

1. SUMMARY

Creative Support's medication policy intends to provide staff with the appropriate support and guidance to ensure they manage medication with or on behalf of service users in line with current legislation / guidance, such as:

- The Care Standards Act 2000
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The misuse of Drugs (Safe Custody) Regulations 1973 amended 2001
- The Administration and Control of Medicines in Care Homes and Children's Services. Royal Pharmaceutical Society of Great Britain, 2003
- Mental Capacity Act, 2005
- Article 27 of the Council of Europe Recommendation of the Committee of Ministers to Member States as detailed in the 16th General Report of the European Committee for the Prevention of Torture, (2006), sections 36 -54
- Mental Health Act, 2007

In order for staff to maintain the appropriate level of standards when supporting service users with medication, this policy must be adhered to.

2. ASSESSMENT

All new service users/tenants to the scheme or service will need to have an assessment of their needs and ability to self medicate. This assessment will include any CPA Review, any statutory risk assessment such as (Mancas) and the holistic assessment undertaken at referral. The assessment is intended to establish the ability of the service user / tenant to self medicate, ability to take part in the medication processes and any needs they may have which might affect their safety / mental health if staff do not support or guide them to take medication. The assessment will cover the following areas:

- The Service User's knowledge of the need for medication
- The Service User's knowledge and understanding of the impact not taking medication may have on their mental health
- The Service User's knowledge of the medication, for example what it has been prescribed for and the possible side effects
- Physical / mental ability to self-medicate
- Any risks to Service User or others
- Previous attempts at self – medicating
- Agreement from the Service User that they wish to self medicate and exactly what they are agreeing to do and what they are agreeing staff will do (see declaration of wishes)
- Agreement from the Care Team

The assessment will outline the specific support requirements which will be documented in the Details of Medication (Appendix 2), the Support Plan, and the Risk Assessment where appropriate. It is important to remember when completing the medication details that you outline what the role of staff is and service user for each individual.

In respect of the use of medication to help reduce a person's anxiety Creative Support recognises that unless this medication is used appropriately and is prescribed accurately then there is a risk of that medication effectively acting as a form of chemical (or medical) restraint. Creative Support recognises the value that medications can sometimes have as part of a holistic approach to meeting a service user's support needs but we are also very clear in stating that there exists a risk that medication can be used inappropriately to control behaviour. We are committed to working in partnership with the multi-disciplinary team and relevant qualified medical practitioners to ensure that the level of medication prescribed (if medication is prescribed at all) is prescribed at a level which ensures the service user is not adversely affected nor is effectively 'restrained' by that medication.

3. SUPPORT PLAN

All new service users/tenants to the scheme or service will need to have a Support Plan which maps out all the support they require to meet their individual needs. This Support Plan must set out the specific support required to meet their needs in relation to the management of medication, in particular to what level of support is required (Level one, two or three) The Support Plan needs to include the full support required by staff, CPN and others involved in managing their mental health or well being.

The Support Plan must also include details of whom to contact if there is an emergency and what action to take. The Support Plan must also highlight any areas where the individual service users/tenants rights are restricted for example when under Section 25. The Section 25 may state the service user must take prescribed medication appropriately, and under these circumstances the Support Plan must state what action should be taken by staff if this does not happen. The Support Plan must be reviewed every 3 months as a minimum and evaluated and reviewed every 6 months to ensure appropriate support is provided to enable service users/tenants to progress.

4. DECLARATION OF WISHES

All service users who are allocated a place within any of Creative Support's facilities will need to complete a declaration of wishes form. Please see appendix 1. The completion of this form is essential as this will provide evidence of exactly what if anything the service user has agreed to in regards to medication. The completion of the declaration will enable staff to support or administer medication appropriately.

5. PROCEDURES

Once the needs of the service user / tenant have been clearly established, through assessment and support planning, staff must provide the appropriate support. To enable staff to support service users appropriately the manager of the scheme or service must put in place appropriate written procedures. Depending upon the kind of scheme / service and the individual concerned the service may need to write individual procedures for each tenant, which address their specific and personal needs. This will enable each individual to have a greater level of involvement and control in the management of their medication and facilitate increasing skills. The procedures must be monitored and reviewed on a quarterly basis to ensure the procedures meet the needs of the service users/tenants. It is therefore essential that the following local procedures are in place and that all staff are aware of and understand them fully:

- Ordering
- Receiving / Receiving Controlled Drugs
- Storing / Storing Controlled Drugs
- Administration (Including PRN, Clozaril and Depot / Recording / Medication Record
- Monitoring
- Disposal / Returns / Controlled Drugs Disposal and Returns / Clozaril Disposal / Return
- Social Leave

- Training
- What to do in the event of an incident or accident
- Include a list of all those who are trained and authorized to administer medication including a list of their initials.
- Homely Remedies
- Secondary Dispensing

5.1 Ordering

Every scheme, supported tenancy, domiciliary service must ensure they have a written procedure for the ordering of individual's medication and this procedure should follow these guidelines:

- Firstly, what the role of staff and service user / tenant is in the process of ordering.
- Regularity of ordering (is it weekly or monthly), who is responsible for doing this.
- Name of individual GP surgery to contact for the new prescriptions.
- When the individual prescriptions need to be ordered from the GP, by whom, for example contact GP on third Thursday of the month, who will have prescription ready for the following Monday.
- Where staff order the medication on behalf of the service user / tenant: All orders for medication must be made using a current and up to date prescription slip from the GP or Consultant. Your procedure must state that staff use the prescription, check that against the current stock on site and tick the script request (photocopy it) for checking in purposes. Then staff send this off to the GP.
- When the prescriptions are usually made ready, who to contact to check they are ready and who does this.
- Once the prescriptions have been picked up which pharmacy is used, name, address and contact number to place the order for medication.
- Where the prescription is sent to, for example is it faxed on a Thursday to the Pharmacy or sent through the post.
- When the medication will be ready for picking up, or when it will be delivered, for example three days after they have received the prescription. It is important that you have an agreement with the pharmacy to develop a relationship.
- It is important that you also note exactly what agreement you have with the pharmacy for emergency orders, for example if they receive the prescription after 2pm they will deliver the following morning, otherwise if required sooner staff will need to pick it up.

5.2 Receiving / Receiving Controlled Drugs

Every scheme, supported tenancy, domiciliary service that receives medication with or for and on behalf of a service user / tenant, must have a written procedure for the receiving of individuals medication and this procedure should follow these guidelines:

- Who you receive medication for and how this is received, for example is it delivered in blister packs or dosette boxes by whom.
- When the medication is expected to be delivered if delivery is provided and when it is expected to be picked up, including if staff or service user / tenants are required to do this.
- Where the service is residential and staff are in receipt of medication, alongside the written procedure outlining how to receive medication a written log, Receipt of medication, should be maintained which will include the following:
 - Date of receipt
 - Name, strength and dose of medicine
 - Quantity received
 - Service user for whom medication is prescribed
 - Signature of the member of staff receiving the medicines

- Once the medication has been delivered or obtained staff should check in the medication and use the receipt of medication log, to record the checking in process.
- To check the medication staff need to use the printed mar chart (medication record) the prescription slip used for the ordering of medication and the medication supplied (using the labels). Staff need to check all aspects correlate with each other before they sign and date the mar chart and the receipts log.

5.2.1 Controlled Drugs

- There must be a separate **Receipt of Medication Log for the receipt of controlled drugs**; however, the recording process should be completed in the same way as for the receipt of other medicines.

5.3 Storing / Storing Controlled Drugs

Every scheme, supported tenancy, domiciliary service that stores medication with or for and on behalf of a service user / tenant, must have a written procedure for the storage of individual's medication and this procedure should follow these guidelines:

- Staff must always read the label of any medication to ensure it is being stored appropriately.
- Unless specific storage requirements are noted on the packaging, medication should be stored in the cabinet of the individuals own room, or in a cabinet in the office.
- When storing medication, staff should ensure that all cabinets are kept locked at all times.

5.3.1 Controlled Drugs

- Where the scheme / home stores controlled drugs for and on behalf of service users these should always be stored in a locking metal cabinet that is fitted within another locked cabinet, which is fixed securely to a wall or floor. The controlled drugs cabinet must be provided purely for the purpose of controlled drugs.

5.4 Support / Administration / Recording / Mar Chart

Every scheme, supported tenancy, domiciliary service that issues medication with or for and on behalf of a service user / tenant, must have a written procedure for the recording of medication to be administered of each individual's medication and this procedure should follow these guidelines:

- Staff can only administer medication to the applicable competency level (level 1/2/3) for individual service users.
- Staff can only administer medication which has a printed label on it which details the service user's name, the date it was dispensed and the dose and frequency. Staff should never alter a label.
- How to check the right individual is receiving the right medication
- Check the name on the blister pack, medicine bottle or dosette box
- Check the time of day coincides with the dose and time on the pack or bottle, box.
- To either support the service user to pop the medication out of box, pack etc into the small plastic pot to empty into their mouth, or to pop it out for them, in to a pot, **never on to the service user / tenant / support worker hand**, where their assessment is they are unable to do so themselves, ensure they have a glass of water.
- Observe the tenant taking the medication
- Enter the appropriate code or signature on the mar chart
- If the tenant is absent or refuses to take the medication this needs to be recorded appropriately following the printed codes on the chart.

5.4.1 Support / Administering Eye/Ear drops and creams

It is important to remember that all individuals where possible should administer their own drops or creams, however, where this is not possible, for example through disability, staff can administer these medications following these guidelines:

- Staff can only administer medication which has a printed label on it, which details the service user's name, the date it was dispensed and the dose and frequency.
- The support plan and details of medication record must record exactly what support from staff is required, specifically when using creams; and this record must be kept up to date and reviewed regularly. This record should demonstrate agreement has been reached in partnership with the care team on how to administer creams and any risks must be recorded appropriately, along with a plan of how to manage these risks.

It is important that hands are washed prior to administering eye drops and principles of good hygiene are followed. Care should also be taken not to touch the nozzle of the eye drops.

5.4.2 Support / Administering / PRN

It should be acknowledged that PRN medication may on some occasions be required for our service users/tenants to enable them to remain in the community, such medication can on some occasions work towards preventing admission to hospital. As a result if service users/tenants require support with managing PRN medication then this must be provided, however, there must be a clear written procedure in place which should follow these guidelines:

- There is written evidence on file stating, the times, dosage, frequency, interval level and exact circumstances the PRN is to be administered, this must include details of what symptoms the service user states they experience as well as those they display.
- This written plan must be signed and dated by the GP or Consultant
- This written plan must be reviewed every three months
- A valid copy prescription must be on file

If the scheme cannot satisfy the above circumstances then PRN cannot be routinely, issued to the service user or held by staff at the scheme. However, if a crisis has occurred and the PRN is prescribed to manage the crisis this can be administered for a short period, (for example when prescribed Saturday morning until Monday). Under these circumstances staff must write all details in the summary of works at the front of the tenant's medication file to ensure that any person can understand how the prescribing of PRN came about.

5.4.3 Support / Administering / Recording Clozaril

Staff need to be aware of the dangers to the health and safety of a service user / tenant if they do not take or receive their Clozaril medication appropriately. It must be acknowledged that when supporting service users/tenants who take Clozaril medication, staff must remain highly vigilant that the service user is taking the medication and for signs and symptoms they may display of becoming unwell. There must be a clear written procedure in place where a scheme supports service user using Clozaril which must outline the following:

- That should staff become aware a service user / tenant has not taken a dose of Clozaril who this should be reported to immediately.
- What signs and symptoms to look out for to establish the service user / tenant is well, this should be obtained from the Clozaril monitoring service.
- A written log should be in place to record when the tenant is due for Clozaril blood checks which includes details of how often these should be for that tenant, where these checks take place and the name and contact details of the Clozaril clinic manager.

5.4.4 Support / Administering / Recording Depot

It is important to remember that all schemes who support service users to take medication will need to have an accurate and up to date account of all the medication received by all service users they support. This is still the case with the recording of the depot. There must be a clear written procedure and log in place at the scheme which supports staff to maintain records appropriately, this should include the following:

- The name and dosage of the depot being received, including how often this is administered, by whom and their contact details.
- What action to take if the depot is not administered or refused.
- This procedure should outline that the depot should be added to the mar chart for the administering individual, usually the CPN to sign.
- That staff should ensure this record is signed appropriately.

5.4.5 Compliance / Non Compliance

It is essential that all staff and service users understand that all Creative Support employees have a duty of care to all the service users/tenants with whom they work. It may be the case that during the process of either issuing, supporting or monitoring a service users medication that staff realise that an issue has arisen with regard to compliance.

Where it is noted in the CPA and subsequent assessments as a known issue with an individual a contingency plan must be noted in the CPA and the assessments and support plans that staff complete. In such circumstances a clear action plan should be detailed in the details of medication record which highlights what action staff should take.

Where it is not a known issue for a service user / tenant and staff are concerned that compliance may be an issue they should follow the guidelines in place. In order to provide appropriate support to staff in such circumstances there must be a clear written procedure in place at the scheme which supports staff and service users for both of the following

- Known non compliance
- Non compliance

6. **MONITORING**

In order to ensure that a service user's needs are maintained at all times, all staff must ensure they monitor the use of medication. This means that all staff are responsible for remaining observant and reporting any concerns to a GP or Consultant without delay. Any issues that arise must be recorded appropriately in the service user's summary of works and handed over to a senior member of staff immediately.

6.1 **Disposal / Returns / Controlled Drugs Disposal and Returns**

There are always occasions where medication needs to be disposed of, for example when a medication has been stopped and changed for something else, or when a service user has refused medication and there are excessive stocks in place. All medication that enters or leaves the scheme or project must be documented clearly in the receipt / disposal log. It is essential however, that staff have a local written procedure to follow when disposing of medication to safeguard them at all times which should follow these guidelines:

- All schemes must refer to the receipt / disposal log
- All schemes must ensure they complete the separate controlled drugs receipt / disposal log when returning controlled drugs.
- All medication that is to leave the scheme must be logged out in the receipt / disposal log.

- All medication that is to be disposed of should be returned to the pharmacy and logged out in the receipt / disposal log (recording the date, name and dosage of medication and signature of staff member making the record)
- Staff must not dispose of medication in any other way than returning to the pharmacy
- Following the death of a service user all medicines should be retained for seven days in case the Coroner's Office or courts require them.

6.2 Social Leave

Every scheme, supported tenancy, domiciliary service that issues medication with or for and on behalf of a service user / tenant, must have a written procedure for the recording of medication when Service User's are taking Social Leave, for example going out for the day or going on holiday. This procedure should follow these guidelines:

- Staff must ensure that the Service User is going to be able to take their medication appropriately. If the service user is self medicating, staff can observe the service user planning out their medication for the day and record this observation in the summary of works. If the Service User is not self medicating staff need to either ensure medication is taken prior to going out or provided to the Service User when going out.
- If the Service User is to take the medication with them, staff must remember they cannot remove the medication from the original container. For example, staff cannot take the medication out of the container and put it into another dosette or an envelope as this is classified as Secondary Dispensing. If the Service User uses a blister pack, then the blister pack sleeve must be issued to the service user.
- If the Service User is visiting family members you will need to have a written agreement on file that the family will observe the Service User taking the medication and ensure this is taken appropriately.
- If the Service User is visiting the Day Centre, then you will need to have a written agreement with the Day Centre that they will observe the Service User taking the medication to ensure this is taken and returned appropriately.
- When the Service User leaves the scheme, the total contents of the medication pack must be logged out of the scheme in the receipt / disposal log to ensure the quantities left on the scheme tally up with the written record.
- When the Service User returns to the scheme the pack or dosette must be checked back in using the receipt / disposal log and should be counted and signed for accordingly.

6.3 Homely Remedies

Creative Support does not sanction the use of homely remedies. Homely remedies are a supply of drugs such as cough mixture which is not prescribed to individual service users but is accessible. However, Creative Support acknowledges that a service user may require to use a variety of medications to maintain their physical and mental health. All staff must ensure that any medication that is issued has been prescribed and recorded appropriately on the mar chart.

6.4. Training

All staff who administer medication should receive appropriate training. Whilst accredited training is provided corporately for staff to understand the medication they administer and how to administer it, it is important to remember that local training is of equal importance. For example, all staff need to know the local policies and procedures to follow when issuing medication and what to do if something goes wrong.

Competence training must be provided to all staff who undertake medication procedures prior to the staff carrying out medication tasks.

It is the Social Workers/Care Co-ordinator's responsibility to agree the level of support required and it is the agency's responsibility to ensure that the appropriate record keeping and training needs are met.

Staff members must ONLY carry out tasks as specific within the care plan eg, only administer medication listed – no other medication to be given.

There are three different levels of training for staff members, these being:

Level 1	=	Prompt only
Level 2	=	Administration of medication
Level 3	=	Administration of medication by specialised techniques

6.4.1 Level 1: Prompt Only

Level 1 identifies that staff will support service users who are responsible for managing their own medication but assistance is needed due to their physical disability or frailty.

General support is given when the service user takes responsibility for their own medication. Where possible and appropriate, medication is to be dispensed into blister packs/dosage systems.

The support provided may include some or all of the following:

- A reminder or prompt from the staff member to the service user to take their prescribed medication.
- Manipulation of a container eg, opening a bottle of liquid medication or popping out tablets out of a blister pack at the request of the service user.
- Staff members can remind service users in keeping medication safe and storage arrangements.
- Staff members can check that the service user continues to be able to read/understand instructions for taking medication and safe storage.
- Provide verbal prompts if noted or detailed within care plan that repeat prescriptions need to be requested/ordered.
- Staff members to monitor service user's ability to manage their medication concerns to be reported to manager who will subsequently alert the Social Worker/Care Manager.
- Arranging for the safe disposal of unwanted medication.

Tasks that staff members must not carry out under level one support.

1. Administer medication.
2. Carry out any invasive, clinical or nursing procedure.

6.4.2 Level 2: Administering Medication

Level 2 identifies that staff will support service users who require assistance to manage and administer their own medication due to their physical disability/frailty or who do not have the mental capacity to take full responsibility and direct others to assist them to take their prescribed medication.

There may be occasions when a service user's disability is so complex that the staff member will be required to place tablet(s)/liquid medication directly into the service user's mouth. If any resistance is noted staff members are to report concerns to manager who will subsequently alert the Social Worker/Care Manager.

Where possible and appropriate medication is to be dispensed into blister packs/dosage systems.

Administration of medication may include some or all of the following:

- Staff members being aware of which medicines are prescribed for individual service users at specific times within the day.
- Staff members selecting and preparing medicines from a labeled container including monitored dosage system or compliance for immediate administration.
- Staff members select and measure a dose of liquid medicine for the service user to take.
- Staff members applying medicated cream/ointment, inserting drops to ear, nose or eye and administering inhaled medication.
- Recording that a service user has had the prescribed medication or the reason for not administering it.

Tasks staff members must not carry out under level two support is:

1. Peg feeding
2. Administration of controlled drugs
3. Rectal administration eg, diazepam (for epileptic seizures)
4. Insulin by injection

6.4.3 Level 3: Administration of medication by specialised techniques

In exceptional circumstances and following an assessment by a healthcare professional, staff members may be requested to administer medication by a specialised technique. A healthcare professional must train the staff member and be satisfied they are competent to carry out the task.

Administration of medication by specialised techniques may include some or all of the following:

- Peg feeding
- Administration of controlled drugs
- Rectal administration eg, diazepam (for epileptic seizures)
- Insulin by injection

Tasks staff members **MUST NOT** carry out under level three support:

1. Administration of injections other than pre loaded insulin pens
2. Administration of suppositories or pessaries.
3. Re-insertion of gastrostomy tubes; catheter tubes; nasal gastric tubes
4. Pressure sore/ulcer dressings
5. Giving oxygen.

All staff should therefore have their ability to administer medication assessed. A senior member of staff must use Appendix 3 to assess the ability of each member of staff. This should be used to assess the competence of bank workers as well as permanent members of staff.

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Local training must start in the first couple of weeks, to ensure that new staff are able to administer medication appropriately.

When a member of staff has been signed off as competent to issue medication this assessment tool, should be placed in the supervision file, signed and dated by both staff and assessor.

Once a member of staff has been assessed as competent to issue medication they can then issue it without supervision. Once competent to issue medication, staff names should be added to the local list authorising staff to administer medication.

6.5 What to do in the event of an incident or accident

It is important to remember that despite support and training to staff and monitoring of service users well being and mental health, mistakes will always occur. All staff must know exactly what action must be taken following the event of an incident or an accident and the manager of the scheme must introduce a local policy which describes the actions to take under certain events. This policy must include the following:

- What action to take if a service user is without medication, for example there are not enough stocks at the scheme.
- What action to take if a service user refuses to take medication.
- What action to take if a service user abuses their medication.
- What action to take if family / carers have not observed the individual taking medication.
- What action to take if a member of staff is concerned a service user is experiencing side effects.
- What action to take if the service user requests medication from the cabinet.
- What action to take if the service user is early or late for their medication.
- What action to take if the service user is using / abusing alcohol.

7. HEALTH AND SAFETY FACTORS

Medication is an essential component of psychiatric treatment. Care must be taken to ensure adequate supervision of clients who are self-medicating, and those who are not, because it is essential they receive all prescribed medication. There are dangers that clients may fail to take his/her tablets or take more than the prescribed amount. Clients who are low in mood or experiencing depression may use the medication to harm themselves. All staff must be absolutely satisfied that all clients are taking medication appropriately as per their plan of support to ensure the effectiveness of their medication. All team members must be vigilant and observe for signs that the client is not following the regime, such as drowsiness, changes in mood, elation, depression, sleeping earlier, aggression etc.

8. REVIEWS

It is essential that medication is reviewed regularly to ensure that it is both effective and appropriately managed. Reviews should take place at 3 – 6 monthly intervals and should be documented and all medication records updated accordingly. However, it is important to remember that with such an important issue each individual case should be managed separately and where medication is thought to be ineffective or inappropriately managed this may require more regular reviews.

9. WHAT WE CANNOT DO

9.1 Responsibility

We cannot take responsibility without appropriate authorisation.

All staff must remember that the medication that is prescribed to a service user / tenant is their property. However, this must not be confused with medication being the responsibility of the service user. Medication can only be the responsibility of the service user where a full assessment deems this to be the case and is recorded and reviewed regularly. It is therefore important to ensure that a declaration of wishes has been completed and signed with the service user / tenant and their advocate prior to supporting or issuing any medication.

However, where for some reason there is some confusion, perhaps because a service user has moved into the accommodation quickly, agreement should be immediately sought by senior staff.

9.2 Secondary Dispense

Secondary dispensing occurs when a member of staff removes medication from its labeled container into another container. For example when medication is dosetted and the service user / tenant is going out for the day medication is removed from its original container and put into an envelope.

Secondary dispensing is a contravention of The Care Standards Act 2000 and this applies whether the scheme or service is Registered with the Commission for Social Care Inspection or not.

9.3 Covert Medication

Covert medication is where medication is issued to a service user / tenant without them knowing, for example putting medication in a drink without their consent or knowledge. It is important that staff remember that this type of action, whatever the reason for this is not acceptable and could lead to disciplinary action being taken. To ensure staff are protected at all times, staff should ensure they consult senior staff or on call if there are any queries in this regard.

There are however certain circumstances where covert medication can be issued, but when this is the case this must always be agreed as part of a multi agency approach to managing certain issues. Agreed covert medication is more likely to be for physical matters rather than mental health ones. When Covert Medication is agreed it must be documented using the appropriate records and reviewed every three months. In addition the Commission for Social Care Inspection must also be notified in writing of the agreement and a copy of this must be supplied.

Glossary of Terms

Homely Remedies:	These are medications, or creams which are purchased over the counter at pharmacies but which are not prescribed by the GP
Mar Chart:	This is the Medication Administration Record which is used to record medication that we have given to service users/tenants.
PRN:	From Latin, meaning Pro Re Nata, PRN is medication which is issued by the Consultant or GP which is taken When Required or as Needed. PRN is usually prescribed to relieve symptoms which may cause admission to hospital if untreated or other crisis. PRN is usually prescribed for short term relief though in some circumstances this may not be the case.
Social Leave:	This is where a service user / tenant is going out for the day or part of a day, where the administration of medication is required by staff and medication will be required whilst they are out of the building.

APPENDIX 1

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Administration of Medication – Declaration of Wishes

Name:.....

Please read through the following information and choose one of the outlined choices below.

Choosing an option does not mean that it is a permanent choice. You can change your mind or amend your choice at any time. Any decision regarding the administration of your prescribed medication can be reviewed as required.

Choice one

I choose to give responsibility for the ordering, collecting, storing and administration of **all** of the medication prescribed for me, to the manager, deputy manager and the support team.

Signed: (tenant/parent)..... Date:

Signed (manager)..... Date:

Choice Two

I choose to give responsibility for the storage and administration of some of my prescribed medication to the manager, deputy manager and the support staff. However, I will ensure that medication I take responsibility for will be:-

- Stored appropriately
- Not accessible to others (unless authorised)
- That the medication will be periodically reviewed
- Will comply with the services medication policy
- I will inform the manager of any changes with my medication

I understand that in the event of my physical or mental circumstances changing, it may be necessary for the manager to assume the responsibility for the administration of **all** my medication.

The medication that I choose to retain responsibility for is (please list medication name, dosage and administration instructions).

Signed: (tenant/parent)..... Date:

Signed (manager)..... Date:

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Administration of Medication - Declaration of Wishes

Choice Three

I choose to retain the responsibility for the storage and administration of all my medication prescribed.

I will ensure that:-

- All medication under my control is stored appropriate and is not accessible to any unauthorised persons.
- I agreed to periodic reviews of my medication under my control
- Administration of my medication will comply with the services medication policy.
- I will inform the manger of any changes to my medication.

I understand that in the event of my physical or mental health changing, it may be necessary for the manager to assume responsibility for the administration of **ALL** my medication

I do/do not wish to retain responsibility for ordering the medication listed below.
(list medication name, dosage and administration instructions).

The medication that I choose to retain responsibility for administering is:
(list medication name, dosage and administration instructions).

Signed: (tenant/parent)..... Date:

Signed (manager)..... Date:

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Sample Procedure

PROCEDURE TO FOLLOW FOR LEVEL 2 ADMINISTERING MEDICATION

1. Staff to wash hands prior to administration.
2. Medication will be stored in the cabinet in the individual's room.
3. Locate the Medication Administration Record (MAR) sheet in the individual's file.
4. Starting at the top of the MAR sheet, check the following details
 - The service users name corresponds with the MAR sheet and blister packs (depending on the medication requirements of the service user)
 - Identify that the photograph on the MAR / blister pack corresponds to the service user
 - Check the seal on the MDS
 - Check the date and times of administration to ascertain whether medication is required
5. Take out service users blister packs from the medication cupboard
6. Where possible support the service user to remove the correct medication from the blister pack into a drug pot.
7. Administer medication to the correct service user by the correct route.
8. Return to the MAR sheet. Sign initials in correct box for the corresponding medication and date.
9. Once all medication has been administer the blister pack must be returned to the medication cupboard.
10. If the service user is absent at the time the medication administration was due follow the coded recording system on the MAR sheet.
11. Staff must report any concerns to their manager or on call without delay.

REMINDER CARDS

1. Reminder cards are for prescribed medications other than solids that have to be administered from their original packaging or are liquids, ointments, injectable, refrigerated items, drops, suppositories, pessaries and inhalers.
2. The administration procedure must be followed for reminder cards in conjunction with the correct procedure for the actual administration of the medication itself i.e. liquid medication, suppositories, administration from dosettes.

All staff are responsible for following this procedure appropriately at all times including bank workers. If you make an incorrect entry, it is your responsibility to ensure this mistake is reported to the manager. If you notice anyone else has made an incorrect entry this must be reported to their manager or on-call immediately.

Sample Procedure

PROCEDURE TO FOLLOW WHEN STOCK ENTERING / LEAVING

1. Staff will collect the repeat prescriptions once a month from the GP surgery. The prescription will be detached from it's slip and the prescription itself will be posted to Boots pharmacy. The detached slip will be logged for next reordering in the tenants medication file.
2. Boots pharmacy will blister pack the medication, some will be required to remain in a separate container which will be delivered appropriately.
3. Medication will usually arrive in bags once a month on the Thursday or Friday prior to the Monday it will start from. There will be a print out delivered with the medication.
4. The medication should be checked in using the printed record with the medication (usually the Mar sheet), the detached slip (from the prescription) and the label on the blister pack or bottle. All three pieces of information will correspond with each other.
5. If the information corresponds and is correct, medication can be entered onto the medication stock record. There is a separate stock sheet for each individual drug and dose of drug. Enter onto the stock record the type and quantity of medication and sign and date the record. For Controlled Drugs entries must be made into the separate hard backed book for controlled drugs.
6. Once you have entered onto the stock record you need to return to the Mar sheet. You need to add the quantity received of each drug and date when it has been received and add your initials to the Mar sheet. If for any reason an amendment needs to be made, for example if an antibiotic is being introduced and this is therefore not pre printed on the Mar sheet, two staff must check and sign the medication in, writing the information required and remembering to state the date it was entered and the quantity.
7. If for any reason there are any problems with the blister pack, for example, it has been tampered with (cello taped at the back) or has missing or incorrect tablets or quantities in these packs must be returned to the pharmacy without delay.
8. When stock is being removed from the scheme it should be entered out of the stock record appropriately. If it is being returned to the pharmacy as it is no longer required it should clearly state this in the stock record file. If, a service user is leaving the project to go out for the day and the medication stocks need to go out with them, then this should be logged accordingly stating the service user is taking social leave.

Sample Procedure

PROCEDURE TO FOLLOW WHEN STORING MEDICATION

1. Always read the label of any medication to ensure it is being stored appropriately.
2. Unless specific storage requirements are noted on the packaging, monthly medication should be stored in the metal locking cabinet in the individual's apartment.
3. When storing medication, staff should ensure that all cabinets are left locked at all times.
4. When storing Controlled Drugs, these should be kept in the separate controlled drugs cabinet in the individual's room.

It is the responsibility of all staff including Bank Staff to familiarise themselves with these procedures and to follow them at all times without exception.

Sample Procedure

PROCEDURE TO FOLLOW RELATING TO ISSUING PRN MEDICATION

1. PRN medication can be distributed to the tenant on the following conditions:

There is written evidence on file stating the times, dosage frequency, interval level and exact circumstances the PRN is to be administered. This must include details of what symptoms the tenant states they experience as well as those they display.

The GP or Consultant has signed and dated this.

This is reviewed every three months.

There is a valid copy prescription on file.

There is a written action plan with all details of how and when to administer, signed and dated by Senior Staff.

There are details on file relating to the drug and it's side effects.

2. If the scheme cannot satisfy the above circumstances then PRN cannot be routinely issued to the tenant or held at the project. However, if a crisis has occurred and the PRN is prescribed to manage the crisis this can be administered for a short period, (for example if prescribed Saturday in place on Monday). Under these circumstances, staff must ensure they write all details on the summary at the front of the tenant's medication file, to ensure that any person can understand how the prescribing of PRN has come about.

It is the responsibility of all staff including Bank Staff to familiarise themselves with these procedures and to follow them at all times without exception.

Sample Procedure

PROCEDURE TO FOLLOW WHEN RECORDING SOCIAL LEAVE

1. When a service user is leaving the project to go out for the day and it is likely that the medication time falls into the time they will be absent from the scheme, staff must enter the stock out of the stock record.
2. Due to labelling laws, the blister packed sleeve must be removed in whole from the casing in the cabinet.
3. As the sleeve is being removed the total medication (number of each tablet) should be logged out of the stock record. When the tenant returns home the medication will be logged back in to the stock record, minus any medication that has been taken.
4. If the tenant goes out for the day without staff, for example attending the day centre or visiting home etc, the sleeve will again be removed from the casing in the cabinet. The contents of the sleeve will again be logged out of the stock record. However, as you will not be observing the tenant taking the medication you will turn the Mar sheet over and log the Social leave and quantity and dates of tablets not observed in the appropriate format detailed on the sheet. Once the tenant returns again the stock should be logged into the stock record. If medication has not been taken appropriately this will need to be logged and addressed with Senior Staff appropriately.

It is the responsibility of all staff to follow this procedure appropriately at all times including bank workers. If a mistake is made it should be reported to Senior Staff without delay.

Sample Procedure

PROCEDURES RELATING TO SECONDARY DISPENSING

It is illegal to secondary dispense medication. Secondary dispensing occurs when medication is taken from the container in which it arrives from the pharmacy. For example if medication arrives in a blister pack and it is then removed and put into another container such as an envelope or a dosette box.

It is essential that all staff therefore work within the following framework:

1. When a tenant is going out of the project follow the directions in the procedure for social leave and recording of stock in detail. This means that staff will need to remove an entire blister packed sleeve from the casing and record the stock out.
2. Unfortunately there are not alternatives to this procedure that remain within current Legislation.

It is the responsibility of all staff to follow this procedure appropriately at all times including bank workers. If a mistake is made it should be reported to Senior Staff without delay.

Sample Procedures

MONITORING

Each scheme or service must have a written procedure for staff to follow relating to the monitoring of the use of medication.

Staff are responsible for remaining observant and reporting any concerns to a GP or Consultant without delay. Any issues that arise must be recorded appropriately in the service user's summary of works and handed over to a senior member of staff immediately.

Sample Procedure

PROCEDURES RELATING TO WHAT TO DO IN THE EVENT OF AN INCIDENT OR ACCIDENT

- What action to take if a service user is without medication, for example there are not enough stocks at the scheme.

Firstly you need to establish why there are not enough medication stocks on site, is this because enough stocks were not supplied, or is it because a mistake has occurred or is it because the service user has taken or been issued too much medication.

If the reason stocks are not in place are as they were not supplied for some reason or the medication has been destroyed, then stocks will need to be obtained without delay to replace the medication at least until the next working day. The incident should be reported to a senior manager without delay so it can be followed up.

If the reasons stocks are not in place are due to too much being taken or issued, then staff must contact the GP or pharmacy, or ambulance without delay to establish the safety of the service user.

- What action to take if a service user refuses to take medication.

Firstly, you need to establish if this is a feature of their current circumstances, what is recorded in the support plan or medication details. Once you have referred to the support plan etc., you must follow the guidance within that.

If however, it is not recorded in the support plan, CPA or risk assessment records then it is obvious this is not something the service user usually does. Staff should try and leave some space for 15 minutes without pushing and then ask again if the service user is willing to take the medication, even though they don't really want to.

If all attempts fail this must be reported without delay to a senior member of staff or the on call.

- What action to take if a service user abuses their medication.

If a service user is known to be abusing their medication it will be recorded in the support plan, medication record, risk assessment and CPA. Follow the guidelines in place.

However, if the service user does not usually abuse their medication and if there is a concern an overdose has taken place, then the appropriate emergency action should be taken, call an ambulance.

- What action to take if family / carers have not observed the individual taking medication.

Firstly, you must establish if the service user is with or without medication and follow the guidelines for that issue.

If an agreement is in place with the family that they observe the service user taking medication and this has not taken place this needs to be handed over to a senior manager who needs to establish whether it is safe to continue in this way with support.

Sample Procedures

PROCEDURE TO FOLLOW FOR HOMELY REMEDIES

Creative Support does not sanction the use of homely remedies. Homely remedies are a supply of drugs such as cough mixture which is not prescribed to individual service users/tenants but is accessible via any pharmacy.

- Any medication which is issued must have been prescribed by the GP or Consultant
- Record and administer in the same way as all other medications

APPENDIX 2

K:\Policies\Current Policies April 2011\Medication.doc	First Issued: July 1997	Version 8 Issued: Oct 2009	Approved by: <i>Anna Leith</i>
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Medication Administration Record

R Refused **H** Hospitalised **L** On Leave
S Sleeping **D** Destroyed **Q** Not Required
N Nausea **O** Other

Medication	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Qty:	Received by:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						
Qty:	Received by:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						
Qty:	Received by:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						
Qty:	Received by:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						
Qty:	Received by:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						

Name: _____ **Doctor:** _____
Patient No: _____ **Surgery:** _____
DOB _____ **Home:** _____
Allergies _____ **Notes:** _____

APPENDIX 3

K:\Policies\Current Policies April 2011\Medication.doc	First Issued: July 1997	Version 8 Issued: Oct 2009	Approved by: <i>Anna Lehto</i>
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MEDICATION ASSESSMENT

Name of Staff Member.....

Place of Work.....

The member of staff must demonstrate that they are competent to order, receive, administer and record medication appropriately.

ORDERING

1. The member of staff can check the quantities of medication already on the project to establish if new supplies need to be ordered.
2. The member of staff can locate the details of how and when to order the medication, checking the recent prescriptions and records.
3. The member of staff can order appropriately checking both the stock and the recent prescriptions and complete the check list on the prescription slip, sending to the appropriate GP at the appropriate time of the month.
4. The member of staff can receive the prescriptions and ensure they arrive at the pharmacy in time for the next round of ordering and collections.

RECEIVING

1. The member of staff is able to receive medication into the project appropriately by ensuring when it arrives they check the medication sheet, the bottles' blister packs or dosette boxes and ensure these match the prescriptions received from the pharmacy, GP or hospital.
2. The staff member can enter stock medication into the file by checking the bottle, blister pack or dosette and its contents against both the information on the bottle, blister pack or dosette and the prescription slip provided by the hospital or pharmacy.
3. The staff member enters all medication onto the sheet appropriately and counts out the medication correctly taking care not to touch with bare hands. The staff member is able to log both controlled and non controlled drugs in the appropriate receipt record.

ADMINISTERING/SUPPORT (Level 1 / 2 / 3 please indicate)

1. The staff member can check the name on the medication whether it is in a bottle, blister pack or dosette box and ensure that medication is given to the correct service user.
2. The staff member can check the content of the medication, whether it is in a bottle, blister pack or dosette box and ensure that the content coincides with the medication written on the medication (mar) sheet.
3. The staff member can check the medication (mar) sheet and the medication in the bottle, blister pack or dosette box to ensure that the medication is administered at the correct time.

4. The staff member can use the medication sheet appropriately, recording if the medication has been administered and signed by staff and if the service user took the medication or was absent or asleep, using the correct number.
5. The staff member enters the exact amount of medication entering the project and adds this to the amount left on the project which needs to be added up again rather than added to the existing amount.

RECORDING

1. If a medication change occurs by the consultant the staff member is able to ensure that the consultant provides written and signed evidence of the changes they have made **BEFORE** any such medication change is administered to the service user.
2. The staff member understands that if the medication is arriving at a weekend in an emergency as long as appropriate written records are in place medication change can occur until the next available working day.
3. The staff member is able to locate all policies and procedures on the project with regards to medication.

STORING

1. The staff member is able to lock all medication away appropriately in the appropriate place.
2. The staff member has been introduced to all service users they are responsible for administering medication to.
3. When a service user takes Clozaril medication the staff member is able to ensure the service user attends the regular blood checking dates and knows the contact details of the Clozaril monitoring service/depot and the Clozaril checking clinic.
4. If there are issues with regard to the administering or recording of medication the staff member knows to contact the Clozaril National registry and Patient Monitoring Service for Clozaril, the On Call Service for all incidents around medication administering in the absence of a senior member of staff.

1 st Check By.....	Date..... ...
2 nd Check By.....	Date..... ...
3 rd Check By.....	Date..... ...

Staff have a responsibility to ensure they administer, keep and record all medication appropriately to all service users. As a service we will do everything we can to support you with this. If you feel you need any further training at any time you will need to discuss this in supervision with your line manager.

Signed by senior member of staff.....	Date.....
Name of senior member of staff.....	Date.....
Signed by staff member.....	Date.....
Name of staff member.....	Date.....