

**MANAGEMENT OF MEDICATION
RESIDENTIAL, RESPITE, HOUSING
SUPPORT AND CARE AT HOME
SERVICES**

POLICY

Amended December 2022

Policy Statement

CrossReach recognises that the health and wellbeing of each person who uses the service is paramount and understands its responsibilities in supporting everyone who uses the service to be involved in all aspects of their care and support including the management of medication.

Purpose of The Policy

The purpose of the policy is to allow appropriate local service protocols to be developed to ensure the safe ordering, storage, handling, administering, recording, disposal and return of medication which takes place within services.

Who Is Affected By This Policy

All people who use the service, their carer/guardians or representatives and all employees (including agency workers), volunteers and students on placement.

Who should know about this Policy

All people who use the service, their carer/guardians or representatives and all employees (including agency workers), volunteers and students on placement.

Core Principles

1. As part of the pre-admission process, in consultation with the person who uses the service and/or their carer/guardian and the single shared assessment, the Service will determine the person's medication needs and the level of support required.
2. All staff will be trained to the level determined by the Service Manager.
3. A risk assessment will be undertaken to determine that the appropriate skills exist within the current staff team to support the person in line with their expressed wishes. Where necessary, additional training must be provided to staff or alternative external healthcare professionals should be identified.
4. Where the person who is joining the service wishes to administer their own medication a risk enablement will be developed to ensure they can safely manage their own medication.
5. Details on a person's medication needs, wishes and outcomes will be included in their care/support plan
6. The Service will identify a named senior member of staff who will be responsible for all aspects of the management of medication within the Service.
7. The Service will develop a local protocol for each of the following areas. The local protocols will be developed following consultation with relevant individuals.

Ordering

- All medication will be prescribed by the GP or appropriate health professional
- Where the service is responsible for managing a person's medication, a copy of the original prescription should be requested and held by the Service.

Supply and Receipt of Medication

- The pharmacist has responsibility to provide all medication requested and this will be delivered to the Service or collected by employees or the person using the service.

- All medication will be signed for on submission of prescription or upon receipt.
- All medication is stored securely in a locked cupboard and as soon as practically possible the medication should be checked against the prescriptions and recorded onto the appropriate documentation.

Storage and Security of Medication

- Medication will be securely stored in line with patient information sheets, Care Inspectorate Guidelines and operational systems.
- Keys to medication storage will be the responsibility of the senior member of staff on duty on each shift and held separately from other service keys.
- If medication is found within the Service it should be passed to the senior staff member on duty, recorded, stored and appropriate action taken to return the medication.

Administering of medicines and administration records

- Medication will only be administered by trained, competent employees, strictly in accordance with the prescription sheet and pharmacy and Care Inspectorate guidance.
- Employees should use a non-touch technique to administer all medication and wear suitable protective clothing in the administration of all non-oral medication.
- Identity checks must be undertaken prior to any medication being administered.
- Medication must not be varied without medical authority.
- Medication prescribed for a person who uses the service becomes his/her property and must not be administered to any other person.
- The recording sheet within the service will be used to record the administration of medication. This must only be completed once the employee is satisfied the medication has been taken by the person who uses the service.
- Medication must not be altered in any format or disguised, unless covert medication has been enacted and permissions given.
- Any medication errors must be reported to the senior staff member on duty immediately who will take the required action.
- Whilst administering medication no other duties should be undertaken.
- If a person using the service refuses to take medication, further attempts should be made and this must be recorded and reported to the management team. Repeated refusals where there is a cause for concern should be reported to the GP.
- Medication must only be withheld upon instruction from a healthcare professional and recorded on the MAR sheet by 2 members of staff.

Changes to prescribed medication – verbal instructions

- All verbal changes to medication should be repeated back to the prescriber to clarify instructions, be accurately recorded and counter-signed by a colleague and the prescription sheet updated. Written instructions must be received from the GP as soon as practically possible but this should not inhibit the administration of the medication.

Disposal Systems

- All medication is to be disposed of via the local pharmacy in accordance with legislation and Care Inspectorate guidance.
- No medication should be flushed down the toilet or thrown in the bin
- No medication will be used for any other person who uses the service or any other person.
- Following a death, medication will be retained in a locked cupboard or controlled drugs cupboard for 7 days then disposed of in line with policy.
- Records must be kept to evidence the safe disposal of all medications.

Stock Control

- Stock checks, including expiry dates and stock levels, will be the responsibility of senior staff at regular intervals.
- Discrepancies must be reported immediately to the Service/Deputy Manager and recorded on the appropriate form as per Service protocol. The Manager will then investigate the matter.
- Any suspicion of theft or abuse of medication belonging to a person who uses the service will be reported to the Police, Safeguarding, Care Inspectorate, Head of Service, and Local Authority and recorded as an incident on the Accident & Incident Database.

Controlled Drugs

- In accordance with the Misuse of Drugs Act 1971 And Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007, controlled drugs must be stored within a securely mounted locked cabinet within a locked room or locked cupboard. Refer to schedule 2/3 for categories of controlled drugs.
- When received by the Service, controlled drugs must be immediately recorded in the controlled drugs register and placed in the secure storage facility. This must be undertaken by two employees, one of whom must be a senior member of staff.
- When administering controlled drugs, two employees, one of whom should be a senior member of staff, must be present. Both must check stock levels, remove prescribed medication and sign the balance as accurate in the controlled drug register. Both employees should then administer medication to the person who uses the service. Both need to sign the prescription sheet.
- A review of controlled drugs for each person who uses the service should be undertaken on a regular basis and in line with the Care/Support Plan.
- In addition to previous guidance the disposal of controlled drugs must be in line with "A Guide to Good Practice in the Management of Controlled Drugs in Primary Care – Scotland"
- Misuse of un-prescribed controlled drugs should be managed in accordance with the CrossReach Misuse of Drugs Policy.
- Managers in CrossReach services that are registered with Care Inspectorate must ensure that they are familiar with and follow the CI notification requirements related to instances involving controlled drugs.

As required prescribed medication

- 'As required medication' should only be administered following discussion with the GP, staff member and person who uses the service and prescription issued.
- Where 'as required medication' is prescribed the service will develop a local protocol for each person who uses the service.

Household medicines including homeopathic and herbal remedies

- Over the counter medicines without prior discussion from a health professional should be discouraged. Unless there is written advice, employees should not administer these. Where it has been agreed household medication can be taken, a local protocol must exist.

Covert medication

- Covert medication 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 medication 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 involved in giving the medication. Prior to the administration of covert medicine, guidance and advice should be sought from the local pharmacist.

Storage and Use of Oxygen

Where oxygen is used by a person who uses the service the Health and Safety Policy should be followed.

Particular attention should be made to:

- Inform your local fire station – details at firescotland.gov.uk/your-area
- Store in a clean, dry and well ventilated area, away from any source of heat.
- In a residential home or house of multiple occupancy, signs should be displayed outside the room informing people compressed gas is being stored.
- Warning signs prohibiting naked flames and smoking should be displayed
- Empty and full cylinders should be stored separately. Any storage quantities should be kept to a minimum
- Seek guidance from the manufacturers of the equipment and the GP on the safe use of medical oxygen. Further support and advice is available from the Health and Safety Manager.
- Training must be provided for staff supporting people using oxygen.

Adverse reactions and contraindications

- It is the responsibility of all employees administering medication to report any potential adverse reactions and contraindications. These will be notified to the senior on duty immediately.
- When adverse reactions are noted the senior on duty will assess and seek medical advice from the GP, NHS 24 or emergency services.

Medication Audits

- The Manager will undertake routine audits, in addition to any audits undertaken by other staff.

- These audits will be recorded and any discrepancies fully investigated, as outlined below.
- External audit facilities may be available through local pharmacies.

Errors and mistakes

- Where errors and mistakes are identified an incident report will be completed using the online system on each occasion.
- Medication errors and the non-administration of prescribed medication can constitute gross misconduct and disciplinary procedures may be evoked.
- The Service Manager has a responsibility to report all medication errors to the relevant authorities.

Non-Oral Medication

- A local protocol must be developed for the administration of non-oral medication for every person who requires it.

Professional boundaries

- Employees within a care home are not medically trained and should not administer any form of medication or perform invasive techniques for which they have not received the appropriate training.
- Employees will respect the professionalism of the GP and other health professionals.
- Employees will respect the rights of the person who uses the service in line with a Human Rights based approach to care.
- The medical conditions and medication for each person who uses the service is confidential and records are kept and information shared in line with the General Data Protection Regulations.

Self-Administration

- When risk assessed to do so, the person who uses the service should take responsibility for their own medication. The assessment must explore whether the person who uses the service:
 - Wants to take responsibility for looking after and taking medication
 - Knows the medication they take, what they are for, how and when to take them and what is likely to happen if they omit taking them
 - Understands how important it is not to leave the medication lying around where someone else may take them and be harmed as a result.
- The level of support and resulting responsibility of the care/support worker should be written in the care plan for each person who uses the service. This should also include how to monitor whether the person who uses the service is still able to self-administer medication without constantly invading their privacy. The assessment is a continuing process. Monitoring how the person who uses the service manages to take their medication and regular review form part of the person who uses the service's care. The medication records will help the review and monitoring process.

- A residential service should provide secure storage in the room of each person who uses the service. This can be a lock fitted to a drawer and does not need to be made of metal or even look like a medicine cupboard. If the room is shared there must be separate storage facilities for each person who uses the service. This can be a lock fitted to a drawer and does not need to be made of metal or even look like a medicine cupboard. If the room is shared there must be separate storage facilities for each person who uses the service.

Sharing of Information

- Accurate information will be provided when a person who uses the service leaves the service for a short-term absence. E.g. hospital admission, visit to family, holiday etc.
- Only relevant and necessary information will be imparted.
- There are relevant professionals who may access medication records and this will be on a need to know basis.

Emergency Medication

- Services that store and administer emergency medication such as Naloxone or adrenaline should follow their own procedures on the safe storage, administration and disposal of such medication.
- Local protocols will also cover training requirements and reporting procedures within CrossReach and with external partners.

Responsibilities

- Senior Management Team to ensure the policy is fully implemented and appropriate local protocols are developed and are in place.
- Service Managers to ensure local protocols are developed, followed and shared with appropriate employees.
- Employees, volunteers and students on placement must ensure they read and understand the policy and adhere to any local protocols.

References to other Policies/Documents

- CrossReach Pre-admission/Admission Policy
- CrossReach DNACPR Policy
- CrossReach Adult Protection Policy
- CrossReach Child Protection Policy
- CrossReach Data Protection Policy
- CrossReach Privacy Policy – Residential
- CrossReach Privacy Policy – Community
- Care/Support Plan
- CrossReach Safety Policy
- CrossReach Accident & Incident Policy
- CrossReach Local Protocol Guidelines
- National Care Standards
- A guide to Good Practice in the Management of Controlled Drugs in Primary Care (Scotland) – Version 2.0 September 2014
- NMC Standards for Medicines Management 2009

- Care Inspectorate – guidance about medication personal plans, review, monitoring and record keeping in residential care services (2012)
- Standard Operating Procedure for prompting patients with medication
- Royal Pharmaceutical Society – the Handling of Medicines in Social Care.
- Mental Welfare Commission for Scotland – Rights, Risks and Limits to Freedom (2013)
- Review of medicine management procedures (guidance for care at home services) (2017)
- Prompting, assisting and administration of medication in a care setting: guidance for professionals (2015)
- Care Inspectorate Notifications about Controlled Drugs: Guidance for Providers (2015)

Ethics and Legislation

This policy will be applied through the Ethos and Values of CrossReach and followed in line with the above policies and legislation.

Monitoring and Auditing

Heads of Service will monitor compliance with the policy through routine service visits and Service Manager Supervision.

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		 Care you can put your faith in	