Medication Administration in London Borough of Havering Adult Social Care Day Provisions Policy

V0.6

Document Control

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V0.6	*Updated*	18.11.19	*Signed off by Annette Kinsella*

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Contents

1. Introduction

This document sets out the procedures to be followed when administering medicines within Avelon Road Day Opportunities Centre and Yew Tree Resource Centre. Different clientele attend each of these Centres. The Avelon Road Centre is for Adults with learning disabilities and the Yew Tree Resource Centre is for clients with physical and sensory disabilities. Therefore it is important to identify the specific procedures for each Centre i.e. the needs and capacity of clients.

2. Policy Statement

2.1 This policy seeks to reflect the different nature and ethos of the individual centres both are owned by the London Borough of Havering. Clients attending the Yew Tree Day Centre will be encouraged, where appropriate, having followed a risk assessment, to retain, administer and control their own medication in order to maximise their independence and retain control over their own lives. This is not applicable to the Avelon Road Centre as the risk is too great to other clients.

2.2 In some cases supervision and prompting will be appropriate. Some clients may need staff to be responsible for the safe-keeping of medication in a lockable cabinet until required. (The Avelon Road Centre will keep all medication kept in a lockable cabinet until required.)

3. Purpose

The policy seeks to formalise the management of medicines across the two Centres based on a risk assessment approach. The main aim of this policy is to ensure that those who have medication needs and are able to self medicate are supported to do so. Self medication does not apply to the Avelon Road Centre as the risk to others is too great. However, clients will be supported to do as much as they can for themselves.

4. Scope

The Policy applies to all members staff who work within LBH Day Centre (two). It is for clients who have medication whilst at the two day centres. No provision of this policy refers to staff and their personal medication.

5. Definitions

LBH - London Borough of Havering.

Day Centres - will refer to both the Yew Tree Resource Centre and the Avelon Road Centre.

Service user- A person who is allocated a service by Adult Social Care to attend an LBH day centre or someone who accesses services provided by LBH to out of borough service users under specific contract terms.

Client = Service user.

Controlled drugs – Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs, which means they have the potential for abuse and therefore require special legal precautions to prevent them being misused, obtained illegally and causing harm. A current list of these can be obtained from www.homeoffice.gov.uk/drugs/licensing.

MAR sheets – Medication Administration Record sheets are the formal record of medication administration and they serve as a legal record of the drugs administered to a person within a care setting. As they are legal documents that can be used as evidence in court cases and clinical investigations it is important that MAR sheets are clear, accurate and up to date. That is the issue and recording of medication given/received must be entered and witnessed at the time of the administering of the medication. No exceptions to this procedure are allowed.

Risk Assessment – Risk assessments involve collecting and interpreting data and determine the possible risks to the service user and the staff associated with delivering a care package. Risk assessments are carried out before the care staff commences work and updated annually. This should be updated more regularly when required.

Consent – Consent is where permission and agreement has been obtained in order to do something. In order to obtain permission from someone they need to have mental capacity under the Mental Capacity Act 2005. In situations where adults are considered by a health professional to lack the mental capacity to consent, the individual would have someone to step in and act in their best interest for example their parent(s); formal designated carer(s) and/or advocate.

Administer- To select measure and give medication to a service user as specified in the Support Plan and/or Support Plan Summary

6. Legal Context

6.1 **The Medicines Act 1968** – This act provides the legal basis that allows a person to administer medication to a service user. It states that in the UK, as long as the directions provided by the prescriber are followed, anyone can administer a prescribed medicine to another person. The directions written on the medication label by the Pharmacy must be adhered to in order that you are covered legally. The act states the medicine is the property of the person for whom it is prescribed for and can only be administered to the person it is prescribed for. The medication cannot be shared with other service users.

6.2 **The Misuse of Drugs Act 1971, The Medicines Act 1968** and **The Misuse of Drugs Regulation 2001** – This classifies medication into four licensing categories:

1. General Sale or 'GSL'
2. Pharmacy only medicine or 'P' medicine
3. Controlled Drug or 'CD'
4. Prescription only medicine or 'POM'

This guidance is written in context with the above.

6.3 **Capacity Act 2005** – (fully enforced in 2007 in England and Wales). This act provides the legal grounding for the policies and provisions on capacity and consent in medication administration.

7. Capacity and Consent

7.1 Valid consent to treatment is central in all forms of healthcare. 'Consent' is a person's continuing and voluntary agreement for a health professional to provide specific care or treatment to them. An individual may indicate consent non-verbally, orally or in writing. For the consent to be valid, the individual must have mental capacity in relation to the decision at the time which is specified in the Mental Capacity Act 2005 under Section 326 which states that they should:

- have received sufficient information about their condition and the treatment being offered.
- be able to understand the above information.
- be able to retain the information long enough to make the decision.
- be able to communicate their decision.

7.2 The consent of the individual must also be given without any undue pressure or duress by another person as this could be considered invalid.

7.3 If there is any indication that the individual may lack mental capacity to consent, a full mental capacity assessment must be carried out by the relevant registered health and social care practitioner and documented in writing.

7.4 Service users with mental capacity to make decisions about their medication retain responsibility for and control of their medication but may require varying levels of support and assistance. Risk assessment is used to determine the level of support required – see section 9 (self-medication).

7.5 Where it appears that the service user may lack capacity to make decisions about their medication, LBH Mental Capacity Act & Deprivation of Liberty Safeguards procedures must be followed to assess capacity. If the assessment confirms that the service user does not have capacity, a best

interest decision will be made in consultation with family members, carers and/or advocates as well as relevant health professionals.

7.6 Even where written consent to administer medication or carry out related tasks has been obtained, care staff will seek the service user's verbal consent each time support is provided.

8. The Role of Day Services Staff

Mandatory Procedures:

8.1 It is the overall accountability of the Manager of the each Centre to ensure that this Policy is implemented. The lead officer is responsible for ensuring that a safe environment exists in relation to the storage, administration and disposal of medicines (this would be the returning of items to the clients home i.e. back to the person who handles the prescription) belonging to clients who are not self-medicating.

8.2 A risk assessment and support plan for each client should indicate the level of assistance, if any, needed with medication and this should be reviewed on an annual basis or earlier when there is a change of circumstances or cause for concern:

Table of Categories:

Category 1	The client needs advice on safe storage
Category 2	Requires supervision with self-medication and/or reminding to take medication
Category 3	Requires help to open containers or total medication management
Category 4	Total medication management – this would never include invasive procedures

8.3 Two staff members must always administer medication, one to carry out the procedure and one to check each stage and countersign. Staff must be trained and competent to assume responsibility for the administration of medicines.

8.4 Each establishment is required to have a procedure, which clearly states the member of staff who is responsible at any given time for:

a) The security of medicines
b) The receipt of medicines
c) The administration of medicines to particular individuals
d) The recording of the administration of medicines
e) The recording of the disposal of medicines

8.5 A member of staff can have responsibility to assist in the task of giving medicines if they:

a) Have received instruction on the specific system in use at the establishment by a senior member of staff
b) Those allowed to administer, monitor and handle must have been trained which is accounted for in this document. This means they must meet the requirements for training and competency (see section 21 regarding staff training).

9. Self-Medication

9.1 Service user must be risk assessed by an appropriate assessor, usually the manager or supervisor and deemed to be competent to self-medicate whilst attending Yew Tree Resource Centre (this does not apply to Avelon Road Centre).. Staff should monitor that the service user keeps the medicines with them at all times and that they are not left where they can be easily accessed by others.

9.2 Where possible a small lockable locker should be made available to the service user for the safe keeping of their medicines.

9.3 If there is concern about the service user's ability to administer their own medicines safely, the manager of the establishment and the involved professionals, together with the service user and their carer/family/advocate need to agree how much responsibility the service user is able to undertake. Where there is doubt, and it is safe to do so, the service user should be given charge of their own medicines for a trial period.

9.4 In certain circumstances it may be necessary for staff to immediately remove medication during that period if the risks become too great. After this, staff should check whether or not the service user has taken the medicine as prescribed, and a decision made and recorded as to whether they can cope with medicines in the long term. A service user's ability to administer their own medicines should be reviewed at least every three months.

9.5 When a service user cannot manage their own medicines, staff should explain that they will take responsibility for the administration in accordance with the prescribing professionals' instructions. Staff will need to manage these situations sensitively.

9.6 If a service user is concerned about their medicines, a referral should be made to the prescribing health professional. Day Centre staff should liaise with carers/parents/advocates to discuss and reach an agreement on a way forward.

9.7 To gain maximum benefit, medicines should always be taken at the prescribed times. Staff should reinforce the health professional's advice on this.

9.8 Individuals who self -medicate should be advised to keep medication safe and not accessible to any other people using the service. (This does not apply to Avelon Road Centre as no individual will self medicate).

10. Supply of Medication

10.1 Medicines, in the context of these procedures, are those prescribed by a health professional. Only medicines prescribed for the individual user may be administered to that person. Prescribed medicines belong to the named individual and must not be supplied to anyone else.

10.2 The total amount of medicine prescribed is specified on each container, which makes it easier to check if the medicine has been taken correctly. The pharmacist may add extra instructions to the label, such as 'complete the course' or 'avoid alcohol'. Labels such as 'as required' or 'as instructed' should be avoided. The pharmacist or prescribing health professional must be contacted if the additional instructions are not clear and staff should not administer the medication until they are satisfied that sufficient instructions have been given. If a service user brings in a partly used bottle or box of medication, the amount should be recorded and for liquids a reasonable estimate of the amount is adequate.

10.3 Labels on medicines supplied by a prescribing health professional must not be altered by anyone. Administration of medicines from a container, which has an altered label, is unsafe, unless altered and signed by a health professional. If a label has been altered in any other way, then the appropriate health professional must be contacted immediately and their advice sought.

10.4 Containers provided by a pharmacist have child-resistant closures and in general it is sensible for these to be used, wherever practicable. However, there may be occasions when an individual who is responsible for their own medication cannot open such containers and they may be provided with traditional 'easy open' containers.

10.5 Service users may wish to treat minor ailments with over the counter medicines, homeopathic products or Ayurveda medicines. It should be noted that such products might adversely react with prescribed medicines. A service user may bring these products with them to the establishment in correctly labelled and identified packaging and wherever possible they should be encouraged to take responsibility for their administration. If a service user has been assessed as unable to self-medicate then staff must seek advice from an appropriate health care professional before they administer any over the counter preparations. Written consent must also be obtained from the service user or their carer. Does not apply to Avelon Road Centre.

10.6 The use of such remedies must always be recorded if administered by staff.

10.7 Staff should never participate in any form of secondary dispensing i.e. when medication is removed from the container/compliance aid in which it was dispensed and placed in another container. In such circumstances a request must be made to the service user and/or their carer to ensure that medication is sent to the day centre in its original container. Community pharmacists may be willing to supply a separate container of medication purely for the day centre if attendance to the day care centre is on a regular basis.

10.8 On no account must staff take for personal use any prescribed medicines that are the property of the service user.

11. Storage of medication

11.1 Every establishment must have a locked medicine cupboard available for the storage of medicines and any over the counter preparations that have been brought to the centre by service users. The decision of where to store medicines should take into account the size of the establishment and the nature of the medicines to be stored but the temperature of the area should not exceed 25 degrees centigrade. The keys to the medicine cupboard must be held by a senior member of staff.

11.2 Irrespective of the system in use, all prescribed medicines retained and stored by centre staff for service users must be stored in packages/containers as dispensed by the pharmacist or doctor which record:

a) The name of the person
b) The name of the medicine (preferably the generic and not the trade name)
c) The prescribed dosage
d) The frequency of administration
e) The quantity
f) The date when the medicine was dispensed
g) The route of medication i.e. oral route (taken by mouth), Injection routes (Given by injection into a vein), sublingual (placed under the tongue) and buccal routes (between the gums and cheek), rectal route (inserted in the rectum), vaginal route (or the vagina), ocular route (placed in the eye), optic route (places in the ear), nasal route (sprayed into the nose) etc.

Note there are some routes which would not be undertaken by Avelon Road Centre Staff e.g. the more invasive routes.

11.3 Medicines which are taken internally and those for external use should be stored in a separate locked cupboard or physically separated on different shelves in the main cupboard.

11.4 Controlled drugs must be stored according to the requirements of the Misuse of Drugs (safe custody) Regulations 1973 as amended. Controlled drugs for service users who are not self-medicating must be stored in a locked cupboard /safe, which is made of metal to a defined gauge, with suitable hinges, a double locking mechanism and fixed to a solid wall or floor with rag

bolts. The security of the location must be considered. Service users who are self- medicating can store their controlled drugs in their personal lockable cupboards if they are available. The controlled drugs cupboard should not be used to store anything else. The keys to the controlled drugs cupboard/safe must be kept separate to other keys and should only be accessible to authorised staff.

11.5 When medicines require refrigeration, they must first be placed in a plastic container and clearly labelled to identify contents. This container must be stored in a refrigerator, which is not easily accessible to other service users, and not the kitchen refrigerator. The temperature should be checked daily with a maximum/minimum thermometer. The normal range is between 2 and 8 degrees centigrade and any variation form this should be reported to the manager who should contact a pharmacist to check information on individual products, as some may need to be destroyed and replaced.

12. Approved Medication Systems

12.1 Different establishments must develop their own system for administering medicines based on the manager's risk assessment of the situation within the Centre. Medicines must be administered:

a) Directly from labelled containers provided by a pharmacist. Or
b) Monitored dosage systems/ medicine compliance aid

12.2 In both cases, the adoption of either system does not negate staff responsibility although the ultimate responsibility for medication remains with the prescribing health professional.

13. Arrangements for Short Periods Away from the Establishment

13.1 Arrangements for short periods away from the establishment can include day trips and outside activities. On such occasions the manager or delegated staff member on duty must arrange for medicines to be taken in their containers and given to the delegated member of staff for administering and safekeeping.

13.2 If this is a regular occurrence the service user could be issued with an alternative supply by the GP or pharmacist and this must be recorded as administered on the MAR sheet.

14. The Administration of Medication

14.1 Medicines prescribed for one service user must never be given to another service user, or used for a different purpose.

14.2 The removal of medicines from their original containers into other containers by anyone is not acceptable as such secondary dispensing increases the risk to both staff and service user.

The person administering the medication must check the following:

1. Carefully check the identity of the person
2. Explain what you are about to do and obtain the consent of the person.
3. Ensure that the sensitivity/allergy box is checked
4. Observe the person's record, checking the individual's name and dosage instructions. Ensure that the dose has not already been administered
5. Identify the appropriate medicine container/s checking the label/s and person's record match. If there is a discrepancy, the centre must check with an appropriate health professional before giving the medicine to the individual. If the label becomes detached or illegible, the prescribing health professional must be contacted for advice. Where possible, this advice should be sought in writing, e.g. by fax or email, so that the instructions can be held on file
6. Check the expiry date of the medication
7. Administer the medication in accordance with any special instructions e.g. to be taken with food
8. Measure or count the dose and give it to the person having again checked their identity
9. Sign the administration record immediately after the medicine has been given and taken
10. Where there is choice e.g. 1-2 tablets, record the number administered
11. Record if the medicine is refused, not administered or wasted e.g. dropped on the floor

14.3 The manager must ensure that staff are suitably trained in the use of medication and are aware of potential side effects. It is good practice to have a list of staff who are authorised to handle and administer medicines, with the signature that they use on the MAR sheet.

14.4 The administration of any controlled drugs requires special consideration since a member of staff must be witnessed when administering by another suitably trained member of staff and two signatures are needed on the MAR sheet to confirm the administration.

15. The Administration of Emergency Medication

15.1 An emergency is defined as a 'life threatening situation'. If there are no suitably trained staff present at the day centres or public place for any such emergency medication the **emergency services** must be called.

15.2 Staff may administer anaphylactic pens, epi pens, nebulisers and inhalers in an emergency; however, the needs of the client will already have been recorded and will be part of the individual's risk assessment at the Centre. Nebulisers and inhalers – should a client need these direct support and advice on the procedures must have been sought from the CLDT. It is important to note that these items should belong to the client being administered only.

15.3 If possible epi pens should be administered by a first aider.

15.4 If an emergency situation should arise within the day centre or public place the emergency services should be called.

15.5 If an emergency situation should arise during transportation, depending on the criteria provided by the prescribing GP every effort must be made by the driver and escort to call on the assistance of the emergency services.

15.6 Wherever possible, and practical, the client's preference for a male or female member of staff to administer medication.

16. Refusal to take the medication

In the event that the client refuses to take the medication provided to them the day centre staff should record what has happened and why (if the person has provided their reasons this should also be recorded) in the person's care record and in the record of their medicines. If the person agrees, staff should also tell the health professional who prescribed the medicine (in the case of the Avelon Road Centre this would be referred to parent/carers, CLDT or supported living provision staff).

17. The management of Medication Errors and Incidents

The main goal of this policy is to have no errors in the administration of medication to service users.

17.1 The LBH Day Centres should report any concerns about medicines which are considered a safeguarding issue in the first instance to the LBH Safeguarding Team as well as the Manager for Disabilities for further direction.

Safeguarding for adults is:

Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights.

In the event of an error occurring in the administering of any medication to any service user, it must be reported immediately to the employee's line manager or other suitable person who will inform the appropriate bodies without delay. This includes 'near misses' – defined as incidents where a mistake was made but was recognised and rectified before it resulted in an actual error in the administration of the medication. It is essential for transparency to exist between all staff.

17.2 The Directorate 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 line manager and consult with the relevant health professional so as to prevent harm to the service user. The service user and their carer must be informed of any error in writing if the belief is, following consultation with a health professional, that the error could have led to harm or injury. Safe guarding should also be informed of the error.

17.3 The error must be recorded on the back of the MAR sheet and recorded on the care plan in detail.

17.4 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 and learn from mistakes.

17.5 Errors should be reported straightaway as incidents under the existing accident/incident procedures.

17.6 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.

18. Medication records

18.1 The responsible manager must ensure that a written record is kept of all medication entering the unit that is being administered to service users or sent for disposal. The responsible manager must have a written protocol in place which staff follow. The record should show:

a) date of receipt of medication entering the day centre
b) name and strength of the medication
c) quantity received
d) service user for whom the medication is prescribed
e) signature of the member of staff receiving the medication
f) Expiry date of the medication.

18.2 If the establishment has service users who have been prescribed controlled drugs then a separate controlled drugs register with numbered pages must be maintained. In addition to the above guidance for the receipt of medication, this bound book needs to include the balance remaining for each product following each administration, with a separate record page for each service user taking a controlled drug. There should be no crossings out or obliterations of any kind in this record.

18.3 All administrations of Buccal Midazolam must also be documented within the service users/patient's Care Notes and Medicine Card.

18.4 A record of administration and disposal must also be maintained for each service user. Staff must sign to say that a medication has been administered. If the medicine has been refused it must be disposed of in accordance with the pharmacist's instructions and two members of staff must sign the MAR/ medication record sheet to indicate the reason. The carer and/or the GP must be notified of the refusal. If the medicine is discontinued and/or returned to the service user then two staff members should also record this.

18.5 A record of all medicines, which are held for service users should be noted on that individual's medication record, specifying:

a) date received
b) medicine name
c) strength
d) quantity
e) route of administration
f) signature of staff member receiving the medicine.

18.6 A medication profile should show for each service user the:

a) person's full name and date of birth
b) details of any known drug sensitivity e.g. penicillin, aspirin
c) name of the medicine (preferably the generic and not the trade name)
d) form of the medicine e.g. tablets or liquid

e) amount in the bottle/container when originally supplied by the pharmacist/dispensing doctor
f) strength of the preparation
g) dosage
h) route of administration e.g. by mouth
i) time(s) it should be administered
j) special instructions e.g. whether it should be given before or after food

18.7 Ideally the medication Profile and the Record of Administration should be kept together on the same sheet. If they are on two separate sheets then they should be kept together.

18.8 Completed sheets must be kept in the service user's personal file.

19. Retention of records:

Medication records must be kept for three years.

19.1 When records are destroyed, they must be shredded or destroyed in a way that preserves confidentiality.

20. Disposal of medicine

20.1 As medicines are the personal property of an individual, expired or unused medication must always be returned to the individual, parent or carer for disposal

Medicines should be disposed of when:

a) The expiry date is reached. If this is not indicated on the container, contact the dispensing health professional for guidance

b) Some preparations should be discarded a few weeks after opening so it is good practice to note when they are first opened on the label

c) A course of treatment is completed or the doctor stops the medicine or the prescription changes

d) The person for whom the medicine is prescribed dies although these should be retained for seven days in case of a post-mortem enquiry

20.2 People should be encouraged to return their out of date or unwanted medicines to a pharmacist for safe disposal.

20.3 If a supply of medicine or tablets has been left at a day centre by a person who no longer attends, or has died, then these should be returned in the first instance to the person's next of kin to return to the pharmacist.

20.4 In the event of a sudden or unexplained death all medication must be retained for seven days in case there is an inquest. In most cases, day centre staff will return any medicines held for safekeeping to the family/next of kin for them to hold for the mandatory seven days. If day centre staff are responsible for ordering and retaining the medication on behalf of someone they will remain responsible for holding the medicines for the seven day period. After seven days, all medications must be returned to the pharmacy. For more information go to Procedures Following a Death

20.5 Controlled drugs, which have been left at the day centre by a person who has died, should be returned to the person's next of kin. If there is no next of kin, the controlled drug must be returned to the pharmacist by two staff. They must both sign the person's medication profile and the pharmacist's signature must be obtained to confirm that he has received the drugs.

20.6 A missed or wasted dose should be disposed of in accordance with advice offered by the pharmacist. Refusal of medicine should be seen as a compliance problem and advice sought from the appropriate health professional.

20.7 Doctors and nurses must dispose of their own injection equipment. Where a person is self-administering insulin or any other medication with a syringe, a 'sharps box' must be provided.

21. Staff Training

21.1 All LBH council social care employees, or employees of agents acting on their behalf, 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 and content of the Medication Policy specific to the particular service. Line managers are responsible for ensuring appropriate records of the training are maintained.

21.2 Staff who assist, prompt or handle medication must receive accredited medication training before they can assist with the administration of medication. The training will include:

a) introduction to medicines and prescriptions
b) medicine supply, storage and disposal
c) safe administration of medication
d) quality control and record keeping
e) accountability, responsibility and confidentiality.

21.3 Staff involved with medication must receive appropriate training on current policies and procedures for the management of medication.
The Area Coordinator / senior Wellbeing Worker are responsible for ensuring new staff are familiar with and understand the code of practice when they join the staff team. All staff training must be documented.

22. Implementation

This policy will be available for staff on Web pages of the London Borough of Havering Council Website.

23. Monitoring and Review

23.1 This policy will be monitored through staff supervision and the reporting of accidents, incidents and near misses.

23.2 The Disseminated to Operational Management Group will send an automatic reminder to the author or lead officer every 6 months prompting them to consider any necessary amendments/revisions to the policy. Any amendments will be raised and addressed via the agreed policy process.

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