Adult Social Care

Right Help, Right Time to Promote Independence

Medications Policy & Guidance

Medications Policy for Adult Social Care Services

Title	Medication Policy and Guidance
Purpose/scope	To ensure there are robust guidelines in place to support service users to self-medicate and independently manage their own medication. Where this is not possible, support is given by appropriate staff to administer medication.
Subject key words	
Council Priority	• Protect and support our vulnerable children and Adults • Improve the health and wellbeing of our communities and address health inequalities
Lead author & contact details	Fiona Managh 382320
Date Established	October 2017
Date of Next Review	October 2020
Service Improvement & Efficiency Validation	Clare Hall-Salter
Legal Sign Off	
Finance Sign Off	
Approver	Assistant Director: Adult Social Care

Contents

1. Introduction and Background

The aim of this policy is to encourage and support service users to self-medicate and independently manage their own medication. Assessments regarding self-medicate will be promoted as best practice. Compliance aids may be required to ensure the service user using the service remains independent and free of intervention. The authority is committed to the basic principles that service users should be able to exercise maximum personal responsibility over their own lives and decisions, as appropriate to their capacity. However, there may be a need to support service users with the management of their medication.

This medication guidance applies to all provider services but it may be necessary for each service to have its own procedures relevant to its circumstances.

Support with medications will only be commissioned as part of a larger care package. Medication only support will not be commissioned by the authority.

The guidance details a number of principles to ensure that service users have their medication when they need it and in a safe way. However, it is understood there may be situations arise which are not covered in this document.

It is expected that commissioned providers use their professional experience and judgement to deal with all eventualities, ensure the safe and well-being of service users at all times.

2 Policy Statement

Medicines should be administered in a way the person using the service finds acceptable without detracting from their human rights. The policy applies to all care settings and their care staff, domiciliary care, day services and others.

The implementation of this policy is dependent on partners in the health service and Adult Social Care services working in close collaboration with independent providers and with the agreement of people using the service and carers and care workers.

3 Purpose of the Policy

To ensure there are robust guidelines in place to support service users to self-medicate and independently manage their own medication. Where this is not possible, appropriate support is given by staff to administer medication.

4 Policy Information

4.1 Managing Medicines

Medicines remain the property of the person using the service to whom they have been prescribed. They should not be shared with others or used on a temporary basis if another person using the service runs out of the same item.

Care staff involved with medication related tasks should not advise people using the service about medication. They should refer queries to a suitably qualified health professional.

Whilst in the care of family and friends, care staff should not administer medication to the person using the service until an agreement has been made regarding who will take overall responsibility for medication. This is to reduce the risk of medicine related incidents.

Service Users should have medicines prescribed by their GP or over the counter medicines made available to them when they need them. Simple household remedies can be administered by the service user, however, checks should be made with the GP or dispensing pharmacist to ensure that there are no contraindications or interactions with any prescribed medicines.

The amount of medication prescribed must be specified on each container or MDS and on the relevant record. Additional instructions may be added to the label by the pharmacist such as 'avoid alcohol' or 'complete the course'. If the instructions are unclear the pharmacist or prescribing GP should be contacted to clarify.

Labels on medication must not be altered by staff or any other person. If medication for a service user is received with a hand written change to the pharmacy label, confirmation must be obtained from the dispensing pharmacist or GP before administering.

A service user transferring into authority care may be accompanied by one or more types of medication ranging from controlled drugs to alternative remedies. Prescription medicines belong to the individual for whom they are prescribed, labelled and supplied. Prescribed medicines must not, at any time, be used for another service user as though they are 'stock' held by the service. The principles of names patient dispensed medicines being the property of the names service user should also be applied to dressings, surgical sundries, and nutritional supplements and therefore should only be for the service user they are supplied.

4.2. Prescription Medicines

All pharmacist must supply all oral solid dose and all oral and external liquid dispensed medicines in child resistant packaging. All medicines will therefore be dispensed in either a re-closable child resistant container or in a strip packaging, unless:

- The type of original pack is such as to make this inadvisable
- The service user is likely to experience difficulty opening a child resistant container

- A specific request from the service user for the product not to be dispensed in a child resistant container
- Medicines are generally dispensed in the manufacturer's original pack. To aid service users with self-administering of their medication, medicines cab be dispensed into compliance aids such as monitored dosage systems (MDS). However some frail service users may experience difficulty opening some packs and may find traditional containers easier to handle. Professional advice may be sought from a pharmacist when considering whether a compliance aid would be beneficial.

4.2.1 Creams, Ear Drops and Eye Drops

Skin creams, ear and eye drops prescribed or otherwise are classed as medication. The administration of these preparations should be recorded the same as other medication except that the dose measurement will differ, e.g. the number of drops or amount of cream used. With creams the site of application should also be included.

4.2.2 Over-the-counter Medicines

Simple Medicines
Simple medicines can be bought over the counter at many shops and can be effective in the treatment of minor ailments, indigestion mixtures, mild pain killers, cough linctus and laxatives are in this category. Wherever possible before administration, a pharmacist or GP advice should be sought to ensure no contraindications with any prescribed medicines. Simple medicines should not be given for more than 48 hours without seeking medical advice. If symptoms persist then a GP should be contacted in case the ailment is the symptom of a more serious illness. The use of over the counter medicines should be recorded.

Homeopathic medication
Before administration, GP advice must be sought to ensure no contraindications with any prescribed medicines. The use of homeopathic medication should be recorded.

4.3 Administration of Medicines

As much as possible, services users should be encouraged to self-medicate. This enables them to maintain maximum personal responsibility over their own lives and decisions. However, not all service users have the physical and/or mental capacity to complete this.

All staff who administer medicines must be appropriately trained. Up to date lists of trained staff to administer medication must be kept, including their designation and examples of their signatures and initials. This document must be accessible to inspectors, pharmacists and GP's.

All medication can be administered by one person. In exceptional circumstances and where the medication risk assessment has evidenced a risk, 2 people may be required.

All medicines that are administered by staff must be from original containers and not from an MDS. Administration of medicines also includes the final preparation of medicines immediately prior to a medication being taken. This includes shaking bottles, removing lids, removing tablets

from a container and pouring a measured dose into a container for the service user to swallow. The safe procedure for administering medication is:

1. Check the service user's identity by confirming their name or by using a photograph.
2. Make sure the medication record relates to the service user concerned
3. Find the entry for the medicine on the medication record you are about to give and ensure that:
   a) The dose has not been changed
   b) The dose has not already been given by someone else
   c) It is the correct time to administer the medicines
4. Check the details on the container against the record
5. Check the medication is in date
6. Measure the amount or count the dose and give it to the service user
7. Record on the medication record immediately that the medication has either:
   a) Been given and TAKEN
   b) Been refused or not taken (if the medicine has been removed from the container and not taken, it must be disposed of safely.
   c) Not been given – in which case state why
   d) Where a variable dose is prescribed, record the actual dose

Low level nursing tasks including but not limited to eye drops and compression stockings must only be provided by appropriately trained members of staff. Training and support should be received from the community district nurses and these staff members must be assessed as competent by them. If training is not available from the appropriate health care professionals, then the provider must ensure that staff have received appropriate alternative training and have been assessed as being competent to provide the support.

On some occasions individuals may need to take short periods of not more than 72 hours away from a care service (respite). On such occasions the authorised member of staff on duty must arrange for medicines to ne in original containers or MDS for them to take with them.

Where treatment is required outside of a residential services, such as day care services etc, steps should be taken by the residential provider to ensure the continuity of supply of medicines to a service user where that person spends time in two or more places, e.g. outside the residential establishment, in day care or with relatives.

Where a service user goes out of a residential service regularly and requires medication whilst away, the pharmacist and/or GP should be asked to assess whether an alternative preparation is available which would reduce the frequency of dose. It may be appropriate to consider whether the medicine must be taken whilst the service user is absent from the home, a separate container of medicine should be requested by liaising with the pharmacists and/or GP as appropriate.

4.4 Medication Risk Assessment

Before supporting any service user with their medicines, a medication risk assessment should be carried out. This should assess the level of support required as well as identifying any

medication that carried extra risks, the storage of medicines, the use of controlled drugs, acquiring information of any known allergies as well as how to dispose of any unused medicines. The risk assessment should determine whether the individual can administer their medication independently or whether they require support from care workers.

A review of the self-administration medication risk assessment should follow the six monthly GP/consultant review of drug treatment.

It is recommended that the risk assessment focusses on assessing the individual's capabilities in managing their own medicines as well as assessing the environment where the medication is to be administered. It should also include the potential risk of theft of the medicines, the storage of medicines, the disposal of unused medicines and where safeguarding may be an issue.

4.5 Self Medication

Service users should be given charge of their own medicines wherever possible. This will help them to keep control of their own lives and maintain independence. The medication risk assessment completed by the appropriately trained member of staff will determine whether the service user can manage their own medicines. Self-medication can be helped through a Monitoring Dosage System (MDS) or forms of assistive technology support including pivotells, alarms, or telecommunications support. An individual's ability to self-administer their medication should be reviewed at least every six months.

Care workers will have the responsibility for monitoring the service user's capability with handling their own medication. Staff should notify their manager if they notice any change in the individual's capability or health that could affect their ability to manage their own medication. If this occurs it is the responsibility of the manager to complete a new risk assessment. If the ability of a service user to manage their own medicines deteriorates to the extent that care workers have to take responsibility for the administration of medication, it will be necessary to gain consent from the service user or obtain a best interest decision.

4.6 Prompting of Medicines

The medication risk assessment may confirm that prompting the service user to take their medication is required. Prompting support involves providing a verbal reminder to the service user to ensure they take their medication at the correct time as well as passing their MDS box to them. Any support with prompting must be detailed within the individuals support plan and must be recorded on the daily visit log by the care worker when the support is provided. If an individual requires further assistance than a verbal prompt then a new risk assessment must be completed by the manager or appropriately trained member of staff.

4.7 Administration of 'Special measures' Medicine

Controlled Drugs, Lithium, Methotrexate, and Warfarin are deemed to be 'special measures' drugs that require additional training because of the potential to cause harm if not administered correctly. The administration should be by a duly authorised and competent member of staff backed by a robust medication risk assessment and management plan. It is recommended that staff with transcribing responsibilities have access to sources of information so that the status of

controlled drugs can be checked and detailed onto the current medication record. ALL administration of 'special measures' drugs must be recorded on the medication record. It is also recommended that the safe storage of these medicines is also recorded.

It is recognised that a medication regime may need to be adjusted or altered to deal with individual needs. In these cases, the commissioning authority needs to be approached with a detailed explanation of the circumstances and a full risk assessment. The commissioning authority will need to liaise and gain consent from the relatives or carer before any change to the medication regime can be authorised.

Insulin must not be administered by a care worker. The only interaction a member of staff may have is a verbal prompt to self-administer. Support for the administration of insulin will not be commissioned from a service provider and this includes checking that an individual has set the insulin pen to the correct level and the supervision of blood sugar testing. It will be the responsibility of a health care professional to support the individual with sourcing appropriate aids to enable self-administration. Insulin can be administered by a nurse. The level of insulin to be administered must be checked by 2 nurses before the medication is administered.

4.8 Covert Administration

Covert medication is the administration of a medicine without the knowledge of consent of a service user e.g. disguising a medication or hiding it in food or drink. Medication should not be administered in this way. Administering medication to a service user who has consented to having their medicine administered in this was e.g. due to medicines having an unpleasant taste or difficulty swallowing does not constitute covert administration.

It is a service user's right whether they take their medication and they have the right ro refuse medication. Care workers should not coerce a service user into taking medication and should always seek the consent of the service user before administering any medication. Where a service user refuses to take their medication then care workers should follow the guidance in section 5.3.

When a service user is considered incapable of giving consent to treatment, or where the wishes of the incapacitated service user appear contrary to his or her interests, a mental capacity assessment must be undertaken. Once this has been carried out and the individual is deemed not to have the capacity then a best Interest decision can be made. This decision is made by a multi-disciplinary team and must be recorded in the service users support plan. As an individual's capacity can change, regular reviews must be undertaken.

4.9 Administration of other forms of medicine

As a general rule, care staff should not undertake invasive procedures. However, there may be exceptional circumstances when it might be appropriate to undertake such personal tasks providing the following criteria apply:

- The doctor/nursing practitioner gives clear instructions
- Staff to carry out the procedure are clearly identified
- Members of staff are appropriately trained and have demonstrated their competencies to carry out the procedure

- A suitable and sufficient risk assessment is carried out by an appropriately qualified member of staff for each service user
- The relevant service manager has agreed to the procedure being carried out based on the assessment
- A procedure, review and recording process is agreed
- The administration is fully recorded

4.10 Treatment prescribed outside the establishment

When people attend hospital or out-patient departments, medicines may be prescribed or changed. Usually only a small quantity will be dispensed and people are expected to get further supplies from their doctor. On such occasions staff must seek confirmation about the new medication with the individual's GP, Consultant or Nurse Practitioner.

5. Incident Reporting

5.1 Medication Errors

A medication error is defined as any preventable event that may cause or lead to inappropriate use of medicine or harm to a service user while the medication is in the control of social care staff. It is the service manager's responsibility to provide an environment where care workers feel comfortable and confident to report any errors without prejudice or recrimination. An error may be:

- A transcribing error
- Loss or wastage of medicine
  An administration error: Omitting to administer medication
  To the wrong person
  via the incorrect route
  At the wrong time
  Of the wrong medication
  Of the wrong dose
- Poor storage or handling

On discovery or in the event of an error the following steps should be taken:

- The service user should be informed where appropriate
- The Team Leader/Service Delivery Manager of the service or senior member of staff on duty should be immediately informed of the error
- Family members/representatives should be informed of the error, where appropriate
- The Manager or senior member of staff on duty will provide the staff member reporting the error with instructions on the actions to be taken
- The manager will need to contact the GP, Consultant, Nurse practitioner or NHS Direct for advice
- If requires, it may be necessary to dial 999 for the emergency services
- The manager should ensure that the medication error reported is investigated and appropriate actions to prevent recurrence are taken. If the error was thought to be

deliberate and intended to cause harm a safeguarding notification will need to be made to the Safeguarding team
- For a serious medication error, the manager should commission an investigation and make recommendations on how to reduce the likelihood of the incident happening again
- Provisions should be made to support the staff member making the medication error
- It is advisable for registered services to maintain a system of monitoring all medication errors that can be reviewed during an inspection
- If the error involved a controlled drug, the PCT Controlled Drug Accountable officer should be informed

5.2 Suspected side effects/adverse drug reactions

An adverse reaction is when a service user has an unintended reaction to a drug when no error has occurred in administration. All medication has the potential to cause unwanted and/or unexpected adverse reactions.

It is the care workers responsibility to monitor the wellbeing of each service user they visit. If the care worker has concerns for the welfare of any individuals due to a suspected adverse drug reaction then the following steps should be taken:

- Immediately inform their manager or senior member of staff on duty
- Family members/representatives should be informed of the concern, where appropriate
- The manager of senior member of staff should seek immediate medical advice from the service users GP, Consultant or pharmacist and may have to call the local Accident and Emergency department and/or poisons unit
- If the situation is deemed life threatening then it may require the care worker to dial 999 for assistance from the emergency services
- The Manager or senior member of staff on duty must record the incident
- The Manager will initiate a review of the service users medication with the GP, Consultant or Nurse Practitioner
- For a serious adverse reaction the manager should arrange for a statutory notification to be sent to the Care Quality Commission and the event recorded on the authorities suspect adverse reaction form

5.3 Refusal of Medicines Administration

If a service user refuses any medication then the following action should be taken:

- Care worker record the reason for refusal on the medication record
- Care worker must report any refusals immediately to their line manager
- It is the managers responsibility to contact the individual's family/health care professional for advice and guidance

Car workers are also able to refuse to administer medication if they do not feel competent to do so. Any situations where care workers feel unable to administer medication they must inform their line manager immediately.

5.4 Unexpected/Out of Date Medicines

Where medicines for a service user differ unexpectedly from those received previously or the care worker finds the medicines out of date the following actions should be taken:

- Care worker should first contact the service users next of kin/carer, where applicable
- If there is no carer then the care worker should report this issue to their line manager
- It is the senior managers responsibility to check with the pharmacist or dispensing GP
- Care workers should not administer any medication before these checks have been completed
- With regards to out of date medicines. If no new medication can be found at the service user's home then the administration of the medication must not be undertaken by the care worker until the new medication is made available

5.5 Missing Medication

Where a care worker has concerns that medication is missing then they must report this to their line manager immediately. It is the responsibility to report all missing medication, especially where controlled drugs are involved to the police. Missing controlled drugs must also be reported to the PCT Controlled Drug Accountable officer.

6. Record keeping of medicine administration

The medicine record should show for each service user not responsible for their own medication the following:

The persons full name and date of birth
Prescribing GP
Dispensing Pharmacist
Details of any known drug allergies, e.g Penicillin or Aspirin
Name of the medicine
The form of medicine e.g tablet/liquid/mixture
The dose
Whether it should be taken before or after food
Refused or not taken
The times of administration
Initial of care workers issuing medication
Start date of medicines (for short term medicines e.g. Antibiotics and perishable medicines e.g. eye drops)

In respect of all records each entry should be initialled and a time recorded.

Only those who are appropriately trained should administer medication. If care workers notice a change in the service user's medication then they should immediately inform their manager. It is the manager's responsibility to provide guidance to care workers on the new medication as well as ensuring that the medication record is updated by an appropriately trained member of staff.

The medication profile and the medication record should be kept together. These records must be used whenever medicines are administered or reviewed.

The manager is responsible for making sure records are kept correctly and retained for at least three years after the death or departure of a service user. Within residential care, after the death of a resident, all medication must be kept on the premises for 7 days.

Within residential care it is also necessary to ensure that medicines are managed accurately. The following records must be kept:

- Receipt/disposal records (including medicines returned to the pharmacist)
- Medication Record
- Administration (including the controlled drugs register)
- Medication errors
- Adverse drug reaction
- Return of medication to the pharmacist

6.1 Records of controlled drugs

In addition to the records described above, care homes with the exception of children's homes must keep a separate record of controlled drugs receipt, administration and disposal. These records must be kept in a bound book or registered with numbered pages. The bound book will include for each service user the balance remaining for each product with a separate record page being maintained. It is necessary that the balance of controlled drugs be checked at each administration and also on a regular basis. Any discrepancy in the balance should be immediately investigated. If the discrepancy cannot be resolved it should be reported to the police and the Controlled Drug Accountable Officer.

7 Safe Storage of Medicines

Irrespective of the system in use, all medicines retained for individuals must be stored in packages/containers as dispensed by the pharmacist or dispensing doctor which record:

- The name of the person
- The name of the medicine
- The prescribed dosage
- The frequency of the administration
- The quantity or volume of the medicine
- The date of purchase or acquisition

In a residential setting, when an individual is able to manage their own medicines, a lockable cupboard or drawer must be provided and the individual may be responsible for keeping the key securely. All other medicines must be kept in approved medicine cupboards or trolleys, which are to be locked at all times except during administration; medicine cupboards and trolleys must only be kept to store medication. Trolleys must be locked to the wall when not in use. A temperature check should be made each day to ensure the drugs and medicines are kept below

25°C – medication can be compromised if kept at temperatures in excess of 25°C for six or more days.

It is advisable they should be sited in an area, which limits unauthorised access and must be kept away from direct light and heat sources. Cupboards should be mounted on securely solid walls. Medicines for internal and extern use should preferably be stored in separate locked cupboards. If this is not possible, medicines for external use must be stored on separate shelves below medicines for internal use.

7.1 Cold Storage

A separate, secure and dedicated refrigerator should be available where there is a need to refrigerate prescribed medicines, e.g. insulin. Where no specialised fridge is available, medication requiring refrigeration must be placed in a secure container and clearly labelled to identify contents before being placed in a standard fridge.

The temperature of the medicines refrigerator should be monitored daily when in use, using a maximum/minimum thermometer and the temperature recorded. Care staff should have a clear understanding of the action to be taken if the temperature is outside normal range for cold storage; the normal range is usually between 2°C and 8°C but the patient leaflet and product should be checked for confirmation. The dedicated refrigerator should be cleaned and defrosted regularly according to the manufacturer's instructions.

7.2 Oxygen Gas

When a doctor prescribes oxygen it is delivered by a contracted supplier. If the gas is supplied in cylinders consideration should be given as to how the bottles (full or empty) are to be stored. If there are major concerns the advice of a Health and Safety Advisor should be sought.

7.3 Storage of Controlled Drugs

The storage of controlled drugs is specified in the Misuse of Drugs regulations 2001 and the Misuse of Drug (Safe Custody) regulations 2007. All care homes are now required to comply with the Controlled Drugs Safe Custody arrangements. All schedule 2 Controlled drugs and some schedule 3 controlled drugs must be stored in a controlled drugs cabinet. Specifications of cabinets and safes set out in the Safe Custody regulations should be regarded as a minimum standard for the storage of controlled drugs. The controlled drugs cabinet must be fixed securely to a solid wall or floor with rawl or rag bolts. Suppliers of cabinets can confirm that a cupboard meets the controlled drugs requirements, although it is recommended that care homes request formal confirmation when purchasing a controlled drugs cabinet. It is recommended to consider the security of the location to prevent unauthorised access; only those with authorised access should hold keys to the controlled drug cupboard. The controlled drug cupboard should only be used for the storage of controlled drugs.

For residents who are self-medicating, the controlled drugs should be stored in a locked non-portable receptacle in the resident's room.

Within a domiciliary care setting, care workers will be working in individual's homes and therefore may not have control over where medicines are stored. It will be the managers responsibility to ensure that a medication risk assessment is complete and if any safety concerns are highlighted that these are discussed with the individual and/or their representatives. Managers can recommend that medicines are stored appropriately and safety but this cannot be enforced. It will be the responsibility of the care workers to report any issues that could affect the service user's health and wellbeing to the manager. It will then be the manager's responsibility to report concerns to the family/representatives and the social work team.

8 Repeat Prescriptions

As part of their support service user's medication will need to be replenished.

Where a service user has no carer or next of kin and where they have given their consent then care workers are permitted to:

- Request a repeat prescription from the GP surgery
- Request a repeat prescription through the pharmacy's collection/delivery service
- Obtain medicine prescribed as a 'one off'

This support must be detailed within the service user's support plan and consent must be granted by the individual. This support can also be provided on an ad hoc basis (e.g. when carers/next of kin are on holiday, etc) but care workers must seek managers permission before this support is provided. Care workers may also need to prompt carers/next of kin when medicines are running low. Any support must be comprehensively documented.

9 Disposal of Medicines

No medicine should be disposed of without the consent of the service user or their carer/next of kin.

Medicines should be disposed of when:

- It is refused by a service user
- The expiry date is reached (for eye preparations, the date of opening should be recorded on the label and the contents discarded one month later)
- If no expiry date is recorded then the medicine must be disposed of after twelve months from the date of dispensing
- A course of treatment is completed or the GP, Consultant or Nurse Practitioner stops the medication
- The service user for whom the medication is prescribed dies. Note, the medication should be kept for at least seven days after the death as details may be required by the coroner.

9.1 Safe Disposal

The disposal of medicines is covered by legislation and regulated by the Environment Agency. Safe disposal means that the medication is put beyond further use by destroying the delivery medium or active component. **In no circumstances should medication be disposed of by flushing down a sink or toilet into the sewage system**.

Arrangements should be made for the waste to be collected by a licensed waste disposal contractor.

Managers should arrange to return all unused medicines to the dispensing pharmacist. It is recommended that a signature of receipt be obtained from the pharmacist and a full record of all medicines disposed of should be kept including date medicine returned to the pharmacy, name and strength of medicine, quantity returned and person whom the medicines were prescribed.

9.2 Disposal of Controlled Drugs

Controlled drugs, which have been obtained on individual NHS prescriptions, may be disposed of by returning to the supplying pharmacist. The pharmacy can then ensure that these medicines are disposed of in accordance with current waste regulations. It is recommended that a signature of receipt be obtained from the pharmacist and a full record of all medicines disposed of should be kept.

10. Medication Management and Monitoring

Medication audits must be undertaken regularly to ensure the correct administration and control of all medications on site. The findings of such audits should be reported to the manager for appropriate action.

11. Stock Control

A record of all medicines received must be kept to record which medicines enter or leave the establishment specifying:

- Date
- Medicine
- Strength
- Quantity
- Signature of person receiving/transferring/disposing (in latter case, witness)

12. Medication Record

The medical profile must detail the following information for each individual:

The persons full name, date of birth and a recent photograph (residential only)
Details of any known drug allergies, e.g. Penicillin or Aspirin

The following facts about each prescribed drug should also be detailed in the medication profile;

- Its name
- The form of medicine e.g. tablet/liquid/mixture
- The amount dispensed
- The strength of the prescribed medication
- The dose administered
- The route of administration e.g. by mouth/rectally
- The times of administration
- Whether it should be given before or after food
- Other specific instructions identified by the doctor or pharmacist e.g. maximum number of tablets to be administered within a 24hr period
- The dates when:
  - The medicine was dispensed
  - The dispensed medicine was received
  - Treatment was started

13. Confidentiality and Information Sharing

Information about service users must be treated confidentially and respectfully. Members of the care team should share confidential information about a person using the service with health and social care professionals and other professionals (i.e. police, fire service, transport staff etc.) when it is needed for the safe and effective care of an individual.

Consent to share this information will have been obtained when the assessment was completed and support plan implemented.

Records that contain confidential information about a person must be held securely and must be accessed only by those persons who need to have access to them.

14. Drugs Recall

In the event that certain drugs are recalled, then the manager should have robust procedures in place to ensure that care workers are not administering these medicines and that they are returned as guided by the medication company.

15. Training

All staff must be appropriately trained and assessed as competent to assume responsibility for the administration of medicines: managers should keep a record of all training undertaken by their staff and have signed and dated authorisations to administer medication. Training must be repeated at least three yearly and an annual competence check coe administering medication must be undertaken. Where members of staff are requested to administer 'special measures' drugs or medicines by an invasive route, for example the use of auto injectors, additional training may be necessary. This training should incorporate an assessment of competency on a service user's profile. All staff training should be documented. Review and evaluation of the training of care staff is essential at least annually.

Staff members who have not received appropriate training are **NOT** permitted to administer medication.

16. References

The Medicines Act 1968
The Misuse of Drugs Act 1971
The Misuse of Drugs (Safe Custody) Regulations 1973 as amended by the Misuse of Drugs Regulations 2001
The Data Protection Act 1998
The Health and Social Care Act 2008
The Care Act 2014
The Health and Safety at Work Act 1974
The Control of Substances Hazardous to Health Regulations 2004
Hazardous Waste Regulations 2005
Mental Health Act 2007
Mental Capacity Act 2005

16.1 Websites

Care Quality Commission – http://www.cqc.org.uk
Royal Pharmaceutical Society of Great Britain – www.rpsgb.org.uk
Department of Health – http://www.dh.gov.uk/en/index.htm