriate medical professional e.g. G.P., pharmacist.

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If the concern relates to the adverse reaction of a medication or a defect in a medical appliance staff should inform the person of the Medicines and Healthcare product Regulatory Agency 'Yellow Card Scheme' for reporting <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Staff should advise families about who to make a complaint to and where appropriate, offer advice about the role of advocacy and contact details. Where staff are unable to offer this advice it should be referred to the line manager.

Concerns raised and information given should be recorded in the service users daily log.

If the concern relates to the management of medication staff should refer the concern to their line manager and offer the person advice on Ormerods complaints policy including who to report to and how [Complaints, compliments and comments.pptx](#)

## **Giving medication to service users without their knowledge or consent (covert medication).**

This must only happen if it is agreed that the service user lacks capacity and the Mental Capacity Act 2005 has been applied as follows;

- The manager has completed a mental capacity assessment that is specific to the medication. Advice has been sought from the prescriber e.g. G.P. regarding possible alternatives.
- A best interest meeting has been held to decide if giving medication covertly is in the persons best interest. Who participated in the best interest meeting, discussions held and the outcome agreed has been recorded.
- The G.P. / dispensing pharmacist / other relevant health professional has been consulted for advice on how medication should be covertly administered.
- A protocol for administering medication covertly is in the service users medication care plan which authorises staff to administer medication covertly.
- Copies of all documentation, the mental capacity assessment, best interest balance sheet, restrictive practice analysis, risk assessment and protocol should be kept with the service users care plan at the home. Original copies should be filed at the head office.
- The decision to administer medication covertly should be reviewed annually or sooner if there are changes or concerns.

## **Ordering and receiving medication**

Responsibility for ordering medication should be identified in the service users care plan. Where Ormerod are identified as being responsible this task can be delegated to the team manager;

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When **ordering medication** the team manager should record in the service users care plan; what medication has been ordered, the strength and quantity and the date it was ordered.

When **receiving medication** the team manager should immediately check that the correct medication has been supplied. The manager should document on the MAR and in the service users daily report the findings of their check and the date the medication was received.

If a **discrepancy** has been identified between the medication ordered and the medication received the dispensing pharmacy should immediately be notified and the medication returned. A medication error report should be completed and the line manager / on-call manager notified.

## Monitored Dosage Systems (MDS)

Where a service user is dependent on a staff team to administer their medication and they lack capacity to understand the associated risks and contributing factors to increasing the risk of medication errors such as;

- The service user requires support to take medication
- The service user takes several medications
- There are deviations in dosage and quantity required (this may be at different times of the day or at different periods of the month)
- There is a joint agreement to administer medication e.g. with family / another provider
- A team of support staff are responsible for administering medication at different times of the day / week
- The service user lives with other people who also take medication

An MDS can reduce risks and improve compliance, provided that the system enables separate identification of medication and medication is individually packaged.

The Mental Capacity Act 2005 should be followed when making this decision. The persons views, needs and preferences should be considered along with the views of family and other relevant people including a medical professional (e.g. the dispensing pharmacist who can complete an assessment).

## Medication in original packaging

Where staff are responsible for administering medication from the original packaging the medication should be counted prior to administration and checked against the MAR to ensure the previous dose was administered. Discrepancies should be reported to the line manager / on-call manager and a medication error report completed.

## Transporting, storing and disposing of medications

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Responsibilities and methods of transporting, storing and disposing of medication should be discussed and agreed with the service, their family / carer. This information should be recorded in the service users care plan. Where Ormerod is identified being responsible for transporting, storing or / disposing of medication the following applies;

## **Transport**

Medication should be kept safe and secure when being transported by a staff member. Medication should be placed in a suitable, sealed bag / container to minimise the risk of medication getting lost, stolen or damaged. A copy of the service users MAR should remain with the medication.

A risk assessment should be completed for 'Transporting Service Users Medication.'

## **Storage**

Each service user's medication must be stored separately in a secure locked cabinet in line with manufacturer's guidelines.

A service user wishing to keep medication in their own rooms should be supported to do so through the mental capacity assessment and risk assessment process. Where possible and with the service users agreement a secure lockable medication cupboard should be purchase to keep medication in their rooms.

Medication that needs to be kept in a fridge should be placed in a small locked container before placing it in the fridge unless a designated medication fridge is available.

## **Disposal of medication**

The service manager is responsible for ensuring that there are no excessive amounts of medication kept at the service, including medication past it's expiry date and medication 'not taken.' These medications must be returned to the pharmacy for correct disposal.

The staff member returning the medication to the pharmacy for disposal should complete the Medication Return form. They should ensure that the information is checked by the pharmacist and the form is signed by the pharmacist. The form should then be filed in the service users medication file.

## **Additional information for the management of controlled drugs**

Controlled drugs must be stored in a locked container, stored within the locked medicine cabinet.

Information about the controlled drug must be entered onto the '**controlled drugs register**' all receipt and disposal of the controlled drugs should be recorded and signed by two staff.

2 staff should administer the controlled drug and both should sign the MAR to confirm the drug was administered.

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2 staff must check the quantity of medication, cross referencing with the MAR to identify medication administered and record the findings at the start and end of each shift on the **'medication quantity check log.'** Discrepancies must be reported immediately to the line manager or on-call manger

## **Medicines related staff training and assessment of competency**

All employees who may be involved in the administering of medication at whatever level must receive appropriate training to their level of involvement, based on the required national standards. Line managers are responsible for ensuring appropriate records of the training are maintained. This training includes a 12 monthly competency based observation by the service manager who is are responsible for ensuring this training is kept up to date and must provide the training department.

The service manager is responsible for completing and keeping up to date a list of all staff who are authorised to administer medication.