

# **Adult Social Care and Health Directorate**

## **Policy and Practice Guidance For Medicines Support In-House Adult Short Breaks and Community Services only**



**Policy and Practice Guidance - For Medicines Support  
In-House Adult Short Breaks and Community Services only**

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## Executive Summary

This document is in two sections:

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

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

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

## SECTION A

### A.1 Introduction

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

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

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

- accessing community activity services; and/or
- accessing a short break in one of the in-house residential units

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

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

- receipt
- recording
- storage
- roles and responsibilities
- identifying, reporting and learning from medicines-related incidents/issues
- handling
- Medicines Support (administration/prompting/assisting)
- Disposal
- resident's right to refuse

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## A.2 Scope

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

Service types covered in this policy are:

- Community Services – Inspiring Lives
- Adult Short Breaks – learning disability

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

“**Agency**” is a competent person<sup>1</sup> commissioned by the Service to provide care and support as directed by Responsible Manager/Staff. Agency staff are permitted to provide medicines support. **The agency provider provides their own medication training.**

“**Consent**” means agreement by the Person to the medicines support, care and interventions within the Service. It **does not** relate to *consent to share personal identifiable information* (under General Data Protection Regulation). **KCC and other organisations involved in providing health and social care have a legal duty to share information in order to provide care and support safely and effectively, we do not need consent to do this.**

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

“**MAR**” used as the Medicines Administration Record to record any medicines support that Staff administer to a Person. The MAR may be a printed record provided by the supplying pharmacist, dispensing doctor or handwritten by the Service. (See B3.2.1 for more details and *Appendix 4* how to complete the MAR record).

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

**Medication error:** includes:

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

“**Person**” is aged 16 years and above who has care and support needs under the Care Act supported by KCC in-house provision. For a disabled young person, a Young Persons Plan<sup>2</sup> is in place to ensure eligible needs continue to be met after their 18th birthday.

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

<sup>2</sup> See Glossary in the Appendix

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

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

**“Care and Support plan”** is the written plan completed by the Social Work Team that details the support the person requires.

**“Practitioner”** is a KCC Social Workers/Case Officers (learning disability).

**“Responsible Manager”** is the collective term used to describe a line manager, provision manager, registered manager, service coordinator, team coordinator, or supervisor responsible for the Service.

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

**“Service”** is the generic term to describe either: Adult Short Breaks or Community services.

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

## SECTION B: POLICY

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

### B.1 Person-centred support

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

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

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

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### B.1.1 Mental Capacity (MCA)

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

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

**Fig 1.**

Capacity Assessment when	Lead responsibility to undertake capacity assessment	
	New to Service	Known to Service <sup>3</sup>
Complex <sup>4</sup> medicines support	Practitioner (must liaise with a Health Care Practitioner/Service)	Responsible Manager (must liaise with a Health Care Practitioner)
Simple/less complex medicines support	Practitioner (Liaising with a Health Care Practitioner/Service as required)	Responsible Manager/ delegate (Liaising with a Health Care Practitioner as required)

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

A Medication Risk Assessment Form (*Appendix 6*) provides a checklist to assist with this. This helps inform the decision if a mental capacity assessment is required in terms of the Person managing their own medication at the Service.

The assessor should also consider:

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

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

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

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



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All Medicines Support required will be recorded in the “About me” and reviewed annually (or more frequently if circumstances change) based upon the Person’s needs.

## B.2 Medication Related Tasks

Medication prescribed by a doctor or non-medical independent prescribers<sup>5</sup> and dispensed by a pharmacist becomes the property of the Person for whom they have been prescribed. Their name will be on the dispensing label.

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

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

Personal Protective Equipment (PPE) must be worn when applying external preparations e.g. ointments, creams, lotions.

Some medication can be absorbed through the skin, so must not be directly touched by Staff.

All Staff deemed competent in this Policy and Guidance and who have undertaken the appropriate training in medicines support, may provide assistance with the following:

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

Assistance with nebulizers and inhaler devices must only be given by Staff who have received instructions and training on the use of that device and recorded in the “About me”.

**NB** local training may be provided by, for example, the community nurses or community pharmacist for Medicines Support or commissioned through KCC learning and development. This is based on Appendix 1, tasks list.

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

- injections (exceptions see *Appendix 1* tasks)
- suppositories
- pessaries

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

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- enemas
- medication through a PEG<sup>6</sup> tube
- internal rectal creams
- internal vaginal creams
- the application of dressings involving wound care
- the application of medication to broken skin.

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

### B.2.1 Receipt

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

### B.2.2 Storage

All forms of medication are potentially harmful.

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

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

Any medication requiring refrigeration will be subject to an individual risk assessment (*Appendix 5*) and should ideally be stored in a locked drug fridge. Where a dedicated drug fridge is not available, alternative arrangements must be identified. A domestic fridge could be used with a locked container labelled 'medicines – authorised access only'. Daily monitoring of the fridge temperature must be undertaken, recorded and appropriate action taken if required. The fridge needs to be maintained with a temperature of between 2<sup>o</sup>-8<sup>o</sup>C. The fridge should be defrosted regularly.

Other storage arrangements may be determined through risk assessment (completed by the staff) on an individual basis and will depend on the nature of the activity and the working environment.

Consideration for carrying out a risk assessment includes:

- nature of activity e.g. is the person physically active or sedentary?

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<sup>6</sup> percutaneous endoscopic gastrostomy- tube inserted directly into a person's stomach.

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- location of activity e.g. countryside, shopping centre etc.
- quantity of medicines
- type of medicines, liquid/pills etc.
- does it need to be kept cool?

Safe storage could include:

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

**Community Services only:** Only medication for the day is to be stored. No medication must be stored overnight. The coordinator is responsible for ensuring this is returned when the person leaves the activity and to make arrangements for the medication to be collected or delivered if forgotten.

**Adult Short Breaks only:** Medication should be stored in a designated medication room or in the person's bedroom in a wall mounted lockable metal medication unit.

### B.2.3 Handling (order and supply)

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

Any non-prescribed medicines support that has been approved, including application of creams, sun cream must be recorded on the Service daily records (not MAR). Note: if sun cream prescribed (due to skin sensitivity resulting from other prescribed medication), this will be recorded on MAR (*Appendix 3*).

When attending the service, the person should bring with them an adequate supply of medication to allow for spare, should a medication be spoilt and an additional tablet is required, for example.

If a Person has a change to the prescribed medication and this is not reflected on labels or bottles, the service will need to have written confirmation by the prescriber via a letter or email.

**Adult Short Breaks only:**

- If a Person is in the service for a longer period, staff may be asked to assist with the ordering and collection of medication. This should be discussed and agreed with the Social Work team and family/Carer (If appropriate).
- The service may hold a supply of pain relief in different formats (Paracetamol) and

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should only be provided to a Person if prior approval from the GP or once medical advice has been sought and administration is discussed with the Responsible Manager. This medication needs to be recorded on the Person's MAR (*Appendix 3*) and on their notes.

- Parents/Carers are required to provide the unit with current written information (Email is acceptable) from their GP or Consultant regarding the person in their care's medical needs, including clear instructions of prescribed medication and allergy status. This should include the name, strength, dose and frequency of each medication. In the absence of a doctor's letter a repeat prescription which includes all relevant information, or a computerised print out of current medication needs will suffice, if issued within 6 months.
- One-off prescriptions may not have an accompanying letter. Staff are to obtain authorisation from the Responsible Manager. At weekends this will need to be discussed and agreed with the on-call manager.

### B.2.3.1 Transport of Medication

Upon arrival, medication will be signed in as received on the MAR chart (*Appendix 3*). Medication received will be checked that it relates to the Person, in the original packaging, in date, dose date, time to be given, labelled, and checking the pharmacy label against the MAR chart and stored appropriately.

It is the responsibility of the Parent/Carer to make arrangement for replacement medication, should this be required. An admission to Adult Short Breaks can not take place if this is not corrected.

In the case of an emergency admission where medication may be missing, the service will work with Social Care team and/or parents and carers to ensure appropriate medication is sourced ahead of admission, to avoid delay to the unit.

**Community Services only:** If the community service does not provide the transport, arrangements need to be agreed between the Social Work Team and transport provider around safe transportation of the medication.

If the community service provides transport, then they will take responsibility for transportation of the medication to and from the service. This will be recorded on the medication signing in and out sheet (*Appendix 11*) and signed in and out by the Escort.

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### B.2.4 Medicines Support

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

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

When assisting with or administering medication, the Staff or the Personal Assistant should always follow the 6R's<sup>7</sup> of administration:

- right person;
- right dose;
- right medication;
- right time;
- right way (right route of administration);
- person's right to decline.

For the Person assessed as lacking capacity to make decisions about medication or to self-medicate, Staff or Personal Assistant may provide Medicines Support as detailed in the "About me".

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

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

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

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

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

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Staff or Personal Assistant will only give medication from the original dispensing packaging directly into the Persons hand or clean container for immediate administration.

### B.2.4.1 Multi Compartment Aid<sup>8</sup>

Staff or Personal Assistants can assist <sup>9</sup> with this when filled by a pharmacist - this physical assistance is to be appropriately recorded in the Service daily records (not MAR).

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

Staff must not repackage a Person's medicines into a Multi compartment Aid.

### B.2.4.2 Withholding Medication

Prescribed medication will not be withheld without first consulting with a medical professional, the prescriber or community pharmacist. Call 111 (out of hour's health care service) as required for advice.

### B.2.4.3 Over the Counter Medication (OTC)

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

Any medicines that are not prescribed for a Person lacking capacity, should not be administered, or assistance given, unless it has been approved by the GP or supplying pharmacist. The "About me" will then be updated.

When a Person with capacity to self-medicate asks Staff to assist with non-prescribed medication, advice should be sought from the GP/supplying pharmacist before assistance is provided. This assistance will be recorded in the Service daily records (not MAR).

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

For a Person without capacity to manage own medication, Staff must alert the Responsible

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<sup>8</sup> Multi Compartment Aid is a simple device to help people to remember to take their medication. They also act as a visual prompt for Staff that people have taken their medication.

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

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Manager if they become aware of OTC medications being taken which have not been recorded in the plan.

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

**Community services only:** Community service staff will not assist in the purchase of medication including OTC products for a Person. This is the Carer's responsibility.

**Adult Short Breaks only:** The service may hold a supply of pain relief (Paracetamol). See B2.3.

### B.2.4.4 Covert Medication

Covert administration should **never** be given to a Person who has capacity to make decisions about their medical treatment.

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

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

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

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

The decision to administer medication covertly should follow NICE guidelines:

[Click here for link](#)

### B.2.4.5 Refusal

A Person may choose to refuse to take their prescribed medication at any time. The Staff will report and record on MAR (*Appendix 3*) and Medicines Record Sheet (the back of the MAR chart) any reasons for refusal.

If a Person 'with capacity' refuses to take a medication, the Staff member should respect this, however the refusal **MUST** be reported to the Responsible Manager and the Social

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Work team or Health Professional (where applicable).

When a Person 'without capacity' refuses to take a medication, the Staff member should try to encourage the Person to take the medication by explaining why it is necessary.

If the Person still refuses, this should be respected. An entry should be made on the MAR (*Appendix 3*) and the Refusal reported to the Responsible Manager as soon as possible. An entry must also be made on the Medication Record Sheet (back of MAR) and medical advice sought from the GP/Pharmacist or NHS 111.

If a Person 'without capacity' spits out medication, this should be disposed of (See B2.5) and recorded as a refusal on the MAR (*Appendix 3*), and a note made on the Medication Record Sheet. The incident should also be reported to the Responsible Manager as soon as possible and the Social Care team/Health Professional informed. If this is a known behaviour the service should implement a risk assessment to mitigate the risk.

The Parent/carer should be informed as soon as appropriate and advise of any adverse impact the Person.

### **B.2.5 Disposal**

Medication must be disposed of safely so that they cannot be accidentally taken by other.

Unused medication must be returned home at the end of the support (e.g. daily or after the persons stay) in its original packaging. It must not remain at the Service.

#### **B.2.5.1 Disposal of syringes, needles and other sharps**

Management and practice must comply with The Health & Safety (Sharp Instruments in Healthcare) Regulations 2013.

1. Appropriate Sharps boxes must be provided for the disposal of all sharps (including syringes) used by staff and by service users. This may be for service users self-administering injections or for disposing of a lancet for blood-sugar tests
2. Service users handling sharps must be appropriately trained and risk assessed in self administration and disposal of sharps. This must be recorded in their support plan and noted on their MAR chart.
3. The procedure for sharps disposal, and which container to use, must be clearly displayed.
4. Sharps boxes must be dated and collected on a monthly basis by the approved waste contractor for disposal.

### **B.2.6 Spoiled medication**



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Medication that has been accidentally dropped, spilled or damaged must not be given, but disposed of by returning the medication home with the Person after their time with the service. A medication error report form (*Appendix 10*) should be completed.

If a medication is spoilt and not appropriate to send home with the Person (for example, been placed covertly in chocolate spread) this should be wrapped in a tissue, placed in an envelope, labelled with the medication details and delivered to a local pharmacist. A record and signature should be received for this disposal and the Parent/carer informed.

When attending the service, the Person should have an adequate supply of medication should additional medication be required due to accidentally being dropped, spilled or damaged

### **B.2.7 PRN (as and when required)**

When a Person requires support with prescribed medicines “as and when required” the pharmacy instructions must be followed which includes when the dose should be offered, what the dose should be, the minimum timings between doses and the maximum number of doses to be given (e.g. in a 24-hour period)

Some people may from time to time require assistance with the administration of medication used to control symptoms such as the relief of pain or easing of breathlessness arising from asthma.

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

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

If out in the community, the staff member will inform the Responsible Manager of the time of any PRN medication taken during the day.

PRN medication should be clearly marked PRN on the MAR sheet (*Appendix 3*) and include the same details as other medication recorded.

### **B.2.8 Controlled drugs**

Controlled drugs are medicines that may be used to treat severe pain or drug dependence. Controlled drugs can be the target of theft, so efforts must be made to keep them securely out of sight from those who do not need to know where they are.

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

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

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

A current list of controlled drugs can be found here: [Link to current list](#)

### **B.2.9 Warfarin**

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

The 'yellow book' is provided to the Person by the responsible hospital to record date of monitoring, blood level, medication dosage requirement and date of next test. The book will be held by the Person if able or stored with their medication records.

The MAR (*Appendix 3*) and medication record should record that Warfarin is being administered together with any known interactions from foods or other drugs. However, the 'yellow book' must always be referred to for the correct dosage unless otherwise agreed and documented.

### **B.2.10 Oxygen**

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

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

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

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

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

The service is required to complete a risk assessment for holding oxygen in the service, display appropriate signage (advice can be sought from the Health and Safety department) and the local fire brigade made aware that the service may have oxygen in it.

### **B.2.11 Emergency medication**

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

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

If there is no approved or suitably trained Staff or Responsible Manager available to administer the medication, the emergency services must be called.

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

Person that are likely to require emergency treatment will have recorded in the "About me". The Administration of Emergency Medication Form must be used (*Appendix 7*).

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

Specific training must be undertaken, and authorisation given for Staff to administer these drugs. Specific guidelines or instructions will also be included in the "About me". The administration of emergency medication such as rectal diazepam and buccal midazolam may only be undertaken by trained and approved staff, and as detailed in the Persons plan. The prescriber or overseeing consultant is responsible for defining the circumstances under which such medications can be given.

Written consent must be sought from the Person likely to require this medication to control

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convulsions setting out their agreement for staff to undertake the procedure as necessary. If the Person lacks capacity then the Mental Capacity Act process should be followed and involve the Social Care Team. See the Emergency Medication Form (Appendix 7).

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

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

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

Specifically for rectal diazepam, whenever feasible, the Person's preference concerning the gender of administration Staff should be respected. For those not able to express a preference, male should administer to male and female to female.

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

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

### **B.3 Medicines-related communication, documentation and information sharing**

#### **B 3.1 Communication**

Any concerns identified in respect of any multi-agency involvement, e.g. suspected errors, missed signatures etc. must be notified to Responsible Manager and the Practitioner. This may require the completion of medication error reporting form (*Appendix 10*).

#### **B.3.2 Documentation**

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

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

- Medication Risk Assessment Form

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

When a prescribed thickening powder is used, the number of scoops used to be recorded on a supplementary fluid chart, not MAR (*Appendix 12*).

### B.3.2.1 MAR Charts

**When a service hand writes MAR chart the staff should ensure a suitable trained second person carried out a detailed check to ensure it is correct.**

Information on the MAR (*Appendix 3*) should provide clear details of each Person's prescribed medication and how it should be administered. Staff will monitor and record the administration of the Persons medication including PRN (as and when required) using the MAR chart for those Persons who do not self-medicate.

The MAR must contain the following details:

- month and year the MAR relates to
- date
- name of person receiving care and support
- DOB (Date of birth)
- GP/Prescribers name
- signature of worker who administered
- name of the medicines prescribed
- form of medicines (e.g. tablet or liquid)
- the dose of medication to be given
- how often or the time it should be given
- the route of administration (e.g. by mouth)
- any stop or start date
- any additional information (e.g. needs to be given with food)
- key code

The MAR may be adapted to suit the business; for example, larger print, Person's photograph inserted, more space to record e.g. A3, but the requirements listed above must remain during access to the Service. *Appendix 4* provides guidance on how to complete a MAR.

If a Person accesses more than one Service, each Service will use a MAR chart and keep it at that Service.

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Where it has been established that the Person will manage his or her own medication without any assistance from a Staff, this will be recorded on the Person's case file and Medication Risk Assessment Form, *Appendix 6* (a MAR not required when Person self medicates).

### **B.3.2.2 Signature Log**

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

### **B.3.2.3 Alterations to records**

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

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

### **B.3.2.4 Retention of records**

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

### **B.3.3 Information Sharing and Confidentiality**

All Responsible Managers/Practitioners/Staff must ensure that the health details and arrangements relating to Medicines Support should only be discussed/shared with those who need to know i.e. health professionals, relatives, if appropriate, and other agreed partner agencies (in line with the General Data Protection Regulation<sup>10</sup>) and in the Person's Best Interests in accordance with the MCA.

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

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

- necessary for the purpose for which it is being shared
- shared only with those who have a need for it
- accurate and up to date

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

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- shared securely and in a timely fashion
- not kept for longer than necessary for the original purpose.

### **B.4 Roles and Responsibilities**

#### **B.4.1 Kent County Council (KCC)**

KCC will ensure that:

- Responsible Managers and Staff have the knowledge and skills that they need to provide medicines support safely.
- Responsible Managers will receive induction and training (accessed through learning Delta Platform) in the requirements of Medicines Support and be assessed as competent to ensure the Staff act in ways which are within the law and consistent with this Policy.
- Staff will receive appropriate training to enable them to safely provide medicines support, which will include:
  - basic knowledge on the use of medicines and how to recognise and deal with problems in use
  - how to keep a suitable log to record administration
  - the principles behind the safe handling of medication and the procedures laid down for the control, administration, recording, safe keeping, handling and disposal of medicines.
- There are processes in place to report, investigate and monitor medicines related errors and incidents including determining if the cause is poor practice; non-compliance with policies and procedures; training or competency issues to be addressed.
- Concerns relating to errors and incidents, training or competency issues of a Personal Assistant are reported to the Practitioner and the Person with appropriate action taken to safeguard the Person and others.

#### **B.4.2 Practitioners**

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

The Practitioner will:

- ensure that any medication concerns identified during the needs assessment, will be referred to the most appropriate Health Care Practitioner (or other who has welfare responsibility) for action and investigation
- undertake a mental capacity assessment for a new Person to a Service if concerns about a Person's capacity to fully manage their own medication, liaising with relatives or

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

### **B.4.3 Responsible Manager**

The role of the Responsible Manager<sup>11</sup> is to ensure the Person's Medicines Support is in line with this Policy and Person's "About me", and that Staff are trained, competent, receive supervision, appraisal and information in order to carry out their duties to give or support a Person to take their medicines.

This means:

- liaising with Practitioners to ensure that the Care and Support Plan/Young Persons Plan accurately describes the medicines support the Staff/ is being asked to provide
- for a known Person (B1.1) undertake a capacity assessment for Medicines Support, liaising with relatives or representative and any other individuals if concerns about a Person's capacity to fully manage their own medication
- Medicines Support is reviewed as and when needs change.
- there are cover arrangements in place in case of Staff absence or Staff turnover to ensure there is always someone available who is appropriately trained
- Staff do not undertake inappropriate medication tasks
- liaising with Practitioner (or carer if Person attending day services) regarding medication queries

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



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- making sure Staff are trained (including refresher training every *two* years, or more often if medication error has occurred) and assessed as competent before undertaking Medicines Support
- in supervision with the Staff, complete “Training and Assessment Checklist for the Administration and Control of Medication” annually (see *Appendix 8*).
- contacting the GP or community pharmacists when Staff are being asked to assist with the purchase of OTC medicines. The advice received must be documented in the daily records
- providing all necessary Personal Protective Equipment and ensuring that other equipment is available to the Staff and used for safe medicines support
- encourage an open culture for reporting medicine issues that allow Staff/Agency to report issues without fear or an unjustifiable level of recrimination
- making sure that any medication errors and incidents, are reported and recorded (using Medication Error Report Form *Appendix 10*), investigated and appropriate action taken as soon as possible
- near misses are appropriately investigated and necessary action taken
- that any medicines related issues are reviewed to identify and address any trends
- share the learning with Staff, Person receiving Medicines Support, their family and carers, Practitioners, Health Care Practitioners
- that any safeguarding concerns about inappropriate, unauthorised use or failure to give prescribed medication are actioned in accordance with the Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway or related Children’s safeguarding framework
- checking with Practitioner or Health Care Practitioner that regular reviews of medication are taking place when ongoing medication is recorded in the Plan. The Plan should be updated if there is any change in medication and further monitoring should be reviewed
- there is an up to date log of the initial signatures of Staff, which will appear on the Service MAR, clearly identifying individuals
- checking that all records are fully completed with appropriate signatures and retained in line with Corporate Retention Schedule (search on KNet).

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### B.4.4 Staff

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

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

In addition, the Staff Member will:

- agree with the Person the arrangements made to help them with taking their medication
- ensure that the "*Medication Risk Assessment and Consent Form*" (Appendix 6) is completed, appropriately signed and filed in the Person's case records.
- detail in the "About me" the agreed arrangements and reflect the requirements of the Care and Support Plan/Young Persons Plan.
- ensure the "About me" is signed by the Person or their legal representative, or representative acting in accordance with the MCA and associated code of practice.
- ensure that the Person, (or legal representative or representative), understands that signing the "About me" means giving consent<sup>12</sup> for KCC Staff to undertake the Medicines Support set out in the Plan.
- never deviate from what is written in the plan
- notify the Responsible Manager where asked to provide support with medication that deviates from the plan
- ensure that medicines administration is according to the prescriber's written instructions
- notify the Responsible Manager when asked to assist with the purchase of OTC medicines. Do not assist until authorised by the Responsible Manager
- not carry out specific medical procedures for the Person, unless directed and guidance provided by a Health Care Practitioner

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

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- report and record all medication incidents as soon as possible in line with Service procedure
- notify the Responsible Manager when the practice of colleagues may be unsafe or adversely affecting the standards of care
- only discuss health details and arrangements relating to Medicine Support with those who need to know
- maintain clear, accurate and complete medication support records
- use personal protective equipment provided
- always wear nitrile gloves while applying creams or ointments. Wash hands before and after administering tablets and ensure that the medication is dispensed from the original pharmacy packaging directly into the Person's hand or clean receptacle
- not directly touch the medication with their hands because some medication can be absorbed through the skin
- **NOT GIVE ADVICE ON MEDICATION.** Any concerns should be directed to the Responsible Manager for appropriate action to be taken. Staff must seek advice from the Responsible Manager/ On call manager should queries arise, who will then contact the relevant person to seek guidance
- undertake training (including refresher training every two years, or more often if a medication error has occurred)
- in supervision, complete "Training and Assessment Checklist for the Administration and Control of Medication" annually (see *Appendix 8*).

See *Appendix 1*, "Staff Tasks" for specific tasks, which can/must not be undertaken.

### **B4.4.1 Medication belonging to staff**

Staff bringing in their own supply of medication, of either homely remedies or prescribed medication, for self-administration during their work hours have a duty to ensure that the medication is kept securely and inaccessible to others. This may be in a locker provided by the manager.

Staff must NOT use to self-treat, any medication which is the property of the Person. Staff must not access homely remedies stored in the service to self-treat.

### **B.5 Identify, reporting and learning from medicines related issues**

The most frequently reported types of medication incidents involve:

- wrong dose

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

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

### **B.5.1 Management of medication errors and incidents**

All medication incidents must be reported and recorded as soon as a possible, so appropriate action can be taken (e.g. contact prescriber, seek medical advice, safeguarding alert<sup>13</sup>). Near misses must be appropriately investigated and necessary action taken (appendix 13).

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

The Responsible Manager (or delegate) will inform the Practitioner as soon as practicably possible (email/Duty inbox/Phone) and complete "Medication Error Report form (*Appendix 10*)"

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

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

A thorough and careful investigation should be conducted in a timely manner to establish the facts and before any further action is taken. Any investigation must be in accordance with the Multi-Agency Safeguarding Adults Policy, Protocols and Practitioner Guidance for Kent and Medway or related Children's safeguarding framework.

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

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

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

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### **B.5.2 Duty of candor**

As a provider of care, you must be open and transparent with your Service Users about their care and treatment. Should something go wrong, you must tell them what has happened, provide support, and apologise.

For Staff and Responsible Managers, disciplinary procedures may be invoked where there is evidence of negligence, recklessness or flagrant breaches of policy. An internal critical incident review form will be completed with the staff involved to help establish the details of the incident and lessons learnt (*Appendix 13*).

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

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

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

### **B.5.3 Monitoring and audit**

KCC Medicine Management Review Group for adult services will review and monitor all policies/procedures in relation to Medication. They will also record and monitor all medication errors / incidents, identify trends and address any trends that may have led to incidents.

Adult Short breaks only: the medication room or area where medication is stored should be audited by the Responsible Manager or delegated by them on a minimum weekly basis using the Medication area checklist form (*Appendix 14*).

### **B.6 Induction and Training**

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

Responsible Managers must monitor that Staff are aware of and follow the “Medicines Support In-House Adult Short Breaks and Community Services”, policy and practice guidance.

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

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

In addition, training should include:

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

Specific Training must be arranged where invasive procedures are involved e.g. rectal diazepam, 14PEG tube (liquid food only). Consent will be obtained from the Person, parent or carer and specific training provided on an individual basis by a health professional. Refresher/retraining to be undertaken 2 yearly, undertaken by a health care professional.

### **B.7 Policy Review**

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

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<sup>14</sup> Percutaneous Endoscopic Gastostomy tube- tube inserted directly into a person's stomach.

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### B.8 Glossary

<b>“Care and Support Plan/ Young Persons Plan”</b>	is the plan developed and agreed as part of the care and support planning process by Practitioners under the Care Act or Young Persons (transition) plan for a disabled young person. It details the needs to be met and how the needs will be met and will link back to the outcomes that the Person wishes to achieve in day-to-day life as identified in the assessment process and to the wellbeing principle in the Act.
<b>“Controlled Drugs”</b>	are a group of medicines that have the potential to be misused. For this reason, they are “controlled” by the Misuse of Drugs Act 1971
<b>MAR</b>	Medicines Administration Record: To be used for prescribed medication only. The Royal Pharmaceutical Society (2007) define a MAR as “a document, on which details of all the medicines given in a care setting are recorded” It is designed to show name, strength and dosage form of the prescribed medicines, the dose given, the time when given, if a medicine has been declined and the identity of the Staff who gave it.
<b>“Medication”</b>	is the term used to describe prescribed medication or non-prescribed medication (Over the Counter medicines or alternative therapies) unless otherwise stated.
<b>Mental capacity</b>	the ability to make a specific decision.
<b>Mental Capacity Act 2005 (MCA)</b>	defines a lack of mental capacity is when a person lacks the capacity in relation to a matter if he is unable to make a decision at the time. Staff should follow the code of practice that accompanies the Mental Health Act.
<b>Multi Compartment Aid</b>	a system for packing medicines, for example, by putting medicines for each time of day in separate blisters or compartment in a box. Sometimes called monitored dosage system or compliance aids.
<b>“Near Misses”</b>	a prevented medicines-related safeguarding incident, which could have led to harm to the Person. Must be investigated and lessons learned (appendix 13).
<b>Over-The-Counter (OTC)</b>	medicines that can be bought over the counter without the need for a prescription.
<b>Self-administration</b>	is when a Person is independent and takes full responsibility for their medication.

### B.9 Related legislation policies/procedures/protocols (not intended to be a comprehensive list)

Care Act 2014	HM Government
Care and Support Statutory Guidance	Department of Health
Management of Health & Safety Regulations (1999)	HM Government
Care Quality Commission (Registration) Regulations (2009)	HM Government

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



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### Appendix 1

### Staff Tasks

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

### SPECIMEN SIGNATURES LOG

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

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

PRINTED NAME	JOB TITLE	INITIAL	SIGNATURE

EXAMPLE

Date: .....

Appendix 3 (Example only, more than one option of MAR available)

MEDICINES ADMINISTRATION RECORD MAR01



(ALL SECTIONS MUST BE COMPLETED IN FULL)

<b>INDIVIDUALS NAME:</b> (please print)		<b>NHS No:</b>	<b>Date of Birth:</b>	<b>Date of admission:</b>
<b>PARENT / CARERS NAME:</b> (please print)				
<b>Full Address:</b>				
House No or Name & Street:				
Town:				
County:		Post Code:		
Home Tel Number:		Mobile Tel Number:		
Are parents/carers contactable for this stay?		Yes <input type="checkbox"/>		No <input type="checkbox"/>
<b>Emergency Contact Details FOR THIS STAY</b>				
<b>GP's NAME &amp; ADDRESS:</b> (please print)				
GP's Name:		Tel No:		
House No or Name & Street:				
Town:				
County:		Post Code:		
<b>CONSULTANT'S NAME:</b> (please print)				
Name:		Tel No:		
NA				
Hospital:				
<b>LIST ALL KNOWN ALLERGIES:</b> (These include medication, toiletries and food)				

## Guidance on Completion of MAR Form

1	The MAR has been designed to enable administration of different types of medication to be recorded for a period of up to 31 days (1 month).
2	As and when required, medication must state the signs/symptoms present to identify when to administer the medication.
3	<p>On commencing use of the form, enter the following information across the top of the form: -</p> <ul style="list-style-type: none"> <li>• Name of service user</li> <li>• Date of birth</li> <li>• GP – name</li> <li>• Allergies – enter details of any known allergies.</li> <li>• Month &amp; Year – a new sheet will be required at start of each new calendar month.</li> </ul>
4	<p>Enter following information down the left-hand side of the form for each medication prescribed for the client: -</p> <ul style="list-style-type: none"> <li>• Name of medication/drug, strength and any cautions included on label.</li> <li>• Dose (e.g. 1 x 20 mg tablet, 10 ml)</li> <li>• Expiry Date – enter expiry date of medication if included on container.</li> <li>• Signature – of administrator entering information on the sheet.</li> <li>• Route – enter route by which medication is taken (e.g. oral)</li> <li>• Time – enter the time/s that the medication is taken.</li> </ul>
5	The small boxes should be initialled by the administrator to indicate that the medication has been administered on the day and times indicated. If dose is variable, insert actual amount administered.
6	Where medication is not administered on a specific day or time, one of the letters at the bottom of the sheet is entered in the box and, if necessary, comments are made on the Medication Record Sheet.
7	<p>The horizontal line beneath each drug type must also be completed as follows: -</p> <ul style="list-style-type: none"> <li>• 'Recd' (Received) – enter date new supplies of medication are received.</li> <li>• 'Quan' (Quantity) – enter quantity received.</li> <li>• 'By – enter initials</li> <li>• Returned/Destroyed – enter date medication returned to pharmacist.</li> </ul>

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

## MEDICATION RISKASSESSMENT (REFRIGERATION)

### KCC Risk Assessment Form – The 5 steps approach



Operation: <u>Storage of medication in the refrigerator</u>					Assessment Date:		
Shared Lives address:					Review Date:		
Step 1 Identify the hazards	Step 2 Who might be harmed & how?	Step 3 What are you already doing?	Risk Rating <small>Trivial/ low / medium / high / stop</small>	Step 4 Is anything further needed?	Step 5 Action & Review		
					Action required	Responsible person	Date completed
<b>Medication being in contact with food sources.</b>	All household members – potential illness or adverse reactions.	Medication is stored in a sealed container. Stored on the top shelf of the refrigerator.					
<b>Members of the household being able to access medication</b>	Household members – taking unprescribed medication. Shared Lives individual – medication not being available when needed or taking unprescribed medication.	Household members being aware who the medication is for. Container labelled with individual name on.		If person at risk – consider separate lockable fridge.			
<b>Shared Lives individuals being able to assess medication</b>	Shared Lives individual – taking medication when not prescribed. Taking additional medication/over dose.	Medication being stored in sealed container. Top shelf of fridge. Labelled with individuals name.		If person at risk – consider separate lockable fridge.			
<b>Assessor Name(s):</b>				<b>Job Title:</b>			
<b>Signature:</b>				<b>Review Date:</b>			

### Medication Risk Assessment and Consent Form

Name	
Address	
GP	
Community Pharmacy	

#### Part A Assessment of Mental Capacity of the service user to take responsibility for the management of their own medicine

The following questions *may* be used to inform the 'Mental Capacity Assessment'. Note that the list is not exhaustive and professional judgement must be used in reaching the decision.

Question	Yes	No	N/A	Comments and issues raised
Can the service user provide a list of their medication?				
Does the service user broadly understand the purpose of each of the medicines, the dosage instructions (including special counselling) and the main possible side-effects?				
Can the service user read & understand the instructions on the label well enough to be safe?				
Does the service user understand how to store each medication appropriately?				
Can the service user retain enough information to ensure that they take the correct medication at the correct time?				

#### Outcome of Mental Capacity Assessment

On the balance of probabilities, there is reasonable belief that:

- The person **has** capacity to take responsibility for the management of their own medicine at this time.
- or
- The person **does not have** capacity to take responsibility for the management of their own medicine at this time

#### Details of Assessor

Assessor:

Signature:

Designation:

Date:

Time:

## Part B Identification of service users most at risk from their medication

The following questions support the identification of service users most at risk from their medication and who might benefit from a medicines review. Refer the service user to a Community Pharmacist for any of the following:

Question	Yes	No	N/A	Comments and issues raised
Does the service user take more than ten different regular medicines each day <sup>1</sup> ?				
Does the service user take less than ten different regular medicines each day but are at particular risk of adverse events <sup>1</sup> ?  High risk medicines include: <ul style="list-style-type: none"> <li>• Anticoagulants including heparin, low molecular weight heparin, warfarin or Newer Oral Anticoagulants (NOACs)?</li> <li>• Opioids</li> <li>• Insulin</li> <li>• Non-steroidal anti-inflammatory (NSAIDs, aspirin)</li> <li>• Lithium</li> <li>• Disease modifying anti-rheumatic drugs (DMARDs)</li> </ul>				
Does the patient have one or more long term conditions <sup>1</sup> ?  Examples: <ul style="list-style-type: none"> <li>• Defined physical and mental health conditions such as diabetes or schizophrenia</li> <li>• Ongoing conditions such as learning disability</li> <li>• Symptom complexes such as frailty or chronic pain</li> <li>• Sensory impairment such as sight or hearing loss</li> <li>• Alcohol or substance misuse.</li> </ul>				
Has the patient been discharged from hospital recently or had one or more hospital admissions within the last six months?				

<sup>1</sup> NICE guideline (NG56). *Multimorbidity: clinical assessment and management*. September 2016

## Part C Supporting the service user

Question	Yes	No	N/A	Comments and issues raised
Do you need help in remembering when to take your medicines? <i>Can a family member or others help?</i> <i>Can pharmacist supply reminder aids?</i>				
Do you need any help in accessing the area where your medicines are stored? <i>Consider medication which needs to be kept in a fridge.</i>				
Do you have any difficulties in reading the instructions on the labels of your medicines or the information in the leaflet provided? <i>Can a family member or others help?</i> <i>Can larger print labels be provided?</i>				
Do you need any help to open your medicine packets/bottles? For example, can you: <ul style="list-style-type: none"> <li>• Open the tops on bottles</li> <li>• Remove tablets from blister packaging</li> <li>• Pour out liquid formulations</li> <li>• Dissolve tablets in water?</li> </ul> <i>Can a family member or others help?</i> <i>Can pharmacist supply aids?</i>				
Do you need any help in using any of your medicines such as inhalers, eye drops, nasal drops, sprays, creams, patches or injections? <i>Can a family member or others help?</i> <i>Can pharmacist supply aids?</i> <i>Can the service user be trained to self-administer with an individualised training package?</i> <i>Is the medication to be administered within the scope of the agency involved or the Community Nurse involvement necessary?</i>				
Do you have any difficulty swallowing your medicines? <i>Can the Community Pharmacist advise on alternative options?</i> <i>Can the GP change the prescription?</i>				
Do you need any help with collecting your medicines from the Community pharmacy, or disposing of the medicines? <i>Can a family member or others order, collect and/or dispose of medicines?</i> <i>Does the Community Pharmacy order/deliver?</i>				
Is there any other reason, not already discussed, why you may need extra support for taking medicines?				

Wherever possible we should support individuals to self-administer medication. From the questions asked and any other relevant information, ensure you are satisfied that the individual is competent and used to self-medicating. Double-check any details you are not confident about with another professional/carer involved in working with the individual.

If there is a history of self-harm, drug or alcohol abuse, self-administration of medication may only proceed if current risk is addressed as very low. Consider whether any other person may be put at risk if the service user self-medicates. If it is decided that the individual is not able to self-administer medication, you must clearly state the reasons for this decision in the comments box.



**No Assistance**  
I agree that I do not need any support with the administration of my medication at this time.

Signed (Service User)

Signed (KCC representative)

.....

.....

Date

Name (in block capitals)

.....

.....

Date

.....

**Some Assistance Required**  
I need some assistance with the management of my medication at this time.

Signed (Service User)

Signed (KCC representative)

.....

.....

Date

Name (in block capitals)

.....

.....

Date

.....

**Administration of Medication**  
I understand that only formally trained staff will administer medication to me and that the medication must be supplied in a suitably labelled container as dispensed by the pharmacist.

Signed (Service User)

Signed (KCC representative)

.....

.....

Date

Name (in block capitals)

.....

.....

Date

.....

**Comments** Include details of any staff support. Please state if self-medicating.

**Review Date:**

## ADMINISTRATION OF EMERGENCY MEDICATION

To be completed by the appropriate healthcare professional and then countersigned by the  
Service User

(In block capitals please)

Service Users name	
Date of Birth	
ID number	
Medical condition requiring emergency medication:	
Medication	
Strength of dosage	
Identification of when the medication is required	

Trigger points	Action	Guidance where necessary
Recognition of when medication is needed.		
At what point should emergency services be called?		
When should the first dose be given?		
How should the patient be cared for?		
Observations to be made.		E.g. recovery position. i.e. pulse taking etc + Expectations/side effects.
When should a repeat dose be given?		
Aftercare required?		

Can this medication be administered by a member of the community without further	Yes/No?
If no, what level of additional training is	

required:	
Additional comments	

Signature of Health Care Professional	
Name of Health Care Professional	
Email address	
Phone number	

- It is the responsibility of the Service User or the parent/Carer to supply the service with emergency medication in properly labelled containers and if any medication or the instructions change in any way.
- I consent to administration of medicine in this defined emergency by a member of KCC staff as set out in this protocol.
- I express a preference for a **male/female\*** member of staff to undertake this procedure or **no preference\*** (\*delete as appropriate)

Signature	
Date	

Service Users	
Address	
Phone number	
Second (emergency) contact number and Name	

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

Review of form and medication required at least annually.

Date of Review	Reviewed By (Block Capitals)	Signature

## TRAINING AND ASSESSMENT CHECKLIST FOR THE ADMINISTRATION AND CONTROL OF MEDICATION (Adult Short Breaks, Community Services)

Name of Staff Member:	Service/Team:
-----------------------	---------------

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

Checks the correct time										
Checks the correct route of administration										
Checks the expiry date has not passed										
Administers and records the taking of the medication in line with Medication Policy and Procedures										
Observe/discuss action taken to secure medication if interrupted										
Discuss the importance of medication legislation within job profile										
Discuss the importance of reinforcing with Service Users the positive effects of treatment										
Discuss side effects of current medication being administered										
Explain the policy and procedures on self-administration										
Discuss action to be taken when Service User is non-compliant										
Discuss action to be taken if there is an accidental loss or										

EXAMPLE

Discuss the procedure for reporting medication errors and near misses										
---	--	--	--	--	--	--	--	--	--	--

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

Employee's comments

Supervisor's comments

Staff Signature:	Supervisor Signature:
Position:	Position:
Date:	Date:

EXAMPLE

## EXAMPLE SERVICE USER - MEDICATION LETTER

Dear .....

Re: Updating Information regarding Medication and Allergies

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



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



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

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

Yours sincerely

EXAMPLE

## MEDICATION ERROR REPORT FORM

Name of Adult	
ID Number	
Unit/Service	
Date/Time	
Error or Incident identified by	
Name	
Job Title	

TYPE OF MEDICATION ERROR (please tick)

1. Drug given to wrong person.	
2. Drug given at wrong dose (over or under) to correct person.	
3. Drug given by wrong route.	
4. Drug given at wrong time of day including error in respect of cautions on mealtimes.	
5. Missed medication.	
6. Drugs administered out of date.	
7. Missed initials. Incomplete entry on MAR sheet.	
8. Drugs mislaid.	
9. Drug wrongly prescribed. (state name & address of prescriber)	
1. Wrongly dispensed from pharmacy (state name & address of pharmacy)	
10a. Drugs supplied in error.	
10b. Dosage information – not current dose on label.	
11. Stray medication found (not community services)	
12. Other (please state reason)	

\* Note: The pharmacy / GP must be referred to immediately if incorrect medication is provided by them. The relevant PCT Medicines Management Team must also be informed.

**For Pharmacy / GP errors**

All CD incidents report to [CD.Kent@nhs.net](mailto:CD.Kent@nhs.net)

Other medicine incidents report to [medicines.kent@nhs.net](mailto:medicines.kent@nhs.net)

Describe error and drugs identified: (use separate sheet as necessary)

Did the Adult become unwell because of this incident?

If yes, please give details:

Action taken (in as much detail as possible):



Signature of person completing form:	
Date:	

**If at any time there is doubt about the person's wellbeing the GP must be contacted immediately. If GP unavailable contact A&E, Pharmacist, District Nurse or 111.**

## Investigation

Please detail any factors that you feel contributed to this incident:

<p>Please consider completing a Incident review form with the people involved.</p>
--

What measures have been taken to prevent a repeat of this incident in the future?

--

Name	
Signature of investigator	

### Medication Signing in and out Sheet

Name	
Medication	

Date	Signed in Expiry date/time	Staff Signed	Staff signed	Retained by Service user Y/N	Signed Out Expiry date/time	Staff Signed	Staff signed	Retained by Service user Y/N

**SUPPLEMENTARY FLUID FORM**

Service Users Name:	
Date of Birth:	
Date of Admission:	

Name of fluid	Quantity on admission	Details of administration

Fluids		Time	Date & initials					Observations
NAME	Amount							

EXAMPLE

Parents/Carer Signature:	
Staff Name:	
Staff Signature:	

## Incident Review Form

Debriefing is a process for reflecting on an incident/issue that has occurred which has had an impact on the individuals involved. This may include:

- Death of a person
- Absconson of a person
- Violent/abusive incident – whether supported person, parent/carer or member of public
- Medication error
- Incident or accident

The process should enable individuals to reflect upon the incident issues, share their experiences, fears and anxieties and identify solutions to improve future outcomes

Name	
Date	

Describe the incident that took place:

How did you deal with the incident?

Could it have been dealt with differently?

What actions do we need to take?

--

How can we support you further?

--

Staff Member Name	
Staff Member Signature	
Facilitators Name	
Facilitators Signature	

EXAMPLE

## Medication Area Checklist

Subject	Comment	Action
<b>MAR03</b> Presentation of recording		
<b>Doctors Letters</b> Dated within a year and corresponds with prescription labels		
<b>Medication Handover Check List</b> Completed fully at each handover period, and signed by both staff		
<b>Controlled Drugs Book</b> Presentation of recording, double signatures on each entry		
<b>Thermometer</b> Check working		
<b>Cupboard 1</b> Organised, labelled & tidy		
<b>Cupboard 2</b> Organised, labelled & tidy		
<b>Stock Medication</b> Check dated, when opened, expiry & sufficient stock (to include Vaseline, Sudocrem)		
<b>Fridge &amp; Room Temperature Records</b> Completed daily and within range		
<b>Equipment/Supplies</b>		

Syringes		
<b>General Presentation of Medication Area</b>		
<b>Clinical Supplies</b> Stock check completed, by whom and date		
<b>Clinical Waste Bin Present</b> Correctly used, correctly coded		

**Signatures** .....

**Designation** .....

**Date** .....

Weekly monitoring to be conducted by Registered Manager/Service or Team Coordinator

EXAMPLE

## GASTROSTOMY FEED / FLUID FORM

<b>Service Users name</b>	
<b>Date of Birth</b>	
<b>Date of Admission</b>	

Type of Gastrostomy	Tick	Date First Inserted	Size	Button Replacement Pack	Tick	Daily Turn 360° Date	Initial
Freka type		<b>Date Last Changed</b>		Replacement pack supplied			
Mini button				Indicator paper and lubricant			
Mic-key				Mini only – Introducer needed			
Other (state type)				Mini only – Introducer supplied			

Name of Feed / Fluid	Quantity in	Quantity Given and times	Details of hourly rate or bolus	Flushing instructions use 50ml syringe	Quantity out

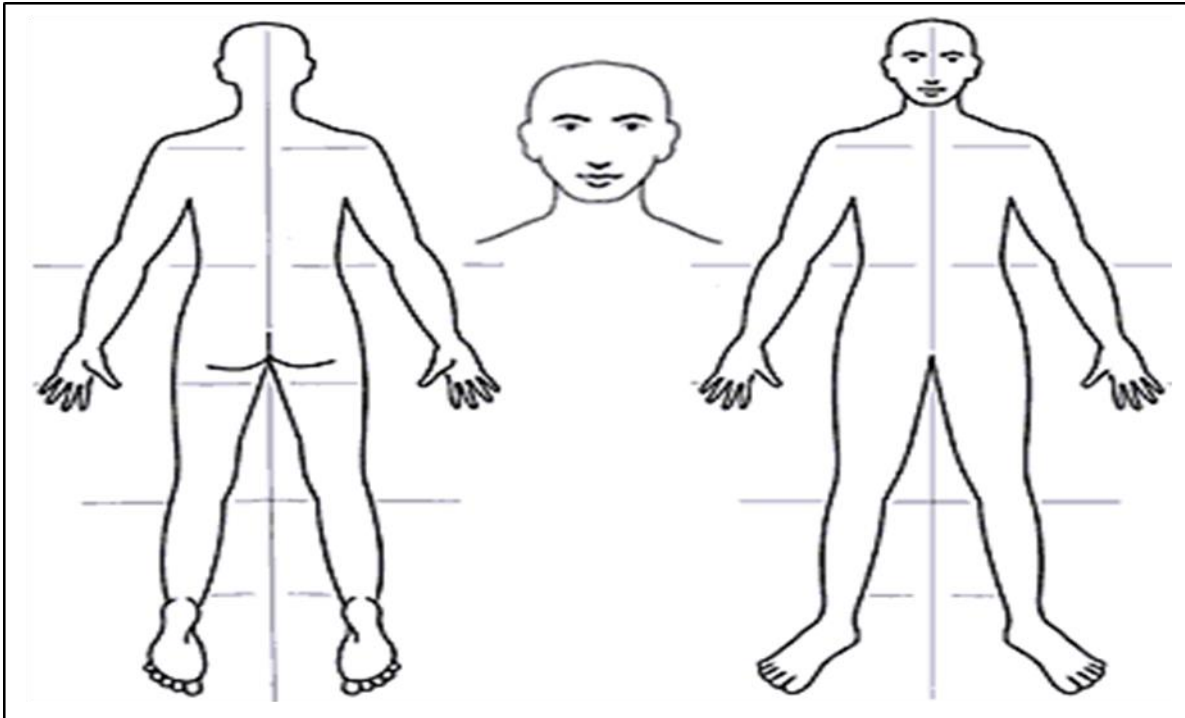



<b>Parent/Carer Signature:</b>	
<b>Staff Name:</b>	
<b>Staff Signature:</b>	
<b>Date:</b>	

Date	Time Connected	Amount of Fluid / Feed	Signature	Time Dis-connected	Amount of Fluid/Feed Consumed	Signature	Comments & Observations

### Topical Medicines Application Record

Service Users name:	
---------------------	--



- Hands should be washed, and gloves worn for the application of topical medicines.
- Apply the medication according to the directions to the areas outlined on the diagram.
- Record on the Pharmacy MAR sheet.

For Information purposes:

- Apply sparingly/thinly – means only a thin layer should be applied.
- Apply liberally – means a more generous layer should be applied.

Unit name:	
Date of Birth:	
Record of Observations	
Print name	
Signature	
Date	

Discharge Form

**Medication Transfer Form – MAR05**

Name: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

<b>Medication (Full Name)</b>	<b>Quantity on Discharge</b>

**If there are any discrepancies between the medication you receive, and the details listed above, please contact the unit immediately on \*\*\*\*\*.**

## Side Effects

Unfortunately, no medication is without potential side effects and some are worse than others and vary from person to person. They are prescribed where the benefit of the treatment outweighs the risks of the side effects.

Some of the most common side effects are outlined in the diagram below:

