# Medication Policy

## Introduction and Policy Aims

Zenith Care recognises that many service users are prescribed some form of medication and many have multiple medication needs. While many service users manage their medication effectively themselves with the appropriate support from their informal carers, some ask for or need support with their medicines from their social care provider, as reflected in their needs assessment and care plans, and local commissioning agreements.

This policy applies wherever the Zenith Care has agreed to support a service user in taking their medicines, which include prescribed and over-the-counter medicines, and those to be taken (as required).

Zenith Care allows only trained and competent care staff or registered nurses to provide any level of medicines support in line with their respective roles and responsibilities for the individual service user’s care and support provision.

## Legislation and Guidance

Zenith Care always act at all times in compliance with relevant legislation and best practice guidance relating to the management and administration of medication in adult social care, including:

* The Medicines Act 1968
* The Misuse of Drugs Act 1971
* The Misuse of Drugs (Safe Custody) Regulations 1973
* NG67 *Managing medicines for adults receiving social care in the community* (March 2017) National Institute for Health and Care Excellence (NICE)
* QS171 *Medicines management for people receiving social care in the community* (July 2018) National Institute for Health and Care Excellence (NICE)
* NG21 *Home Care: Delivering Personal Care and Practical Support to Older People Living in Their Own Homes* (September 2015) National Institute for Health and Care Excellence (NICE)
* *The Safe and Secure Handling of Medicines* (December 2018) Royal Pharmaceutical Society

## CQC Fundamental Standards Compliance

Zenith Care recognises that we must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to maintain our registration with the Care Quality Commission. These include Fundamental Standards below which care must not fall.

Regarding medication, [Regulation 12: Safe Care and Treatment](https://app.croneri.co.uk/care-standards/cqc-fundamental-standards-england/regulation-12-safe-care-and-treatment#WKID-201502171530560978-20649725) includes a requirement for the “proper and safe” management of medicines and for sufficient medicines to be made available to meet service users’ needs and ensure their safety.

Guidance accompanying the regulations states that, where a domiciliary care service supports the management of medication:

* Zenith Caren will provide care and treatment, including medication management, in a safe way
* Care and treatment assessments, planning and delivery (including those related to medication and when service users start to use the service, are admitted, discharged/transferred or move between services):
	+ should be based on risk assessments that balance service users’ needs and safety with their rights and preferences
	+ should include arrangements to respond appropriately and in a timely manner to service users’ changing needs
	+ where appropriate, should be carried out in accordance with the Mental Capacity Act 2005
* medication reviews will be part of, and align with, service users’ care and treatment assessments, plans or pathways and are completed and reviewed regularly in relation to changes in medication
* Zenith Care will comply with relevant Service Users Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS)
* arrangements should be in place to ensure we take appropriate action in the event of a clinical/medical emergency
* the administration of medications will be timely to ensure that service users are not placed at risk, particularly as a result of any non-concordance (non-adherence or non-compliance) by the service user
* any arrangements for giving medicines covertly, where this is thought to be in the service users’ best interests, should be in line with the Mental Capacity Act 2005
* staff responsible for medicines management and administration at Zenith Care are trained and competent. Our staff work only within the scope of their qualifications, competence, skills and experience (including when administering medication). This is particularly important when the service user has been prescribed “controlled drugs” the administration of which the agency has agreed to have a role, as determined by the care plan.

## Policy Statement

Most people receiving care in their own homes are prescribed some form of medication at some time as part of their treatment by their doctor or nurse. Many service users are able to administer their medication safely themselves and require no help.

However, others will require assistance, ranging from simple reminders and help with packaging through to actual administration of medication.

In some cases, this might include the administration of “controlled” drugs, which requires carers to know how they are being safely stored and administered in the home setting.

Zenith Care recognises that the correct and effective administration of medication is essential for the safety and wellbeing of its service users. Service users must, therefore, receive the help identified in their care plan for the administration of medication only by trained and competent staff.

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## Principles of Safe Medicines Management

Zenith Care follows the rules of safe medicines management that are provided in NICE guidelines ensuring that its care staff observe the “8 R’s” of safe medicines administration:

1. right person
* Check the name on the medication and the patient
* Use 2 identifiers.
* Ask client to identify himself/herself.
1. right medicine
* Check the medication label.
* Check the order.
1. right dose
* Check the order.
* Confirm appropriateness of the dose using a current drug reference.
1. right route
* Again, check the order and appropriateness of the route ordered.
* Confirm that the patient can take or receive the medication by the ordered route.
1. right time
* Check the frequency of the ordered medication.
* Double-check that you are giving the ordered dose at the correct time.
* Confirm when the last dose was given.
1. right documentation
* Document administration after giving the ordered medication.
* Chart the time, route, and any other specific information as necessary.
1. right reason
* Confirm the rationale for the ordered medication.  What is the patient’s history? Why is he/she taking this medication?
* Revisit the reasons for long-term medication use.
1. Right response
* Make sure that the drug led to the desired effect.  If an antihypertensive was given, has his/her blood pressure improved?
* Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.

## Medication Management Principles

When providing care to adults, care staff are expected to follow these principles and procedures.

### Person-centred principles

1. Every service user has the right to manage and administer their own medication if they wish to and Zenith Care recognises this by providing support to enable safe self-administration wherever possible. Encouraging self-medication promotes the independence and autonomy of service users and will enhance their dignity and privacy.
2. However, some service users may not wish to manage their own medication and others may be unable to even if they wish.
3. The choices made by service users — eg to administer and manage their own medication — are always respected by staff and recorded in the plan of care.
4. No assumption is made that a service user cannot self-administer their medication purely on the basis of their condition or mental capacity.
5. Service users who are suspected to be lacking capacity are assessed in line with the “best interest” principles of the Mental Capacity Act 2005. Where a service user can be enabled to self-medicate with additional support, or where they can self-administer parts of their medication, such support is provided.
6. Staff provide appropriate support to any service user who wishes and is able to take all or some of their own medication.
7. Medication is only ever administered to a service user on the basis of their explicit consent or agreement to take the medication except where “best interests” decisions have been taken as a result of a person’s mental incapacity.

### Agreements made

1. All new service users will have their health and social care needs fully assessed and any need for help with the collection or administration of medication identified. This will often be done jointly with healthcare professionals who might also be providing care and support.
2. Any request for support from staff identified within a care plan is discussed with carers, team leaders, Managers and nurses before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently by Zenith Care workers.
3. Zenith Care will always work in partnership with the health services and professionals also involved with its service users, and the local authority where involved as commissioners and regarding any safeguarding issues.
4. No staff member should proceed with the administration of medicines (including tablets, liquids and creams) unless they have the explicit agreement of the service user and their nurse consultant or manager and this has been entered in the plan of care.
5. Any staff member who is unsure of what to do regarding medication in any given situation should contact their team leader or manager immediately. In all cases where help with medication is required, the explicit consent of the service user is required.
6. Care staff providing medicines support should always ensure that any medication being taken is fit for purpose and safe to administer by following the “8 R’s” described above, and always checking that it has been stored securely, at the correct temperatures, and the contents have not been tampered with.

## Medication Reconciliation (Listing of Medicines)

To ensure that Zenith Care contributes fully and effectively, as and when required, to its service users’ safe taking of their medicines, Zenith Care will carry out the following “medicines reconciliation” procedures in co-operation with the other professionals and services involved.

Zenith Care will always ensure that it has the following information prior to any involvement, and keeps it up to date. This information will be particularly important where service users have been prescribed “controlled drugs” and where the service user has been unable to give their consent to the taking of their medicines, resulting in “best interest” decisions being taken about the prescribing, supplying, storing and taking of their medication.

* Person’s details, including full name, date of birth, NHS number, address and weight (where appropriate in relation to their medication needs).
* GP’s details, including previous and current GP, where a change of GP has taken place.
* Details of other relevant contacts who might affect their medication, as defined by the service user and/or their family, members or carers (for example, their consultant, regular pharmacist, specialist nurse).
* Checks of known allergies and reactions to medicines or ingredients, and the type of reaction experienced.
* A list of medicines the person is currently taking, including name, strength, form, dose, timing and frequency, and what it is taken for.
* Information about recent changes to their medication, including medicines started, stopped or dosage changed, and reason for change.
* Date and time the last dose of any “when required” medicine was taken, or of any medicine given less often than once a day (weekly or monthly medicines).
* Other information, including when the medicine should be reviewed or monitored, how it should be kept, and any support the person needs to carry on taking the medicine.
* Checks on what information has been given to the service user and/or family members or carers about their medication.
* Details of any professional responsible for co-ordinating the safe taking of the person’s medication (which might be the service user, carer and/or professional).

## Medicines-related Safeguarding

Zenith Care considers that the safety and safeguarding of our service users is paramount. This includes safety from any misuse of medicines by its staff or errors in medicine administration. The service will take all possible action to safeguard its users from such risks, including by explicitly linking its medicines management safeguards with its wider safeguarding of adults’ processes.

Care workers, when responsible for service users’ medicines, are instructed to report and record to the service management all medicines-related incidents, including errors, “near misses” and incidents that might represent a safeguarding risk. Where necessary, these should be reported to the regulator and to local safeguarding authorities.

Immediately after the discovery of any medicines-related safeguarding incident, the service will contact an appropriate health professional to check that suitable action has been taken to protect the health and wellbeing of any service user involved — this will usually be the GP.

Zenith Care will include the investigation of all medicines incidents in its wider safeguarding and governance processes, establishing root causes of incidents and monitoring reports for trends. Lessons learnt will be included in a review of the service’s medicines policies and processes, including training for staff.

Service users and/or their family members or carers will be provided with full information about any medicines-related safeguarding incidents caused by the practices of the care service, and about the progress of any investigation. Where indicated it will comply with its duty of candour by issuing a formal apology.

Service users and/or their family members or carers are provided with full information on how to complain about or to report a medicines-related safety incident or any concerns about the service’s medication procedures.

[**Medication Errors: Identifying, Reporting and Reviewing Medicines-related Problems**](https://app.croneri.co.uk/topics/medication-administration-medicines-and-prescribing/drugmedicines-errors-identifying#DCAM-5101508)

Zenith Care understands that in order to maintain its registration with the Care Quality Commission (CQC), it must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which require clear procedures to be in place covering arrangements for reporting adverse events, adverse reactions to medication, incidents, errors and potential mistakes (near-misses). These should encourage local and, where applicable, national reporting, learning and promoting an open and fair culture of safety.

The care service considers that its administration of medication policies and procedures are sufficiently rigorous so as to prevent mistakes from being made. However, the following procedures will always be followed in the event of a mistake being discovered or a near-miss, or where there is any slip-up in procedures.

**Procedure**

Zenith Care is aware that medication errors can happen even in the best-run care service. Mistakes include incidents where medication is given to the wrong person, where the wrong medicine is given or where the wrong dose is given. The investigation that follows will always work systematically through the whole process of medication administration in order to find the source of the error and to identify the actions needed to put the matter right and to prevent any future occurrence.

Initial investigations will usually be carried out or arranged by the registered manager, who will draw on expert advice and guidance as required by the errors being investigated, eg senior nursing and other clinical staff, pharmacist and GP.

Where safeguarding matters are being investigated, Zenith Care will follow the policies and procedures set out by the local safeguarding adults’ authority. It will also take into account any requirements of the CQC in response to any notification it has made.

* All adverse effects of any medication given to or taken by a service user are reported or referred to the prescribing practitioner without delay or are discussed fully with an appropriate healthcare professional such as pharmacist or out-of-hours GP.
* All medication errors identified by staff are reported to the person in charge or to a responsible medical practitioner without delay.
* It is important that any medication errors be reported immediately if the health and wellbeing of our service users is to be protected. The rapid reporting of such errors means that prompt medical action can be taken where necessary.
* All medication errors are fully and carefully investigated taking full account of the context, the circumstances and the position and experience of the staff involved.
* To encourage staff to report drug errors the care service maintains an open “no blame” policy where staff will not be blamed for an error unless they have been found clearly negligent in their duties. If such a policy is not followed, the care service believes that there is a danger of concealment with potentially dangerous results.
* The results of any investigation into medicines errors will always be used to inform changes and improvements in the service’s medication administration policies.
* Incidents resulting in service users being harmed by a medication error are reported to the CQC under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
* Such incidents are also referred to the local safeguarding adults authority for further investigation and action under its referral procedures.

**Individual Mistakes**

Where the mistake or potential mistake involves an individual, Zenith Care investigation is based on checking against the eight Rs of medicines administration for that person. The procedure is similar to that followed for a routine review of an individual’s medication needs.

* Right service user: has or would the service user be given or be taking (in cases of self-administration) the actual medicine prescribed for that person? The answer could entail checking the prescription(s), ordering and dispensing procedures involved, the list of medicines being taken by the person as stated in their care plan (reconciliation list) and the MAR chart.
* Right medicine: has the right medicine been prescribed? This could involve checking the care plan/reconciliation list with the prescribing practitioner and pharmacist to make sure that all medicines are fit for purpose and are compatible with one another. Any medicines taken as required or over-the-counter medicines used by the person will also be checked for possible adverse effects.
* Right route: are the medicines in a form that enables the person to obtain maximum benefit from them, eg if taken orally? Do they have difficulty swallowing tablets? This will involve checking their abilities and preferences against the prescribing practices to assess that the prescribed route is compatible with the their abilities to follow the prescribed route.
* Right dose: has the person been given or taken the correct dosages? This again will involve checking MAR charts against prescriptions, etc.
* Right time: has the medicine been given or taken at the times prescribed? This again will involve checking MAR charts against prescriptions, etc.
* Resident’s right to refuse: has the person refused to take the medication as prescribed? A yes answer will mean further assessment of the individual’s reasons and their capacity to take their own decisions.

**Self-administration**

Where the mistake has been made by or in connection with a service user who is responsible for taking their own medication, the same process as described above will apply. Zenith Care will also review the individual’s capacity to self-administer, the risks involved and whether these have changed.

**Checking the Medicines Administration System**

Whenever a mistake is identified for one or more service users, Zenith Care will also make wider system checks to ensure that others are taking their medicines safely.

It will therefore make checks on:

* the accuracy of service users’ medicines requirements (medicines reconciliation lists)
* the accuracy of MAR charts in terms of staff recording practices
* the prescribing practices used to obtain medicines, including for repeat prescriptions, etc
* the practices associated with the dispensing and supplying of the medicines
* the care service’s systems for receiving, storing and administering the medicines
* the competence and training of the staff responsible for administering medicines
* communications between staff (verbal and written) to identify any mistakes or misunderstandings in their modes of communication
* the capabilities of service users who are responsible for their own medication and the procedures by which agreements for self-administration are made
* the care service’s methods for routinely monitoring and reviewing its medicines administration.

## Care Workers Roles in Medication Support

Zenith Care recognises the different kinds of support that can be provided for service users who have identified needs in handling their medication.

### Providing general support

General support can include:

* requesting repeat prescriptions from the GP
* collecting medicines from the pharmacy or GP surgery
* disposing of unwanted medicines safely, eg by returning them to the supplying pharmacy or GP practice.
* providing an occasional reminder or prompt to an adult to take their medicines
* manipulating a container, eg opening a bottle or popping tablets out of a blister pack at the request of the person and when the care worker has not been required to select the medication.

The policy is always to:

* provide general support only with the consent of the service user concerned
* identify the exact nature of the support in the needs assessment
* include what has been agreed in the service user’s plan of care
* record all support provided on the medication administration record section of the care plan or separate MAR
* make regular checks that the support provided is as agreed and meeting the person’s needs
* review the arrangement regularly as part of the reviewing of the whole plan of care.

### Assistance with administration of medication

Any need for medication to be actually administered by staff is identified at the care assessment stage and recorded in the service user’s plan. The service user must agree to have the care worker administer the medication and the consent is also documented. If the person is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual and comply with the requirements of the Mental Capacity Act.

Medication is only ever administered by a designated, appropriately trained member of staff.

When administering medication staff always:

* check that the medication is written in the Home Care Medical Record or service user plan
* know the therapeutic use of the medication administered, its normal dose, side-effects, precautions and the contra-indications of its use; this is particularly important where the service user is taking a “controlled drug” for which strict protocols should be developed in line with individual circumstances
* make certain of the identity of the service user to whom the medication is being given
* check that the prescription or the label on the medication is clear and unambiguous and relates to the service user in person
* check the expiry date
* check that the service user is not allergic to the medication
* keep clear and accurate signed records of all medication administered, withheld or refused
* ensure that where a service user is taking a “controlled drug” they follow the protocol agreed in the person’s care plan (for example, to witness and record in a case of self-medication, or to ensure that the drugs are administered in the presence of at least one other person if involved in the actual administration).

MAR sheet is kept in the home of any service user receiving help with medication as part of their care plan.

Any mistake or error in administering drugs must be reported to a parent (in the case of a child), line manager, supervisor or responsible medical practitioner without delay.

Staff must never in any circumstances administer medication that has not been prescribed, give medication to a service user against their wishes, give medication that has been prescribed to another person, or alter in any way the timing or dosage of medications.

If a care worker does not feel competent to administer the medication they should voice their concerns to their line manager. It is important that only staff who are appropriately trained and agree to perform the role administer medication.

**Covert Medication**

Zenith Care recognises that service users have the human right to refuse to take any medicine if they wish to reject it, and it is important that this right is recognised and respected by all who provide care and treatment. However, where a medication has been prescribed for them because it is essential for their health and wellbeing, and where they do not have the capacity to make an informed decision and refuse the medicines, then this policy may apply.

In addition to the above, Zenith Care complies fully with Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which states that the registered person must, so far as reasonably practicable, ensure that medicines are handled safely, securely and appropriately, including when administered in a covert way. We also recognises that in England care providers must comply with the regulations in order to maintain registration with the Care Quality Commission.

At zenith Care medication is always administered on a consenting basis with the full agreement and understanding of the service user, and their lawful representatives, including any advocates involved in their care. However, the service does recognise that there may occasionally arise exceptional circumstances where a service user, because of their mental incapacity at the time their consent is needed, cannot give that consent, despite the best efforts of everyone concerned for the person’s health and wellbeing to obtain it.

In these situations, Zenith Care accepts that the administration of medication without the service user’s consent and knowledge may be necessary if it can be shown that the giving of the medication is in the person’s best interests, as described in the procedures listed below.

At zenith Care, the covert administration of medication will only be a last resort and performed in exceptional circumstances, if at all, and with the service user’s best interests always in mind. Medication will never be administered in a covert way merely for the convenience of staff or of the service. Any abuse of the procedure will be viewed by the service as professional misconduct and as a serious disciplinary matter.

**Procedures**

* A decision to give any medicine without a person’s knowledge will be made only after:
* there is evidence that the person cannot give their consent to the taking of the medicine as prescribed or considered necessary by the medical practitioners involved
* their inability to take the necessary decisions has been fully assessed in line with MCA procedures
* it has been agreed with everyone involved in the person’s care that it would be in the person’s best interests to take the medicine(s)
* it has been checked that the person has not made an advanced directive to refuse medication in the event of mental incapacity
* We must receive clear directions from the prescribers about methods of administration, which are recorded in the person’s care plan, and which are then adhered to and regularly reviewed.
* The mental capacity assessment and best interests’ decision-making will typically involve: the person as far as possible, their lawful representatives, including anyone with power of attorney for their health and welfare, independent advocate, the prescribing medical practitioners and other health professionals involved in the person’s care and treatment, the dispensing pharmacist, and the relevant care service staff.
* The best interests’ process will include examination of the benefits and risks to the person receiving the prescribed or recommended medicine(s) without their knowledge, the availability of less intrusive and restrictive alternatives that might have similar outcomes, and the risks and responsibilities for the administrators of the medicine(s), particularly care service staff. Only medicines that are considered essential for the service user and wellbeing and safety should be allowed to be given covertly.
* If the best interests’ decision is to proceed with covertly administered medicine(s), it will be important to discuss and agree the least restrictive, most palatable and safe administration route, eg by including it with food or drink.
* Pharmaceutical advice must always be sought on the administration route to ensure that the therapeutic values are maintained and to avoid risks of adverse or side effects from altering the normal administration route. The pharmaceutical advice should be recorded on the care plan and communicated to all staff involved, including any key “do’s” and “do not’s” about, for example, crushing of tablets, choice of appropriate food or drinks. All methods of administration should be in line with person-centred care planning values and principles so that, for example, the person is not given the medicine in food or drink that they would not usually choose or might dislike.
* Specific protocols will be needed for each medicine given covertly and for the different types of drugs prescribed, particularly if they entail administration of psychotropic or controlled drugs, which must adhere to all procedures for their administration by whatever route.
* A specific protocol will be needed if the medicine is to be taken on an “as required” basis, which will include a risk assessment, precise instructions to staff administering it, clear recording of the reasons for administration, times and dosages, and close monitoring.
* All relevant information must be recorded on the person’s care plan and administrations carefully recorded on the person’s MAR charts. The records must be checked regularly by a designated nurse or manager to ensure adherence to the care plan, and reviews carried out at least monthly or more often if needed with all the people involved in the decision-making.
* An important feature of the review is to decide if it will be possible to discontinue the practice of giving the person medication without their consent or knowledge (which is in line with all mental incapacity best interest decisions).
* It will also be important to discuss at review any other implications of the covert administration practices being followed, for example, the need for safeguarding.

**Disposal of Medicines (Where Applicable)**

If Zenith Care agrees to the disposal of any unwanted, damaged, out-of-date or part-used medicines on behalf of the service user, it will first obtain agreement from the person (or their family member or carer) on how the medicines should be safely disposed of.

The procedures should be in line with local policies, which are usually to return them to a pharmacy for safe disposal with special considerations given for the disposal of controlled drugs, needles and syringes, which also in line with local procedures could involve using a licensed waste disposal service.

Zenith Care will consult local pharmacists, health professionals and the local authority waste disposal service over the correct procedures for any specific products.

Zenith Care will keep a record of the actions taken, including the name and quantity of medicine, the name of the person returning the medicine, the date returned and the name of the pharmacy to which the medicines have been returned.

### Specialised Administration

In exceptional circumstances and following an assessment by a healthcare professional, if any of our care worker is asked to administer medication by a specialist technique including:

* rectal administration, eg suppositories, diazepam (for epileptic seizure)
* insulin by injection
* administration through a Percutaneous Endoscopic Gastrostomy (PEG).

Any care worker asked to carry out any such procedure must agree to doing so and we ensure they are properly trained in that procedure with specialist supervision also provided. All procedures must be recorded on a MAR Sheet.

## Medicines Records

AT Zenith Care we ensure that we keep a separate record within the care plan for *all* medicines support it provides. The agency ensures through its monitoring and auditing arrangements that the medicines records like the other care records are accurate and kept up to date, and accessible in line with the service user’s expectations for confidentiality.

Ore Care workers are trained to record on the appropriate medical administration record chart or in some cases medicines’ support section of the care plan, the medicines support given on every occasion together with any other relevant information.

Recording should include details of all the support provided for prescribed and over-the-counter medicines, such as:

* reminding a person to take their medicine
* giving the person their medicine
* recording whether the person has taken or declined their medicine.

If Zenith Care workers are responsible for giving any medicines, they are expected to record their actions on a medicines administration record such as one obtained from the supplying pharmacist, or Zenith Care ‘s own, produced to enable all required information to be recorded.

All medicines administration records used will include:

* the person’s name, date of birth and, if known, NHS number
* the name, formulation and strength of the medicine(s)
* how often or the time the medicine should be taken
* how the medicine is taken or used (route of administration)
* the name of the person’s GP practice
* any stop or review date
* any additional information, such as specific instructions for giving a medicine, including time-specific factors, and any known drug allergies.

The agency will work with family members and informal carers to ensure recording can be as complete as possible. Care staff are required to always check if medicines have been correctly taken at times other than when they are giving them, and to report any concerns.

## Monitoring of Medication

Staff should always be aware of the nature of the medication being taken by individual service users and should report any change in condition that might be due to medication or side effects immediately to a child’s parent, their line manager or supervisor, or to the GP or community pharmacist.

Zenith Care will work closely with community pharmacy services and with service users’ GPs to ensure that they are provided with adequate support and a seamless and integrated service relating to their medication needs, sharing all relevant information on a need-to-know basis with due regard given to service user confidentiality.

## Non-compliance with Medication

Zenith Care understands that the correct taking of such medication is essential for the health and wellbeing of service users but also that there are circumstances whereby some service users will fail to comply with their prescribed treatments, eg self-medicating service users failing to take their medication as directed or non-self-medicating service users refusing their prescribed medication, or failing to swallow it and then disposing of it.In such cases, the service is clear that its staff have no right to force non-compliant service users to take their medication, but that staff do have a duty to refer all such occurrences back to the original prescriber, to the service user’s GP and/or to the service use Procedures

Any member of staff who is unsure of what to do regarding medication in any given situation should contact their team leader or manager immediately.

## Training

At Zenith Care:

* All new staff will receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems. Those who will be involved in medicines administration in people’s homes will have additional training to the level required by their roles and responsibilities.
* All staff involved in the giving of medicines without a person’s consent and knowledge will receive training on the care service’s policy and procedures and correct administration methods. Only staff who have been assessed as competent will give any medicine covertly.
* The training will ensure that staff understand the safeguarding, mental capacity issues that are involved in the implementation of the policy, and the importance of a multi-disciplinary approach.
* The training will form part of the care service’s wider training programme in the safe administration of medication and will be tailored to staff roles and responsibilities.
* All training will reflect up-to-date evidence-based guidelines.
* Only staff who have been assessed as sufficiently skilled and competent will be designated to administer medicines.
* In order to be considered competent staff must attend appropriate training and be assessed as competent. Staff who have been assessed but who do not have the skills to administer medicines, despite completing the required training, will not be allowed to administer medicines to service users.
* Care staff will be expected to attend refresher training and additional training as required.
* Access to additional training will be supported for those fulfilling any enhanced role.
* Up to date records will be kept of all medicines administration training.
* A register will be kept of designated staff.
* Staff should never undertake any duties or roles that they have not been trained to do or for which they do not feel competent.

**ZENITHCARE**

**MEDICATION COMPETENCY ASSESSMENT FORM**

|  |  |
| --- | --- |
| **Staff member being assessed** |  |
| **Manager assessing** |  |
| **Date Of Assessment** |  | **Observation No.** |  |
| **Time** |  |  |  |
|  | **Y** | **N** | **N/A** |
| Did the staff member check the records to establish where the medication is kept for that person? |  |  |  |
| Did the staff member check the person’s records to establish if they can self- medicate safely, or if they need support? |  |  |  |
| Did the member of staff check the MAR sheet to see what medication was due at the time of assessment? |  |  |  |
| Did the staff member check the records to see how the person prefers to have their medication or demonstrate that they knew this information and administered the medication accordingly? |  |  |  |
| Did the staff member prepare everything before starting to administer medication? e.g. washing their own hands, preparing a drink, having a tray or medication cups, gloves for cream applications. |  |  |  |
| Did the staff member have a basic understanding of the medication they were handling? e.g. what was it for, what are the side effects? |  |  |  |
| Before preparation or administration, was the person’s **consent** obtained? |  |  |  |
| Was the medication to be administered covertly? If so, is there a procedure in place for this which is in the best interests of the person? |  |  |  |
| Did the person check the correct **medication** **dose** **person** **route** **time** were the same on both the **pharmacy label** and the **MAR sheet**? |  |  |  |
| Was the medication prepared according to the directions and information on the MAR sheet? |  |  |  |
| Was the correct medication and dose selected at the correct time? Was consideration given to timing in terms of food or other directions? |  |  |  |
| If PRN did they check when the last dose was given? |  |  |  |
| Was the medication in date? Can the staff member talk through what actions to take if the medication was out of date? |  |  |  |
| Was the appropriate measure used for any doses of liquid medication? e.g. measuring cup, oral syringe, or insulin pen? |  |  |  |
| Did the staff member administer using non-touch technique? |  |  |  |
| Were information, support and reassurance offered throughout to the person in a manner which encourages co-operation, promotes dignity and which is appropriate to the person’s needs and concerns? |  |  |  |
| Items witnessed being administered?Tablets / capsulesInhaler devicesEar dropsCreams and ointmentsLiquidsEye dropsNose dropsSachets and powdersNasal sprays |  |  |  |
| If the person was supported to use sharps for self testing of body fluids, did the staff member follow the safe disposal of sharps and/or clinical waste procedure? |  |  |  |
| Can the staff member describe what immediate action to take following a sharps incident? e.g. squeeze wound to encourage bleeding and run under cold water, report to A and E, inform line manager to complete incident form. |  |  |  |
| If the person self-medicates, did the member of staff witness the individual taking all of their medication? |  |  |  |
| If medication was left for the person to take later, was this done in accordance with an agreed plan and risk assessment and was this recorded on the MAR sheet correctly |  |  |  |
| Did the member of staff sign the MAR sheet correctly immediately after the medication was administered? |  |  |  |
| Did the staff member follow the correct procedure if needed for other staff to witness and double sign for the medication? |  |  |  |
| If medication was not given or refused, was the appropriate code entered on the MAR chart? |  |  |  |
| Were the MAR sheet and medication returned to the correct storage place after use? |  |  |  |
| Were any shortages in medication noticed and if so did the staff member take the appropriate follow up action? |  |  |  |
| Can the staff member describe what to do if they (a) made an error (b) dropped or spilled the medication? |  |  |  |
| Can the staff member describe what they would do if someone spits out or is sick shortly after their medication is administered? |  |  |  |
| Can the staff member describe what they would do if they noticed an error made by another staff member? |  |  |  |
| Has the person read and signed the service-specific medication policy and procedures? |  |  |  |

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| Signed: | \_\_\_\_\_\_\_Kechi Anyanwu\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_05th November 2021\_\_\_\_\_\_\_\_\_\_\_\_ |
| Policy review date: | \_\_\_\_\_20th April 2022\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |