

Adult Social Care and Health Directorate

OPPD and DCALDMH Divisions

Policy and Procedures For Medicines Support In KCC In-House Community Services

**Inspiring Lives (Kent Pathways Service, Community Day
Services; Shared Lives, Jubilee House); Day Centre (OPPD);
Kent Enablement at Home Service)**

The document links in this policy are available in other formats.
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Policy and Procedures for Medicines Support in KCC In-House Community Services

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Executive Summary

This document is in four sections:

Section A: Introduction, principles, scope and definitions used.

Section B: Policy for **all** service types listed in the scope.

Section C: Supplementary practice guidance for each service type where applicable.

Appendix: Any forms/letters in the Appendices are current at the time of this policy publication only, therefore for up to date forms/letters use KNet Social Care templates only. Each section may contain hyperlinks to other parts of this document. These links will be in *italics* and/or underlined.

SECTION A

A 1 Introduction

As part of or following the needs assessment and determination of eligible care and support under the Care Act 2014, this policy and related guidelines are intended for people receiving social care in the community, provided by Kent County Council (KCC) in-house provider services ("Service"). A disabled young person may be supported in these Services as part of their transition planning.

Under the Care Act, KCC cannot arrange services that are the responsibility of the NHS. However, KCC may assist with Medicines Support where they are incidental or ancillary to doing something else to meet needs for care and support. Therefore, this policy is for those Services that provide incidental medicines support that is recorded in the Persons support or programme plan. See B2.4 for the general levels of "Medicines Support".

For the purpose of this policy, social care in the community is defined as care and support in the following settings:

- living in their own home; and/or
- accessing day activity services; and/or
- living in a shared lives placement.

Settings **not covered**:

- adult residential or nursing care homes, short breaks and respite services in a care home (see separate Policy and Procedures for the "Management of Medication in Adult Residential Homes, Short Breaks and Respite Services OPPD only")
- Specialist Community Children's Nursing and Short Breaks Services
- all supported living, community support services or mental health supported accommodations contracted through Supporting Independence Service (SIS) managed and purchased through KCC Access to Resources Team
- home care services delivered by Home Care Agencies on KCC's behalf and

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- arranged through the home care contracts
- hospices
- hospital settings
- prisons

Underpinning this policy are the principles of promoting wellbeing, promoting and supporting independence, choice and control.

The key principles of Medicines Support in any service are the safe systems of: -

- receipt
- recording
- storage
- roles and responsibilities
- identifying, reporting and learning from medicines-related incidents/issues
- handling
- Medicines Support (administration/prompting/assisting)
- disposal

A 2 Scope

A Person (aged 16 years and over) who takes or uses medicines and is receiving social care support in the community by various in-house providers listed below.

Service types covered in this policy are:

- Community Day Services – Inspiring Lives
- Jubilee House (IL)- Inspiring Lives
- Kent Pathways Service (KPS) - Inspiring Lives
- Kent Enablement at Home (KEaH) - older people, physical disability
- Day Centers - older people
- Shared Lives - all groups (includes autism, dementia, sensory, physical disability) -Inspiring Lives

A 3 Definitions used in this policy (alphabetical order). Also see Appendix 10 glossary

“**Agency**” is a competent person¹ commissioned by the Service to provide care and support as directed by Responsible Manager/Support Worker. Agency staff are permitted to provide medicines support. The agency provider provides their own medication training.

“**Consent**” means agreement by the Person to the medicines support, care and interventions within the Service. It **does not** relate to *consent to share personal identifiable*

¹ Services who use agency staff must view the workers safe handling medication certificate issued by the agency provider.

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information (under General Data Protection Regulation). KCC and other organisations involved in providing health and social care have a legal duty to share information in order to provide care and support safely and effectively, we do not need consent to do this.

“Health Care Practitioner” including a GP, a community pharmacist, a community nurse unless otherwise stated.

“Host” is someone supported by the shared lives service. They open their home to support people with learning disabilities, mental health conditions, physical disabilities, dementia autism or sensory. A Host is not a KCC employee, but will, unless otherwise stated, adhere to this policy and practice guidance.

“MAR” used as the Medicines Administration Record to record any medicines support that Staff administer to a Person. The MAR may be a printed record provided by the supplying pharmacist, dispensing doctor or handwritten by the Service. (See B3.2.1 for more details and Appendix 9 how to complete the MAR record).

“Medication” is the term used to describe prescribed medication or non-prescribed medication (Over the Counter medicines or alternative therapies) unless otherwise stated.

Medication error: includes:

- prescribing errors
- dispensing errors
- administration errors
- monitoring errors.

“Person” is aged 16 years and above who has care and support needs under the Care Act supported in the community by KCC in-house provision. For a disabled young person, a Young Persons Plan² is in place to ensure eligible needs continue to be met after their 18th birthday.

“Personal Assistant” is someone employed directly by the Person using their Direct Payment who may provide medicines support for the Person receiving the Direct Payment. The Personal Assistant supports the Person (1:1) in the Service. The Person is the employer, not KCC.

“Plan” is the written service support or programme that the Service and Person have agreed will take place that includes details about specific support the Person requires with medication or related tasks.

“Practitioner” is KCC care manager (learning disability) or a case manager/worker (older persons/physical disability), Occupational Therapist or needs assessor.

“Responsible Manager” is the collective term used to describe a line manager, unit manager, Team coordinator, Service coordinator, registered manager or supervisor responsible for the Service.

² See Glossary in the Appendix

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Self-administration is when a Person looks after and takes their medication themselves without “Medicines Support” by a “Support Worker or Host.” See B2.4 for the three general levels of Medicines Support.

“**Service**” is the generic term to describe either: Community Day services (Inspiring Lives) Jubilee House (Inspiring Lives); Kent Enablement at Home (KEaH); Kent Pathways Service (Inspiring Lives); Day Centre (older people); Shared Lives (Inspiring Lives).

“**Staff**” is the collective term used to describe a Support Worker, Responsible Manager, Agency worker, Host, Personal Assistant.

“**Support Worker**” is the generic term used for KCC staff that, as part of their duties, support a Person with medication or related tasks as documented in the Plan.

SECTION B: POLICY

All forms of medication are potentially harmful if misused and care will be taken in obtaining, storing, administering, recording, disposing and controlling them.

B 1 Person-centred support

The Person will be encouraged and supported to take full responsibility for their own medication, including carrying their own medicines and devices wherever possible, and should be able to access their medicines for self-administration quickly and easily.

Prompting, assistance with, or administration of medication will be delivered in a way which respects the dignity, privacy, cultural and religious beliefs of the Person.

The Person will be regularly asked about whether the Medicines Support given meets their needs and preferences and Services should respond to the feedback.

B 1.1 Mental Capacity

It will be assumed that a Person has the mental capacity in respect of managing own medication, unless it has been established to the contrary.

Fig 1 sets out who is responsibility for carrying out a mental capacity assessment in respect of a Person’s capacity to safely manage their own medication dependent on the complexity of the support and/or if the Person is already known to the Service.

[see next page]

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Fig 1.

Capacity Assessment when	Lead responsibility to undertake capacity assessment	
	New to Service	Known to Service ³
Complex ⁴ medicines support	Practitioner (must liaise with a Health Care Practitioner/Service)	Responsible Manager (must liaise with a Health Care Practitioner)
Simple/less complex medicines support: Community Day Services; Jubilee House, Kent Pathway Service, Shared Lives; Day Centre-OPPD.	Practitioner (Liaising with a Health Care Practitioner/Service as required)	Responsible Manager/ delegate (Liaising with a Health Care Practitioner as required)
Simple/less complex medicines support: KEaH	Responsible Manager/delegate (Liaising with a Health Care Practitioner as required)	Responsible Manager/delegate (Liaising with a Health Care Practitioner as required)

When the Service needs to determine the complexity of the Medicines Support that may be required, it needs to consider a number of factors with the Person.

A Medication Risk Assessment Form provides a checklist to assist with this. This helps inform the decision if a mental capacity assessment is required in terms of the Person managing their own medication at the Service.

The assessor should also consider:

- persons choice
- if managing own medicines will there be a risk to the Person or to others
- if the Person can take the correct dose of their own medicines at the right time and in the right way
- how the medicines will be stored
- the responsibilities of the Support Worker.

Note: a prescriber or community pharmacist should undertake a person-centred medication review, which then provides written instructions on the prescription and dispensing label on each medication. However, this may need revising with the prescriber and discussed/agreed with the Person, to explore reasonable adjustments that enable the Person to manage their own medication.

All Medicines Support required will be recorded in the Plan and reviewed annually (or more frequently if circumstances change) based upon the Person's needs.

³ Note: "Known" means the Person is already using the Service before medicines support required. If Person did attend the Service but left, then referred again, then the Person should be regarded as not known (new to Service).

⁴ Complex medicines support will be determined at the medication risk assessment stage which will inform the need for a mental capacity assessment

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B 2 Medication Related Tasks

[See Section C for service type details](#)

Medication prescribed by a doctor or non-medical independent prescribers⁵ and dispensed by a pharmacist becomes the property of the Person for whom they have been prescribed. Their name will be on the dispensing label.

People living in their own homes are responsible for managing their own medication, unless it has been determined that the Person does not have the mental capacity to self-medicate.

Some People may have mental capacity to manage their own medication, but need physical assistance, for example, ability to open medication containers (see B2.4).

Under no circumstances should medication belonging to one Person be given to another or be used for self-treatment by staff.

Disposable gloves and aprons must be worn when applying external preparations e.g. ointments, creams, lotions.

Some medication can be absorbed through the skin, so must not be directly touched by Support Worker/Host/Personal Assistant.

All Support Workers/Hosts deemed competent in this Policy and who have undertaken the appropriate training in medicines support, may provide assistance with the following:

- medication taken by mouth (oral preparations) e.g. tablets, capsules and oral liquids
- medication applied externally to **intact** skin e.g., creams, ointments and lotions
- administration of drops or other preparations (e.g. ointment) for instillation into the eye (including post-operative eye drops) ear or nose
- medication in patches to be applied to the skin (transdermal patches).

Assistance with nebulizers and inhaler devices must only be given by Support Workers/Hosts who have received instructions and training on the use of that device and recorded in the Plan.

NB local training may be provided by, for example, the community nurses or community pharmacist for Medicines Support or preparations to meet specific needs of a Person.

For all Services, the following **must NOT** be administered (with the single exception of the emergency administration of suppositories by appropriately nominated and trained staff):

- injections (exceptions see Appendix 1 Host tasks)
- suppositories
- pessaries
- enemas

⁵ There are many health professionals who can prescribe now as well as doctors including nurses, pharmacists, Physiotherapists, optometrists, podiatrist.

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- medication through a PEG⁶ tube
- internal rectal creams
- internal vaginal creams
- the application of dressings involving wound care
- the application of medication to broken skin.

([See Appendix 1](#) for full details of tasks that (**Red**) must not be undertaken; (**Amber**) may be undertaken with appropriate specific training for a Person, in addition to Handling Medicines Safely training; (**Green**) can be undertaken with Handling Medicines Safely training, instruction and assessed as competent.

B 2.1 Receipt

[See Section C](#) for Service type details which includes transporting medication.

In all settings, labels on medication must not be altered. Medicines received by the Service, that are prescribed and require administration must be recorded on the Medication Administration Record (MAR).

B 2.2 Storage

[See Section C](#) for Service type details.

All forms of medication are potentially harmful.

Medicines must be stored safely (including consulting the instructions sheet) and made accessible to the Person, or if not appropriate for the Person to have access, where it is only accessible to relatives and other carers, Health Care Practitioners or Staff.

Medication, whether self-administered or administered by staff should be stored as securely as possible to minimise risks to others. Medicines are best kept out of sunlight in a clean cool dry place. If possible, they should be stored in a place not obvious to casual callers or the public and out of sight of children.

Any medication requiring refrigeration will be subject to an individual risk assessment. Those needing to be kept in a domestic fridge should be stored in a box with a lid above foods to avoid damage by food spills. The fridge temperature should be kept between 2-5 degrees centigrade.

B 2.3 Handling (order and supply)

Support Worker, Host or the Personal Assistant will not assist (or advise) in the purchase of non-prescribed medicine or products bought to relieve ill-health or promote well-being, unless approved by the GP or supplying pharmacist (i.e. does not conflict with prescribed medication).

⁶ percutaneous endoscopic gastrostomy- tube inserted directly into a person's stomach.

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Any non-prescribed medicines support that has been approved, including application of creams, sun cream must be recorded on the Service daily records (not MAR). Note: if sun cream prescribed (due to skin sensitivity resulting from other prescribed medication), this will be recorded on MAR.

B 2.3.1 Transport of Medication

See Section C for service type details

B 2.4 Medicines Support

There are three general levels of Medicines Support that may be provided by the Service:

1. **Administering** - For a Person assessed as lacking mental capacity or the ability to take their medicines safely. The administration is recorded on the Medication Administration Record (MAR).
2. **Assisting** - Helping a Person who is independent and has full control of their medication but needs physical assistance because lacking some functional ability to: open medication containers; remove tablets from a blister pack; shake a bottle and remove the lid; apply a cream/ointment to the skin where the person cannot reach; passing tablets or measured doses in a container etc. Assisting with medicines is only possible if the Person has mental capacity (otherwise it will be "Administering" as defined above).
3. **Prompting** - Reminding or prompting or checking a Person (who is independent and has full control of their medication) has taken their medicines.
e.g. *"Have you taken your medicines today Mrs. Smith?"*
"Don't forget to take your eye drops today Mr. Jones"

When assisting with or administering medication, the Support Worker, Host or the Personal Assistant should always follow the 6R's⁷ of administration: right person; right dose; right medication; right time; right way (right route of administration); person's right to decline.

For the Person assessed as lacking capacity to make decisions about medication or to self-medicate, Support Worker, Host or Personal Assistant may provide Medicines Support as detailed in the Plan.

Medicines Support must be in accordance with the prescriber's instructions and dispensed by a pharmacist.

Medication may be crushed or divided to ease administration **only** if approved by the prescriber and supplying pharmacist and documented in the Plan.

Specialist equipment (supplied by the supplying pharmacist) will be used for this purpose.

⁷ Reference: Managing medicines for adults receiving social care in the community. NICE guideline, Published: 30 March 2017 click [here to see full guidance](#)

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Note: changing the formulation of the medicine in such a way means that the product is being used “off-licence”, which could affect the medicolegal responsibility of both the prescriber and the supplying pharmacist.

Support Worker, Host or Personal Assistant will only give medication from the original dispensing packaging directly into the Persons hand or clean container for immediate administration or for taking later as detailed in the Plan.

B 2.4.1 Multi Compartment Aid⁸

A Support Worker, Host, or Personal Assistant can assist ⁹ with this when filled by a pharmacist - this physical assistance is to be appropriately recorded in the Service daily records (not MAR).

In all settings, **UNDER NO CIRCUMSTANCES** should Support Workers/Host assist with or administer medication from a manually loaded Multi Compartment Aid, for example one filled by the representative or friends of a Person. Only pharmacy dispensed, pre-sealed containers are permitted.

Support Workers/Hosts must not repackage a Person’s medicines into a Multi compartment Aid.

B 2.4.2 Withholding Medication

In all settings, prescribed medication will not be withheld without first consulting with the Responsible Manager or Host, the prescriber or community pharmacist. Call 111 (out of hour’s health care service) as required.

B 2.4.3 Over the Counter Medication (OTC)

[See Section C](#) for Service type details

These are non-prescribed medications which can be purchased from pharmacists, supermarkets etc. and can also be referred to as Homely Remedies. OTC medication may include: tablets, liquids, creams, herbal remedies.

In all settings, any medicines that are not prescribed for a Person lacking capacity, these should not be administered, or assistance given, unless it has been approved by the GP or supplying pharmacist. The Plan will then be updated.

When a Person with capacity to self-medicate asks a Support Worker/Host to assist with

⁸ Multi Compartment Aid is a simple device to help people to remember to take their medication. They also act as a visual prompt for Support Workers that people have taken their medication.

⁹ Assisting means helping the person with capacity but lacking some functional ability to e.g., open medication containers, remove tablets from a blister pack, shake a bottle and remove the lid, apply a cream or ointment to the skin where the person cannot reach, or passing tablets or measured doses in a container.

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non-prescribed medication, advice should be sought from the GP/supplying pharmacist before assistance is provided. This assistance will be recorded in the Service daily records (not MAR).

When alternative therapies are used, Support Workers/Host will only become involved where there is a request from the Practitioner **AND** where the Person, GP or supplying pharmacist have approved the use of the said substances. The Plan will be updated accordingly.

For a Person without capacity to manage own medication, Support Worker/Host must alert the Responsible Manager if they become aware of OTC medications being taken which have not been recorded in the Plan.

Where the Person is regularly taking over-the-counter medication, Support Workers should report this to their Responsible Manager who will in turn seek Practitioner advice.

B 2.4.4 Covert Medication

In all settings, covert administration should **never** be given to a Person who has capacity to make decisions about their medical treatment.

Medicines should not be administered covertly until after a Best Interests meeting has been held, under the Mental Capacity Act 2005 (MCA). The Best Interest decision should consider family views. Administering medicines covertly must be regularly reviewed, in addition, a trigger for a review when there is a change in strength or dose.

If the situation is urgent, it is acceptable for a less formal discussion to occur between the Support Worker/Host, the prescriber, family or advocate who may make an urgent decision. However, a formal Best Interests meeting should be arranged by the Practitioner as soon as possible.

When it is agreed with the prescribing pharmacist or GP that covert administration is in a Person's Best Interest, the arrangement for giving and reviewing medicines covertly must be in accordance with the MCA and deprivation of liberty authorisation process.

The Best Interest decision must be explicitly recorded in the Plan, Care and Support Plan/ Young Persons Plan and placed in the Person's case record.

The decision to administer medication covertly should follow NICE guidelines:

[Click here for link](#)

B 2.4.5 Refusal

[See Section C](#) for service type details.

A Person may choose to refuse to take their prescribed medication at any time. The Support Worker/ Host will report and record on MAR and Medicines Record Sheet (the back of the MAR chart) any reasons for refusal.

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If a Person 'with capacity' refuses to take a medication, the Support Worker/Host should respect this. The refusal MUST be reported to the Line Manager and the Health Professional informed.

When a Person 'without capacity' refuses to take a medication, the Support Worker/Host should try to encourage the Person to take the medication by explaining why it is necessary.

If the Person still refuses, this should be respected. An entry should be made on the Medication Administration Record Sheet and the Refusal reported to the Line Manager as soon as possible. An entry must also be made on the Medication Record Sheet (back of MAR).

If a Person 'without capacity' spits out medication, this should be disposed of and recorded as a refusal on the Medication Administration Record, and a note made on the Medication Record Sheet. The incident should also be reported to the line manager as soon as possible and the Health Professional informed.

B 2.5 Disposal

Medication must be disposed of safely so that they cannot be accidentally taken by other people. [See Section C](#) for Service type details.

B 2.6 Spoiled medication

Medication that has been accidentally dropped, spilled or damaged should not be given, but disposed of in accordance with the Service procedure. [See Section C](#) for Service type details.

B 2.7 PRN

When a Person requires support with prescribed medicines "as and when required" the pharmacy instructions must be followed which includes when the dose should be offered, what the dose should be, the minimum timings between doses and the maximum number of doses to be given (e.g. in a 24-hour period) [See Section C](#) for Service type details.

B 2.8 Controlled drugs

Also see [See Section C](#) for Service type details

Controlled drugs are medicines that may be used to treat severe pain or drug dependence.

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Controlled drugs can be the target of theft, so efforts must be made to keep them securely out of sight from those who do not need to know where they are.

If a controlled drug is to be administered within the Service, then this should be treated as any other drug to be administered and in accordance with the Person's Plan.

For the collection and return of controlled drugs to the Pharmacy, on behalf of the Person, a form of identification and signature may be required. A receipt should also be obtained and inserted into the Person's case file when returning these drugs.

B 2.9 Warfarin

[See Section C](#) for Community Day Service details

A Person taking Warfarin must be regularly reviewed by healthcare professionals to ensure that the dosage is correct. Support Workers should prompt/support Person to attend regular medication reviews of their Warfarin levels ensuring that their prescription is updated accordingly.

The 'yellow book' is provided to the Person to record date of monitoring, blood level, medication dosage requirement and date of next test.

The MAR and medication record should record that Warfarin is being administered together with any known interactions from foods or other drugs. However, the 'yellow book' must always be referred to for the correct dosage unless otherwise agreed and documented

B 2.10 Oxygen

Services will prompt/support the Person to follow advice given on the information leaflet. A Service will carry out a risk assessment recording risks such as fire and explosion, trips and falls, non-compliance.

Only authorised Support Workers/Hosts who have undergone specific training (from a Health Care Professional) should be allowed to assist in the administering of oxygen to the Person. Support Workers/Hosts deemed competent are permitted to change cylinders.

The Oxygen Supplier as nationally agreed should be contacted to discuss the safe storage of oxygen cylinders (including spare cylinders). Responsible Manager should make themselves aware of the contract between the supplier and the Person regarding the Service oxygen supply.

Where oxygen is being administered or stored, smoking **MUST NOT** be allowed. On occasions, if it is necessary to store spare cylinders of oxygen, they must be kept in dry, clean, secure and well-ventilated areas. Never lubricate cylinder valves or associated equipment and keep cylinders free from any oil or grease, etc.

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In the event of a suspected leak from the cylinder or any other damage, the Support Worker/Host should IMMEDIATELY inform the oxygen supplier or the police if no oxygen supplier is available. Where possible, move the defective cylinder outside to allow oxygen to escape into the air. Where moving the cylinder may create more danger it should be left where it is, people in the area should be evacuated and ventilation to that area increased. Do not try and stop escaping oxygen.

B 2.11 Emergency medication

An emergency is defined as a life-threatening situation where there is insufficient time to wait for the emergency services to arrive. Emergency medication will be specified in the Plan and only administered by a trained and competent Support Worker, Host, Personal Assistant or Responsible Manager.

Only Support Workers/Hosts/Personal Assistants or Responsible Managers trained and competent in carrying out the procedures are permitted to make the judgement as to whether it is an emergency.

If there is no approved or suitably trained Support Workers/Hosts or Responsible Managers available to administer the medication, the emergency services must be called.

Clear written instructions should be made available from the Health Professional, setting out when emergency medication should be used, how much should be given and any precautions necessary.

A risk assessment will serve to demonstrate which People are likely to require emergency treatment and under what circumstances. This will be recorded in the Plan. The Administration of Emergency Medication Form must be used (see Appendix 6).

B 2.12 Rectal Diazepam or Buccal Midazolam (side of the mouth between the cheek and the gum)

Specific training must be undertaken, and authorisation given for Support Workers/Hosts to administer these drugs. Specific guidelines or instructions will also be included in the Plan. See Appendix 7 for administration procedures for Rectal Diazepam.

B 3 Medicines-related communication, documentation and information sharing

Safe Medicines Support will only be achieved when there are effective systems and processes to assess, communicate, record, monitor and mitigate risks.

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B 3.1 Communication

In addition to the Service Medicines Support, there may be other times, outside the Service support programme, when a Person's support with medication is undertaken by a Personal Assistant, agencies and/or other providers.

Any concerns identified in respect of this multi-agency involvement, e.g. suspected errors, missed signatures etc. must be notified to Responsible Manager and the Practitioner.

B 3.2 Documentation

Poor record keeping can put people receiving medicines support and Staff at risk. All records for each Person must be accurate, legible, authentic, reliable and up to date. Staff must record the medicines support given to a person for each individual medicine on every occasion.

The main up to date medication related documents used, and available on KNet are:

- Medication Risk Assessment Form
- Medication Administration Record (MAR) - records the drug, what, when and how, refusals*
- Medication Record Sheet (back of MAR)
- Administration of Emergency Medication Form
- Medication Error Report Form

When a prescribed thickening powder is used, the number of scoops used to be recorded on a fluid chart (not MAR).

B 3.2.1 MAR Charts

***When a Service uses hand-written MAR as opposed to printed by a supplying pharmacist or GP, then there should be checking in place that the details recorded on the MAR are correct.**

Information on the MAR should provide clear details of each Person's prescribed medication and how it should be administered. The Support Worker/Host will monitor and record the administration of the Persons medication including PRN (as and when required) using the MAR chart for those Persons who do not self-medicate.

The MAR must contain the following details:

- month and year the MAR relates to
- date
- name of person receiving care and support
- DOB
- GP/Prescribers name

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- signature of worker who administered (and second signature as witness)
- name of the medicines prescribed
- form of medicines (e.g. tablet or liquid)
- the dose of medication to be given
- how often or the time it should be given
- the route of administration (e.g. by mouth)
- any stop or start date
- any additional information (e.g. needs to be given with food)
- key code.

The MAR may be adapted to suit the business; for example, larger print, Person's photograph inserted, more space to record e.g. A3, but the requirements listed above must remain during access to the Service. Appendix 9 provides guidance on how to complete a MAR.

If a Person accesses more than one Service, each Service will use a MAR chart and keep it at that Service. See C 1.9 for KEaH specific details.

If a Personal Assistant supports a Person in multiple Services, one MAR chart is used and will be retained by the Person/Personal Assistant.

Where it has been established that the Person will manage his or her own medication without any assistance from a Support Worker/Host, this will be recorded on the Person's case file and Medication Risk Assessment Form (*a MAR not required when Person self medicates*).

B 3.2.2 Signature Log

An up-to-date record of initials and signatures of all Staff deemed currently competent to endorse their actions on the Service MAR chart, must be maintained. The record must clearly identify the full name and job title of the owner of the initials and signature (see Appendix 2).

B 3.2.3 Alterations to records

Any alterations made to the original paper-based records need to be clear and auditable. If alterations are made for own or others professional records, give name, job role, sign (full signature not initials) and date the original document. The original record should be retained in line with the corporate retention schedule.

Any incorrect records should have a single line drawn diagonally through them. Using correcting fluid or obscuring records by crossing out is not allowed.

B 3.2.4 Retention of records

Documentation is to be kept in accordance with the Retention Schedule published in KNet. (MAR: date of administration of medicine + 4 years, specimen signatures log - 6 years).

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B 3.3 Information Sharing and Confidentiality

All Responsible Managers/Practitioners/Support Workers/Hosts must ensure that the health details and arrangements relating to Medicines Support should only be discussed/shared with those who need to know i.e. health professionals, relatives, if appropriate, and other agreed partner agencies (in line with the General Data Protection Regulation¹⁰ and in the Person's Best Interests in accordance with the MCA.

Where multiple agencies or Services are involved in the overall care of the Person, then information will be shared between the agencies in the Person's Best Interests when it is needed for the safe and effective care of the Person.

Any personal information should be shared on the basis that it is:

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- accurate and up to date
- shared securely and in a timely fashion
- not kept for longer than necessary for the original purpose.

B 4 Roles and Responsibilities

B 4.1 Kent County Council (KCC)

KCC will ensure that:

- Responsible Managers, Support Workers and Hosts have the knowledge and skills that they need to provide medicines support safely.
- Responsible Managers will receive induction and training (accessed through learning Delta Platform) in the requirements of Medicines Support and be assessed as competent to ensure the Support Worker/Host act in ways which are within the law and consistent with this Policy.
- Support Workers/Hosts receive appropriate training to enable them to safely provide medicines support, which will include:
 - basic knowledge on the use of medicines and how to recognize and deal with problems in use
 - how to keep a suitable log to record administration
 - the principles behind the safe handling of medication and the procedures laid down for the control, administration, recording, safe keeping, handling and disposal of medicines.
- There are processes in place to report, investigate and monitor medicines related

¹⁰ (GDPR). The regulation contains provisions and requirements pertaining to the processing of personally identifiable information of individuals, replacing the Data Protection Act 1998. General ASCH "Privacy Notice" available on KNet.

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errors and incidents including determining if the cause is poor practice; non-compliance with policies and procedures; training or competency issues to be addressed.

- Concerns relating to errors and incidents, training or competency issues of a Personal Assistant are reported to the Practitioner and the Person with appropriate action taken to safeguard the Person and others.

B 4.2 Practitioners

The role of the Practitioner is central in ensuring the Person receives the appropriate level of Medicines Support.

The Practitioner will:

- ensure that any medication concerns identified during the needs assessment, will be referred to the most appropriate Health Care Practitioner (or other who has welfare responsibility) for action and investigation
- undertake a mental capacity assessment for a new Person to a Service if concerns about a Person's capacity to fully manage their own medication, liaising with relatives or representative, Service or any other relevant individuals ([see B1.1](#))
- develop a Care and Support Plan/Young Persons Plan, which includes the Medicines Support the Person requires that is incidental to meeting care and support needs under the Care Act
- ensure that decisions about assistance required is made in the Person's Best Interests and recorded appropriately
- provide relevant information to the Service(s) in relation to any support required with medication
- ensure that Services have undertaken a mental capacity assessment for medicines support if concerns about a known Person's capacity to fully manage their own medication ([see B1.1](#))
- at the Care and Support Plan statutory review encourage a formal medication review (maximum period between reviews –12 months) takes place with the Person and health professionals (GP/Prescriber). This will include a medication review on discharge from Hospital
- ensure any safeguarding concerns about inappropriate, unauthorised use or failure to give prescribed medication are actioned in accordance with the Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway or related Children's safeguarding framework.

B 4.3 Responsible Manager

The role of the Responsible Manager¹¹ is to ensure the Person's Medicines Support is in

¹¹ The primary responsibility for the prescription and medicines optimization rests with the prescriber in consultation with other members of the primary care team and his/her patient

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line with this Policy and Person's Plan, and that Support Workers/Hosts are trained, competent, receive supervision, appraisal and information in order to carry out their duties to give or support a Person to take their medicines.

This means:

- liaising with Practitioners to ensure that the Care and Support Plan/Young Persons Plan accurately describes the medicines support the Support Worker/Host is being asked to provide
- for a known Person ([see B1.1](#)) undertake a capacity assessment for Medicines Support, liaising with relatives or representative and any other individuals if concerns about a Person's capacity to fully manage their own medication
- Medicines Support is regularly reviewed
- there are cover arrangements in place in case of Support Worker absence or Support Worker turnover to ensure there is always someone available who is appropriately trained
- Support Workers/Hosts do not undertake inappropriate medication tasks
- liaising with Practitioner (or carer if Person attending day services) regarding medication queries
- making sure Support Workers/Hosts are trained (including refresher training every *two* years, or more often if medication error has occurred) and assessed as competent before undertaking Medicines Support
- in supervision with the Support Worker/Host, complete "Training and Assessment Checklist for the Administration and Control of Medication" annually (see Appendix 4 or Appendix 5 for Hosts)
- contacting the GP or community pharmacists when Support Workers/Host is being asked to assist with the purchase of OTC medicines. The advice received must be documented in the daily records
- providing all necessary Personal Protective Equipment and ensuring that other equipment is available to the Support Worker/Host and used for safe medicines support
- encourage an open culture for reporting medicine issues that allow Support Workers/Hosts/Personal Assistants/Agency to report issues without fear or an unjustifiable level of recrimination
- making sure that any medication errors and incidents, are reported and recorded (using Medication Error Report Form on KNet), investigated and appropriate action taken as soon as possible

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- near misses are appropriately investigated and necessary action taken
- that any medicines related issues are reviewed to identify and address any trends
- share the learning with Staff, Person receiving Medicines Support, their family and carers, Practitioners, Health Care Practitioners
- that any safeguarding concerns about inappropriate, unauthorised use or failure to give prescribed medication are actioned in accordance with the Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway or related Children's safeguarding framework.
- checking with Practitioner or Health Care Practitioner that regular reviews of medication are taking place when ongoing medication is recorded in the Plan. The Plan should be updated if there is any change in medication and further monitoring should be reviewed.
- there is an up to date log of the initial signatures of Support Worker, which will appear on the Service MAR, clearly identifying individuals. For a shared lives Host this is not required.
- checking that all records are fully completed with appropriate signatures and retained in line with Corporate Retention Schedule (search on KNet).

B 4.4 Support Worker/Host

The role of the Support Worker/Host is to ensure the Person's Medicines Support is undertaken safely as specified in the Plan and to report to their Responsible Manager any concerns such as:

- declining to take medication
- medication not being taken in accordance with prescriber's instruction
- possible adverse effects
- possible stock piling of their medication
- errors or near misses
- possible misuse or diversion of medicines
- concerns about a person's mental capacity/changes to physical or mental health.

In addition, the Support Worker/Host will:

- agree with the Person the arrangements made to help them with taking their medication (See KEaH specific C 1.11 other details for Enablement Supervisors)
- ensure that the "**Service User Medication Risk Assessment Form**" is complete, appropriately signed and filed in the Person's case records. (See KEaH specific C 1.10 other details for Enablement Supervisors)

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- detail in the Plan the agreed arrangements and reflect the requirements of the Care and Support Plan/Young Persons Plan. (See KEaH specific C 1.10 other details for Enablement Supervisors)
- ensure the Plan is signed by the Person or their legal representative, or representative acting in accordance with the MCA and associated code of practice. (See KEaH specific C 1.10 other details for Enablement Supervisors)
- ensure that the Person, (or legal representative or representative), understands that signing the Plan means giving consent¹² for KCC Support Worker/Host to undertake the Medicines Support set out in the Plan. (See KEaH specific C 1.10 other details for Enablement Supervisors)
- never deviate from what is written in the Plan
- notify the Responsible Manager where asked to provide support with medication that deviates from the Plan
- ensure that medicines administration is according to the prescriber's written instructions
- notify the Responsible Manager when asked to assist with the purchase of OTC medicines. Do not assist until authorised by the Responsible Manager
- not carry out specific medical procedures for the Person, unless directed and guidance provided by a Health Care Practitioner
- report and record all medication incidents as soon as possible in line with Service procedure
- notify the Responsible Manager when the practice of colleagues may be unsafe or adversely affecting the standards of care
- only discuss health details and arrangements relating to Medicine Support with those who need to know
- maintain clear, accurate and complete medication support records
- use personal protective equipment provided
- always wear nitrile gloves while applying creams or ointments. Wash hands before and after administering tablets and ensure that the medication is dispensed from the original pharmacy packaging directly into the Person's hand or clean receptacle
- not directly touch the medication with their hands because some medication can be

¹² Services must make sure the Support Worker/host who obtains the consent, has the necessary knowledge and understanding of the care and/or treatment that they are asking consent for. Consent to medicines support may be withheld and/or withdrawn at any time.

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absorbed through the skin

- **NOT GIVE ADVICE ON MEDICATION.** Any concerns should be directed to the Responsible Manager for appropriate action to be taken. Must seek advice from the Responsible Manager/ County Out of Hours should queries arise, who will then contact the relevant person to seek guidance
- undertake training (including refresher training every two years, or more often if a medication error has occurred)
- in supervision, complete “Training and Assessment Checklist for the Administration and Control of Medication” annually (see Appendix 4 or Appendix 5 for Hosts).

See Appendix 1, “Support Worker/Host Tasks” for specific tasks, which can/must not be undertaken.

B 5 Identify, reporting and learning from medicines related issues

The most frequently reported types of medication incidents involve:

- wrong dose
- omitted or delayed medicines
- wrong medicine
- monitoring errors (e.g. inadequate review or follow up, incomplete or inaccurate documentation).

Support Workers/Hosts who have been trained, deemed competent and designated the task of preparing and supporting with medicines are responsible for reporting and recording refusals and errors accurately as delegated by Responsible Manager.

B 5.1 Management of medication errors and incidents

All medication incidents must be reported and recorded as soon as a possible, so appropriate action can be taken (e.g. contact prescriber, seek medical advice, safeguarding alert¹³). Near misses must be appropriately investigated and necessary action taken. [See Section C](#) for Service specific details.

All Staff/Hosts have a duty and responsibility to report any errors. If a mistake occurs, staff must IMMEDIATELY report this to the Responsible Manager, and seek medical advice for appropriate remedial action if necessary from either of the following: -GP/District Nurse/NHS Direct/Out of Hours Service so as to prevent any harm to the Person.

The Responsible Manager (or delegate) will inform the Practitioner as soon as practicably

¹³ Safeguarding Vulnerable Adults- Adult Protection Policy, Protocols and Guidance for Kent and Medway: Chapter 16 “Medication Errors” provides details about errors and safeguarding adult concerns; what is a medication error; when would a medication error be considered as a safeguarding concern; threshold guidance for assessing and reporting medication errors.

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possible (email/Duty inbox/Phone) and complete “Medication Error Report form”

The “Medicines Error Report” form is to be fully completed and forwarded to the relevant people listed at the bottom of the error form within 48 hours.

The Support Worker/Host will monitor the condition of the person and will report any unexpected change in condition that may be due to the side effects of the medication, to the Responsible Manager/GP. Action should be taken as soon as possible, with the Person’s consent (or MCA Best Interest Decision).

The Service must differentiate between those cases where there was a genuine mistake or where reckless practice was undertaken and concealed. A thorough and careful investigation should be conducted in a timely manner to establish the facts and before any further action is taken. Any investigation must be in accordance with the Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway or related Children’s safeguarding framework

If there is any suggestion of the error being an intentional act, then the police must be informed immediately, and a Safeguarding alert raised as soon as possible. The Responsible Manager must carry out an investigation and complete a full report of what happened and the outcome.

For regulated services, the Care Quality Commission need to be notified when medication errors cause a death; an injury; abuse or safeguarding concern; an incident reported to or investigated by the police. See CQC guidance for full details. <http://www.cqc.org.uk/>

For Support Workers/Responsible Managers, disciplinary procedures may be invoked where there is evidence of negligence, recklessness or flagrant breaches of policy. (See C3.15 for Hosts).

Support Workers/Hosts who make repeated medication errors will be expected to undertake additional training and be re-assessed for competence.

Findings from medicines related incidents and near misses are to be shared with the Service to promote learning, prevent similar problems in the future and make sure improvements are made as a result.

If findings suggest medication adjustments could be made at the point of dispensing to facilitate self-administration, with the consent of the Person, and in consultation with the Practitioner, GP and carer, explore and agree with the prescribing community pharmacist. If agreed, the prescriber will amend the written instructions on the prescription and dispensing label before any adjustments are implemented by the Service.

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B 5.2 Monitoring and audit

KCC Medicine Management Review Group for adult services will review and monitor all policies/procedures in relation to Medication. They will also record and monitor all medication errors / incidents, identify trends and address any trends that may have led to incidents. ([See Section C](#) for Service specific details).

B 6 Induction and Training

All Responsible Managers, Support Workers and Hosts must undertake appropriate training and supervision needed to provide medicines support safely, in line with their role and responsibility. This includes Mental Capacity Act and Safeguarding training.

Responsible Managers must monitor that Support Workers are aware of and follow the “Policy and Procedures for Medicines Support in KCC In-House Community Services”.

Records must be kept of all medicines support related training provided and the “Training and Assessment Checklist for the Administration and Control of Medication” completed annually in supervision.

Information should include: which medicines related tasks can be undertaken; how to give medicines; how to keep proper records, including recording incidents and complaints.

In addition, training should include:

- supplying medicines
- storing medicines
- disposing medicines
- an understanding of the dosage instructions, method of administration including oral medicines (tablets capsules, liquids), ear, nose and eye drops, inhalers, medicines applied to the skin (patches and creams)
- knowing what the medicines are intended for
- knowing how to identify whether there are any special requirements or precautions (e.g. taking the medicines before food)
- a basic knowledge about how medicines are used and recognition of known interactions and side effects
- what to do in the event of an adverse effect/side effects of the medicine: -
 - seeking medical help
 - reporting the incident
- record keeping

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- accountability and confidentiality
- information and support
- information on specific drugs used within the Service.

Specific Training must be arranged where invasive procedures are involved e.g. rectal diazepam, ¹⁴PEG tube (liquid food only). Consent will be obtained from the Person, parent or carer and specific training provided on an individual basis by a health professional.

Refresher/retraining to be undertaken 2 yearly, undertaken by a health care professional.

B 7 Policy Review

Review of the policy and guidance should be carried out if for any reason it is considered insufficient or at a minimum of 2 yearly intervals.

SECTION C Procedure and Arrangements

The following section provides supplementary practice guidance for KEaH, IL (includes Jubilee House)/KPS, shared lives and day services staff. This section must be read in conjunction with Section A and B.

It divides into four sections:

- C1 Kent Enablement at Home (OPPD)
- C2 Jubilee House/Kent Pathways (Inspiring Lives)
- C3 Shared Lives (Inspiring Lives)
- C4 Community Day Services (Inspiring Lives) and Day Centres (OPPD)

¹⁴ Percutaneous Endoscopic Gastostomy tube- tube inserted directly into a person's stomach.

C1 KENT ENABLEMENT AT HOME

Supplementary practice guidance. Must be read with Sections A and B

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C1.1 Roles and Responsibility-overview

KEaH will only take responsibility for administering the doses of medication required by the Person during their scheduled support time.

C1.2 Transport of Medication

KEaH is not responsible for transporting medication.

C1.3 Multi Compartment Aid

[See section B 2.4.1](#) in addition to: KEaH: where medication is spoilt this should be disposed of (see C1.6). If the spoilt medication is from a Multi Compartment Aid use the next day's medication and record this on the MAR. If the medication is from a bottle, a replacement should be used. A separate note should be made and kept with the Multi Compartment Aid which is signed and dated. The Health Care professional should be notified.

A Support Worker can assist with this when filled by a pharmacist. This assistance will be recorded in the daily records book. Not to assist/prompt when filled by a family member.

C1.4 Over the Counter Medication (OTC)

[See section B 2.4.3 in addition:](#)

Person with capacity

For KEaH: Any request to purchase over-the-counter medicines should be referred to the Responsible Manager BEFORE such a purchase is made. The Responsible Manager/Support Worker will seek advice from the GP or supplying pharmacist.

If permission is given for the Support Worker to assist with/administer over-the-counter medicine as a one-off dose, this MUST BE recorded in the Medication Record Sheet.

C1.5 Refusal

[See section B 2.4.5 in addition:](#)

If a Person 'with capacity' refuses to take a medication, the Support Worker should respect this. It should be recorded in the Monitoring/Contact Book. The refusal MUST be reported to the Line Manager and the Health Professional informed.

C1.6 Spoilt Medication

[See section B 2.6 in addition to:](#) if medication is accidentally dropped or spilled it should be disposed of and a replacement dose given. This should be recorded, giving date and time, on the Medication Record Sheet and reported to the Responsible Manager. Spoilt medication should be wrapped in tissue and placed in a clearly marked envelope stating, "medication for disposal", the name of the drug and dosage, and taken to the Pharmacist.

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C1.7 Disposal of Medication

[See B 2.5 in addition](#): KEaH will prompt/support the Person to return any unwanted/out of date medication to the prescribing pharmacy. In the absence of the Person being able to dispose of medication themselves, it is expected that relatives or representatives of the Person will make arrangements for the return of all unused medication to the pharmacist for safe disposal.

If the Person or their representative (if applicable) is unable to return their medication, then Support Workers can return medication to the pharmacy at the Persons request.

When returning unwanted medicines to the pharmacy, Support Workers should record the date of disposal, name and strength of medication, quantity disposed of, and sign in the Service User's Monitoring/Contact book.

Where there is no one to do this, consent should be obtained directly from the Person or from the Practitioner for the Support Worker to dispose of the medication.

C1.8 Controlled Drugs

[See section B 2.8 in addition to](#):. They are a target for theft and even in a Person's own home, the Person and/or their family should be advised that they need to store them out of sight (KEaH need to record where).

C1.9 Documentation

KEaH only use a MAR chart when a person lacks capacity, or the Supervisor risk assesses that the circumstances for a Person would be better serviced using a MAR. In KEaH, the service who is delivering the bulk of the care and support will provide the medication paperwork and all other agencies will contribute to that.

C1.10 Enablement Supervisor

[See section B 4.4](#) Support Worker: note the following tasks are carried out by the KEaH Enablement Supervisor not the Support Worker:

- agree with the Person the arrangements made to help them with taking their medication
- ensure that the “**Service User Medication Risk Assessment Form**” is complete, appropriately signed and filed in Person's case records
- detail in the Plan the agreed arrangements and reflect the requirements of the Care and Support Plan/Young Persons Plan.
- ensure the Plan is signed by the Person or their legal representative, or representative acting in accordance with the MCA and associated code of practice

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- ensure that the Person, (or legal representative or representative), understands that by signing the Plan means giving consent for KCC Support Worker to undertake the medicines support set out in the Plan.

C1.11 Management of Medication Errors and Incident

[See section B 5.1 in addition to:](#) all medication incidents or near misses must be reported to KEaH line manager, Enablement Supervisor or, out of normal office working hours (Careline), and recorded in the Medication Record Sheet as soon as a possible.

C1.12 Monitoring/audit

[See section B 5.2 in addition to:](#) In KEaH, it is the Responsible Manager's role to ensure that monitoring takes place to check that this policy and procedures are adhered to. The Medication Monitoring/Audit form (Appendix 3) should be completed by the Responsible Manager at a minimum of yearly intervals or more often as the opportunity arises.

C2 JUBILEE HOUSE (IL) AND KENT PATHWAYS (KPS)

Supplementary practice guidance. Must be read with Sections A and B

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C2.1 Roles and Responsibility-overview

IL/KPS will only take responsibility for administering the doses of medication required by the Person during their scheduled support time.

C2.2 Transport of Medication

IL/KPS are not responsible for transporting medication between Services.

C2.3 Receipt

[See section B 2.1 in addition to:](#) The IL will support the Person to check their medication/Multi Compartment Aid against their prescription to check it is correct.

C2.4 Storage

[See section B 2.2 in addition to:](#) The IL will encourage the Person to store their medication according to the dispensers' guidelines. This cannot be enforced and any concerns are to be passed onto the Responsible Manager and the Practitioner.

C2.5 Multi Compartment Aid

[See section B 2.4.1 in addition to:](#) IL/KPS: where medication is spoilt this should be disposed of as above. Use the next day's medication and record this on the MAR. A separate note should be made and kept with the Multi Compartment Aid which is signed and dated. The Health Care professional should be notified.

C2.6 Over the Counter Medication (OTC)

[See section B 2.4.3 in addition:](#) **KPS will not assist in the purchase of medication including OTC products for a Person. This is the carer's or individual's responsibility.**

For IL, if permission is given for the Support Worker to assist with/administer over-the-counter medicine as a one-off dose, this **MUST BE** recorded in the Medication Record Sheet.

C2 .7 Spoilt Medication

[See section B 2.6 in addition to:](#) The IL, if medication is accidentally dropped or spilled it should be disposed of and a replacement dose given. This should be recorded, giving date and time, on the Medication Record Sheet and reported to the Responsible Manager. Spoilt medication should be wrapped in tissue and placed in a clearly marked envelope stating, "medication for disposal", the name of the drug and dosage, and taken to the Pharmacist.

C2.8 Disposal of Medication

[See B 2.5 in addition:](#) The IL only will prompt/support the Person to return any unwanted/out

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of date medication to the prescribing pharmacy.

If the Person or their representative (if applicable) is unable to return their medication, then Support Workers can return medication to the pharmacy at the Persons request. When returning unwanted medicines to the pharmacy, Support Workers should record the date of disposal, name and strength of medication, quantity disposed of, and sign in the Service User's Monitoring/Contact book.

In the absence of the Person being able to dispose of medication themselves it is expected that relatives or representatives of the Person will make arrangements for the return of all unused medication to the pharmacist for safe disposal. Where there is no one to do this, consent should be obtained directly from the Person or from the Care/Case Manager for the Support Worker to dispose of the medication.

An entry should be made on the MAR for all disposals of medication giving the name of the medication, quantity, reason and date of disposal (signed and dated). Such medication should be returned to the Community Pharmacy.

C2.9 Controlled Drugs

[See section B 2.8 in addition to:](#) They are a target for theft and even in a Person's own home, the Person and/or their family should be advised they need to store out of sight.

Jubilee House operate a Controlled Drug resister.

C2.10 Management of Medication Errors and Incident

[See section B 5.1:](#)

C2.11 Monitoring/audit

[See section B 5.2 in addition to:](#) In IL/KPS, it is the Responsible Manager's role to ensure that monitoring takes place to check that this policy and procedures are adhered to. The Medication Monitoring/Audit form (Appendix 3) should be completed by the Responsible Manager at a minimum of yearly intervals, or more often as the opportunity arises.

C2.12 Miscellaneous

KPS will inform relevant persons if any medication is administered during their support time and record on contact sheet/MAR sheet.

C3 SHARED LIVES

Supplementary practice guidance. Must be read with Sections A and B

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C3.1 Roles and Responsibility-overview

Shared Lives will only take responsibility for administering the doses of medication required by the Person during their scheduled support time.

C3.2 Transport of Medication

Shared Lives Host may transport medication to short break services or day services

C3.3 Receipt

[See section B 2.1 in addition to:](#) Hosts will assist the Person to check medication against their prescription to ensure correct.

C3.4 Storage

[See section B 2.2 in addition to:](#) Shared Lives: medication whether self-administered or given with assistance should be stored in a safe place. Where medicines need to be kept cool then they should be stored in a clearly marked box on the top shelf of the refrigerator.

C3.5 Handling (order and supply)

[See section B 2.3 in addition to:](#) If required the Shared Lives Host will support the Person to order their prescription and collect from the pharmacy.

C3.6 Medicines Support

When a Host is required to support the Person with medication they will sign the MAR chart for each medication taken. A record of medication is recorded on the MAR and daily diary records.

C3.7 Multi Compartment Aid

[See section B 2.4.1 in addition to:](#) Shared Lives: where medication is spoilt this should be disposed of as above. Use the next day's medication and record this on the MAR. A separate note should be made and kept with the Multi Compartment Aid which is signed and dated. The Health Care professional should be notified.

C3.8 Over the Counter Medication (OTC)

In the event of any request to purchase over-the-counter medicines, Hosts must contact the GP BEFORE such a purchase is made. The Host will seek advice from the GP or supplying pharmacist.

If permission is given for the Host to assist with/administer over-the-counter medicine as a one-off dose, this MUST BE recorded in the Medication Record Sheet.

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C3.9 Refusal

[See section B 2.4.5 in addition:](#) In Shared Lives: any refusal to take medication should be recorded and reported to the GP for advice on appropriate action, reported to the Shared Lives service and an incident form completed.

C3.10 Spoilt Medication

[See section B 2.6 in addition to:](#) Shared Lives: if medication is accidentally dropped or spilled it should be disposed of and a replacement dose given. This should be recorded, giving date and time, on the Medication Record Sheet and reported to the Responsible Manager. Spoilt medication should be wrapped in tissue and placed in a clearly marked envelope stating, "medication for disposal", the name of the drug and dosage, and taken to the Pharmacist.

C3.11 Disposal of Medication

[See B 2.5 in addition:](#) Shared Lives: the Host will return all unwanted or out of date medication to the community pharmacist for disposal and will obtain a receipt. The Host will mark this on the medication record. If a person in the placement dies, the Host will retain all their medicines for at least 7 days before disposal, as this may be required by the Coroner.

C3.12 PRN (use when necessary/required)

[See section B 2.7 in addition to:](#) Shared Lives Hosts will record on the MAR chart medication that is taken when required. They will follow label instructions and record when medication has been taken.

C3.13 Management of Medication Errors and Incident

[See section B 5.1 in addition to:](#)

Where there is evidence of gross negligence, recklessness or flagrant breaches of policy. It may be that their registration is withdrawn from the service and removed as a Host.

Hosts who make repeated medication errors will be expected to undertake additional training and be re-assessed for competence.

C3.14 Monitoring/audit

[See section B 5.2 in addition to:](#) It is the Responsible Manager's role to ensure that monitoring takes place to check that this policy and procedures are adhered to. The Medication Monitoring/Audit form (Appendix 3) should be completed by the Responsible Manager at a minimum of yearly intervals or more often as the opportunity arises.

For a Host, medication records will be reviewed at each monitoring visit and annually the Medication Monitoring/Audit form will be completed (Appendix 3).

C4 COMMUNITY DAY SERVICES AND DAY CENTRES

Supplementary practice guidance. Must be read with Sections A and B

Policy and Procedures for Medicines Support in KCC In-House Community Services

C4.1 Roles and Responsibility - overview

Day service will only take responsibility for administering the doses of medication required by the Person for the time supported by the day service (LD) and day centre (OPPD).

C4.2 Transport of Medication

If the day service/day centre does not provide the transport, arrangements need to be agreed between the case manager and transport provider around safe transportation of the medication.

If the day service/day centre provides transport, then they will take responsibility for transportation of the medication to and from the service. This will be recorded on the medication log book and signed in and out by the Escort.

Upon arrival, medication will be signed in as received on the MAR chart. Medication received will be checked that it relates to the Person, in date, dose date, time to be given, labelled, and checking the pharmacy label against the MAR chart and stored appropriately.

C4.3 Receipt

[See section B 2.1 in addition to:](#) In day service/day centre: all medication brought into the service by a Person who requires assistance must be in suitably labelled containers as dispensed by the pharmacy or dispensing practice.

A MAR chart will be written up detailing the medication, dose, times and route of administration. Where possible this will be typed and checked by a 2nd person for accuracy. A current photograph of the Person is to be attached to the MAR chart to enable identification.

C4.4 Storage

[See section B 2.2 in addition to:](#) In day service/day centre, storage arrangements will be determined through risk assessment (completed by the day service/day centre) on an individual basis and will depend on the nature of the activity and the working environment.

Consideration for carrying out a risk assessment includes:

- nature of activity e.g. is the person physically active or sedentary?
- location of activity e.g. countryside, shopping centre etc.
- quantity of medicines
- type of medicines, liquid/pills etc.
- does it need to be kept cool?

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Safe storage could include:

- a lockable locker where the person or 1:1 hold the key
- a bag (e.g. bum bag) that is kept on the person themselves or 1:1 at all times
- medication cupboard
- lockable cupboard.

Medication requiring refrigeration should ideally be stored in a locked drug fridge. Where a dedicated drug fridge is not available, alternative arrangements must be identified. A domestic fridge could be used with a locked container labelled 'medicines – authorised access only'. Daily monitoring of the fridge temperature must be undertaken, recorded and appropriate action taken if required. The fridge needs to be maintained with a temperature of between 2^o-5^oC. The fridge should be defrosted regularly.

Only medication for the day is to be stored. No medication must be stored overnight.

C4.5 Medicines Support

In day service/day centre: one member of Support Staff to sign MAR chart unless controlled medication. Remaining medication must be returned to a safe place of storage and signed out at the end of day.

C4.6 Over the Counter Medication (OTC)

[See section B 2.4.3 in addition:](#) Day services will not assist in the purchase of medication including OTC products for a Person. This is the Carer's responsibility.

C4.7 Refusal

[See section B 2.4.5 in addition:](#) in the first instance, check Patient Information Leaflet (PIL), if necessary contact the prescribing pharmacist/GP for advice. Let the carer know of any actions taken.

C4.8 Spoilt Medication

[See section B 2.6 in addition to:](#) In day services: if medication is spoiled then contact must be made with the carer to advise them of the situation and arrange a replacement dose. A Medication Error Report Form must be completed.

If unable to gain a replacement dose from the carer, then medical advice must be sought from the local pharmacy who can check the Patient Information Leaflet (PIL) with regards to the missed dose. The dose should be wrapped in tissue and placed in a clearly marked container stating medication for disposal and returned home with the Person.

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C4.9 Disposal of Medication

[See B 2.5 in addition](#): In day services, unused medication to be returned home daily in its original packaging. It must not remain at the Service. If spoilt see above.

C4.10 PRN (use when necessary/required)

[See section B 2.7 in addition to](#): In day services some people may from time to time require assistance with the administration of medication used to control symptoms such as the relief of pain or easing of breathlessness arising from asthma.

Assistance with the administration of this type of medication should only be provided where it has been prescribed by the GP, and where this is appropriate, consent has been given by the family or carer. The GP's instructions relating to dosage and frequency must be followed at all times and a record made of all doses given.

PRN medication will only be administered by the Support Worker if they are able to confirm the time of the last dosage with the Responsible Manager.

The Support Worker will inform the Responsible Manager of the time of any PRN medication taken during the day.

C4.11 Controlled Drugs

[See section B 2.8 in addition to](#): In day services: unless rescue medication (e.g. buccal / rectal diazepam) – stored as per risk assessment / plan along with protocol agreed by medical professional. The receipt, administration and remaining balance of Controlled Drugs should be recorded as with any other medication.

Controlled drugs need to be stored in a locked cupboard/cabinet/drawer/tin behind a locked door. e.g. in a locked cash tin inside a locked filing cupboard/ locked drawer or a safe.

C4.12 Warfarin

[See section B 2.9 in addition to](#): In day services those prescribed Warfarin are usually not supported during the day by the day service but staff to be aware that the individual is taking Warfarin. It must be recorded in their Plan and the individual be encouraged to carry their yellow book in case of emergency.

C4.13 Oxygen

[See section B2.10 in addition to](#): Any use of oxygen in the day service by the Person must be recorded in the Daily Contact / Log sheet and the Responsible Manager notified.

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C4.14 Management of Medication Errors and Incident

[See section B 5.1](#)

C4.15 Monitoring/audit

[See section B 5.2 in addition to:](#) In day services, it is the Responsible Manager's responsibility to ensure that monitoring takes place to check that this policy and procedures are adhered to. This includes:

At end of day MAR charts checked:

- dose administered / signatures
- medication returned
- symbols used for PRN and explanations given on the Medication Record sheet - updated annually.

C4.16 Miscellaneous

In day services, if the Person is required to take medication during the day then the preferred course of action is for the Person, parent, carer or advocate to seek further advice from the prescriber to see if there is an alternative preparation or whether the dose can be given at another time

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Appendix 1 Support Worker/Host Tasks

RED (R) tasks MUST NOT be undertaken by Support Workers/hosts. Amber(A) tasks which MAY BE undertaken by named Support Workers/host who have received specific accredited training for an individual Service User. They must be assessed as competent and monitoring arrangements to be provided by appropriately qualified health professionals and Responsible Manager. Training and assessment must be documented and included in support worker/host files.

Green(G) tasks which CAN be undertaken by all Support Workers/hosts who have received Handling Medicines Safely training (and appropriate instruction) and assessed as competent

Medication Roles and responsibilities	KEaH	Jubilee/KPS	Day service/centre	Share Lives
Change open wound dressings	R	R	R	R
Application of medication to broken skin.	R	R	R	R
Replacement of a simple dressing, e.g. temporary first aid measure	G	G	G	G
Filling or altering syringe drivers	R	R	R	R
Filling a Multi Compartment Aid (dosette box or similar)	R	R	R	R
Administering drugs from secondary dispensed containers	R	R	R	R
Give injections (see below)	R	R	R	R
Give Insulin injections	R	R	R	A
Give suppositories (apart from emergency diazepam)	R	R	R	A
Give pessaries and enemas	R	R	R	R
Giving internal rectal creams or internal vaginal creams	R	R	R	R
Advising on any medication including OTC	R	R	R	R
Monitoring of blood glucose levels	R	A	A	A
Assisting with administration of nebulisers, inhaler devices and sprays	A	A	A	A
Administration of liquid food through a PEG tube	A	A	A	A
Administration of medicines through a PEG tube	R	R	R	R
Administration of and assistance with oxygen	A	A	A	A
Administering of emergency Rectal Diazepam and Buccal Midazolam	A	A	A	A
Assist with Stoma Management	A	A	A	A
Remind Person to take their prescribed medication	G	G	G	G
Give tablets, capsules or liquids to be swallowed (Only if Prescribed by Persons own G.P.)	G	G	G	G
Give medication to dissolve in the mouth or suck (Only if Prescribed by Persons own G.P.)	G	G	G	G
Application of creams and ointments to skin	G	G	G	G
Instil eye, ear or nose drops including post-operative eye drops	G	G	G	G
Leaving drugs out for Person with capacity to self-medicate (or as agreed in Plan following a risk assessment)	G	G	R	G
Assist with putting on post-operative stockings (e.g. TED) and changing ordinary support stockings	G	G	G	G
Administer EpiPen- emergency treatment of severe allergic reactions, insulin preloaded pens (note: may form part of first aid training)	R	G	G	G
Application of patches (e.g. Glyceryl Trinitrate; Fentanyl; Hormone Replacement Therapy; Nicotine Replacement	G	G	G	G

Appendix 2: SPECIMEN SIGNATURES LOG

For Staff responsible for administering medication. The following staff have read and fully understood the policy and procedures relating to medicines support.

Use your initials/signature which you would normally use when signing for medication on the MAR chart.

PRINTED NAME	JOB TITLE	INITIAL	SIGNATURE

Date:

Appendix 3 MEDICATION MONITORING/AUDIT FORM (Shared Lives only)

Name of Service User:

Team:/

Support Worker.....

Address
.....
.....

Medication (circle as necessary) AM Lunch Tea PM

Medication Risk Assessment up to

date.....Yes/No Medication Administration

Record (MAR) correctly and consistently completed.... Yes/No Medication Record Sheet

used appropriately.....Yes/No

If any of the above is answered NO, the box below must be completed.

<p>DETAILS OF ERROR(S) IDENTIFIED</p> <p>.....</p> <p>DETAILS OF CONVERSATION WITH LINE MANAGER /SUPPORT WORKER AND ACTION TAKEN</p> <p>.....</p>

..... Date

Signature of Member of Staff completing the form

<p>Registered Manager's investigation/action taken</p> <p>.....</p>

..... Date

Signature of Registered Manager

**Appendix 4 TRAINING AND ASSESSMENT CHECKLIST FOR THE ADMINISTRATION AND CONTROL OF MEDICATION
(Jubilee House, KPS, KEaH, community day services, day centres only- see separate checklist for Shared Lives)**

Name of Employee: Service/Team:

CRITERIA	Training				Training Assessments					
	Induction		Training							
	Given by	Date	Covered by	Date	By	Date	By	Date	By	Date
Ordering of medication										
Receiving medication										
Recording the delivery of medication										
Storage of medication										
Disposal of medication when spoilt										
Disposal of medication when returning to Pharmacist										
When preparing equipment for the administration of medication cleanliness care and safety is demonstrated										
All equipment and documentation are assembled prior to commencing the administration										

Safety is observed and storage consistent throughout										
Correctly identifies the Service User receiving the medication										
Checks the correct time										
Checks the correct route of administration										
Checks the expiry date has not passed										
Administers and records the taking of the medication in line with Medication Policy and Procedures										
Observe/discuss action taken to secure medication if interrupted										
Discuss the importance of medication legislation within job profile										
Discuss the importance of reinforcing with Service Users the positive effects of treatment										
Discuss side effects of current medication being administered										

Explain the policy and procedures on self-administration										
Discuss action to be taken when Service User is non-compliant										
Discuss action to be taken if there is an accidental loss or damage to medication										
Discuss the procedure for reporting medication errors										

* To be reassessed on a yearly basis by the Supervisor.

Employee's comments

.....

Supervisor's comments

.....

Employee Signature

Position

Date

Supervisor's signature

Position

Date

Appendix 5

SHARED LIVES

Assessment of Competence Checklist for the Administration and Control of Medication

Name of Host: _____

Criteria	Discussed/Comments	Date
Collecting medication prescribed and repeat prescriptions		
Recording the collection and delivery of medication. Ensure controlled drugs are checked and signed for		
Disposal of medication including controlled drugs, make sure receipt is received for these		
Preparation made for the administration of medication cleanliness care and safety		
Correctly identifies the Adult receiving the medication		
Checks are made on the correct time, dosage, route of administration. Checking for expiry date.		
Administers and records the taking of the medication in line with Shared Lives Medication Policy and Procedures		
Discuss action taken to secure medication if called away from administration		
Discuss how to find out common side effects of medicines including current		
Explain the policy and procedures on self-administration		
Discuss action to be taken if anyone is non-compliant, incident, loss or damage Reporting errors		

Host's Signature

**Shared Lives Officer's
Signature
Date**

Review Date	Comment/signature

Appendix 6 ADMINISTRATION OF EMERGENCY MEDICATION

To be completed by the appropriate healthcare professional and then countersigned by the Service User
(In block capitals please)

Service User's Name _____ Date of birth _____

SWIFT/NHS Number _____

Medical Condition requiring emergency medication _____

Drug, strength of dose and identification of when the medication is needed (one drug per form): -

Trigger Points	Action	Guidance where necessary
<ul style="list-style-type: none"> ◆ Recognition of when medication is needed. ◆ At what point should emergency services be called? ◆ When should the first dose be given? ◆ How should the patient be cared for? ◆ Observations to be made. ◆ When should a repeat dose be given? ◆ Aftercare required? 		<p>E.g. recovery position. i.e. pulse taking etc + Expectations/side effects.</p>

Can this medication be administered by a member of the community without further training:
YES/NO?

If no, what level of additional training is required: _____

Additional comments: _____

Signature of Healthcare professional: _____ Date: _____

Name of Healthcare professional: _____

Address: _____

Telephone Number: _____

It is the responsibility of the Service User to supply Kent Adult Social Care with emergency medication in properly labelled containers. It is also the duty of the Service User to advise KCC if any medication or the instructions change in any way.

I consent to administration of medicine in this defined emergency by a member of KCC staff as set out in this protocol.

I express a preference for a male/female* member of staff to undertake this procedure or I have no preference*

*delete as appropriate

Signature: _____ Date: _____

Service User name: _____

Address: _____

Telephone Number: _____

2nd Emergency Contact: _____

Telephone Number: _____

If the Service User lacks mental capacity it is the responsibility of the Healthcare Professional to make the “Best Interest” decision to administer the medication following consultation with relevant individuals.

Review of form and medication required at least annually.

Date of Review	Reviewed By (Block Capitals)	Signature

Appendix 7 Administration of Rectal Diazepam

The administration of emergency medication such as rectal diazepam may only be undertaken by trained and approved staff, and as detailed in the Persons Plan. The prescriber or overseeing consultant is responsible for defining the circumstances under which such medications can be given.

Written consent must be sought from the Person likely to require rectal diazepam to control convulsions setting out their agreement for KCC staff to undertake the procedure as necessary. See the form at Appendix 6 Emergency Medication Form.

Rectal diazepam must only be administered in emergency situations when it is evident that the emergency services will not reach the Person within the specified period of intervention as determined by the Health Professionals.

Only those employees who are willing and have undergone relevant training should undertake the administration of rectal diazepam. The staff supervision process should be used to discuss and record the employee's preference in respect of this task. It is unlikely to be possible to determine competence, as staff will be unable to practice in "safe surroundings".

It would normally be preferable for two staff to be present when emergency administration is being carried out. The absence of a second member of staff however, should not delay administration.

Whenever feasible, the Person's preference concerning the gender of administration staff should be respected. For those not able to express a preference, male should administer to male and female to female.

In an emergency, the absence of the appropriate staff gender should not delay administration.

If the administration of rectal diazepam is required, the staff should calmly request others present to move to another area or different part of the room to maintain the dignity and privacy of the individual.

In a public place, the emergency services (ambulance) should be called out. If due to unforeseen circumstances, the situation becomes potentially life threatening, administration of rectal diazepam may be conducted within the criteria set by the GP while providing the maximum privacy possible.

Appendix 8 EXAMPLE SERVICE USER MEDICATION LETTER

Dear

Re: Updating Information regarding Medication and Allergies

I am writing to you to remind you to notify the day service of any medication you are taking. When you have any changes in medication (even if it is a short course of medication) you must still tell us.



We need to make sure we have updated records as our staff often deal with emergency medical situations and need to provide information to the hospital.



If you have any known allergies you must also disclose this to the day service. Our day services regularly send out forms to request updated information. If you need a new form because of recent changes – please ask us and we will give you a new copy.

All medication brought into the service where you need assistance in taking this, must be in suitable labelled containers as dispensed by the pharmacy.

Yours sincerely

Appendix 9: Guidance on Completion of Medication Administration Record (MAR) Form

1. The MAR has been designed to enable administration of different types of medication to be recorded for a period of up to 31 days (1 month).
2. As and when required, medication must state the signs/symptoms present to identify when to administer the medication.
3. On commencing use of the form, enter the following information across the top of the form: -
 - Name of service user
 - Date of birth
 - GP – name
 - Allergies – enter details of any known allergies.
 - Month & Year – a new sheet will be required at start of each new calendar month.
4. Enter following information down the left-hand side of the form for each medication prescribed for the client.
 - Name of medication/drug, strength and any cautions included on label.
 - Dose (e.g. 1 x 20 mg tablet, 10 ml)
 - Expiry Date – enter expiry date of medication if included on container.
 - Signature – of administrator entering information on the sheet.
 - Route – enter route by which medication is taken (e.g. oral)
 - Time – enter the time/s that the medication is taken.
5. The small boxes should be initialed by the administrator to indicate that the medication has been administered on the day and times indicated. If dose is variable, insert actual amount administered.
6. Where medication is not administered on a specific day or time, one of the letters at the bottom of the sheet is entered in the box and, if necessary, comments are made on the Medication Record Sheet.
7. The horizontal line beneath each drug type must also be completed as follows:-
 - 'Recd' (Received) – enter date new supplies of medication are received.
 - 'Quan' (Quantity) – enter quantity received.
 - 'By' – enter initials
 - Returned/Destroyed – enter date medication returned to pharmacist.
 -

Note – spoilt medication should be wrapped in tissue, placed in a clearly marked envelope and taken to the pharmacist.

Appendix 10 Glossary

“Care and Support Plan/Young Persons Plan” is the plan developed and agreed as part of the care and support planning process by Practitioners under the Care Act or Young Persons (transition) plan for a disabled young person. It details the needs to be met and how the needs will be met and will link back to the outcomes that the Person wishes to achieve in day-to-day life as identified in the assessment process and to the wellbeing principle in the Act.

“Controlled Drugs” are a group of medicines that have the potential to be misused. For this reason, they are “controlled” by the Misuse of Drugs Act 1971

MAR: Medicines Administration Record: To be used for prescribed medication only. The Royal Pharmaceutical Society (2007) define a MAR as “a document, on which details of all the medicines given in a care setting are recorded” It is designed to show name, strength and dosage form of the prescribed medicines, the dose given, the time when given, if a medicine has been declined and the identity of the Staff who gave it.

“Medication” is the term used to describe prescribed medication or non-prescribed medication (Over the Counter medicines or alternative therapies) unless otherwise stated.

Mental capacity: the ability to make a specific decision.

Mental Capacity Act 2005 (MCA): defines a lack of mental capacity is when a person lacks the capacity in relation to a matter if he is unable to make a decision at the time. Staff should follow the code of practice that accompanies the Mental Health Act.

Multi Compartment Aid: a system for packing medicines, for example, by putting medicines for each time of day in separate blisters or compartment in a box. Sometimes called monitored dosage system or compliance aids.

“Near Misses” a prevented medicines-related safeguarding incident, which could have led to harm to the Person. Must be investigated and lessons learned.

Over-The-Counter (OTC): medicines that can be bought over the counter without the need for a prescription.

Self-administration is when a Person is independent and takes full responsibility for their medication.

Appendix 11

Related legislation policies/procedures/protocols (not intended to be a comprehensive list)

Care Act 2014	HM Government
Care and Support Statutory Guidance	Department of Health
Management of Health & Safety Regulations (1999)	HM Government
Care Quality Commission (Registration) Regulations (2009)	HM Government
Health & Safety at Work Act (1974)	HM Government
Health and Social Care Act 2012	HM Government
Health & Social Care Act 2008 (Regulated Activities) Regulations 2014	HM Government
Medicines Act (1968)	Department of Health
The Handling of Medicines in Social Care (Oct 2007)	Royal Pharmaceutical Society
Controlled Drugs: Safe use and Management.	NICE guidelines 2016
Domiciliary Care Agencies Regulations (2002)	HM Government
Guidelines for the Use of the Incident Reporting System	NHS Eastern & Coastal
Managing Medicines for adults receiving social care in the community	NICE guidelines March 2017
Mental Capacity Act 2005	HM Government
Mental Capacity Assessment forms for decisions	KCC / KNet
Misuse of Drugs (Safe Custody) Regulations 1973	HM Government
Misuse of Drugs Act 1971	HM Government
Misuse of Drugs Regulations 2001	HM Government
The Controlled Drugs (Supervision of Management and Use) Regulations 2013	HM Government
Safeguarding Vulnerable Adults – Adult Protection Policy, Protocols and Guidance for Kent and Medway	Kent and Medway
Children Safeguarding Framework	KCC / KNet
General Data Protection Regulation (GDPR)	KCC / KNet

Appendix 12

Acknowledgments: The following people contributed to this policy and practice guidance (in alphabetical order)

Task and Finish Group

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Katy Rogers	Pharmacist (Maidstone and Tunbridge Wells NHS Trust)
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