Medication Policy

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1 INTRODUCTION AND STATEMENT OF POLICY

This Policy outlines the policy and procedures that 1st Homecare follows with regard to medication and the management of medication for clients.

The overarching principle is that wherever possible, clients should be responsible for managing and administering their own medication. Some will be able to do this without support; some will need appropriate support and assistance. For some, however, self-medication will not be possible and in this case, the administration of medication will need to be undertaken by a carer if there is no other appropriate person to administer the medication to the client.

Where carers administer medication, appropriate training must have been undertaken, and procedural guidance must be in place, to safeguard both the client and the carer. The purpose of this Policy is to provide procedural guidance.

2 LEGISLATIVE AND REGULATORY BACKGROUND

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 provides that care and treatment must be provided in a safe way. In order to comply with this, the service provider is required to:

- Assess the risks to the health and safety of the person receiving the care or treatment
- Do all that is reasonably practicable to mitigate any risks
- Ensure that those providing care or treatment have the qualifications, competence, skills and experience to do so safely
- Ensure the proper and safe management of medication.

This is one of the fundamental standards below which care must never fall.

In addition, there is other legislation that regulates matters relating to medication, including:

- The Care Standards Act 2000 – controls the receipt, storage and administration of medicines
- The Human Medicines Regulations 2012, which amended and consolidated the Medicines Act 1968 – this (together with subsequent regulations) controls how medicines are dispensed and made available to the public, and sets out which drugs are Prescription Only Medication (POM), Pharmacy (P) (behind the counter), and General Sale (off the shelf)
- The Misuse of Drugs Act 1971 (and regulations made under this Act) – this Act relates to controlled drugs, and governs the illegal possession, use and distribution of certain drugs (e.g. narcotics, barbiturates)
- The Hazardous Waste (England and Wales) Regulations 2005 (as amended by The Hazardous Waste (England and Wales) (Amendment) Regulations 2016) – this legislation controls the safe disposal of drugs
- The Mental Capacity Act 2005 (as amended by the Mental Capacity (Amendment) Act 2019) and Mental Health Act 1983 (as amended by the Mental Health Act 2007) – this includes the individual's right to refuse medication

- The Human Rights Act 1998 – this sets out the fundamental rights and freedoms that everyone in the UK is entitled to.

1st Homecare also takes account of guideline recommendations issued by NICE and those issued by commissioning bodies with which it contracts, primarily, Local Authorities and the CHC.

3 ASSESSMENT OF NEED

1st Homecare will undertake a personal risk assessment at commencement and if 1st Homecare will be providing support to the client medication, this assessment will include an assessment of the risks arising from 1st Homecare's involvement.

If 1st Homecare is asked to provide support to the client with taking medication, a Mental Capacity Assessment will also be conducted at commencement and at any stage thereafter where necessary, to assess the client's capacity to consent to care workers providing and managing his/her medication.

Where support is required, 1st Homecare will decide if the support can be provided including whether it can be performed safely and competently by its staff. Where client specific training is required, appropriate training will be sought to ensure that the support can be provided. Where the care has been commissioned by a Local Authority, that Local Authority's medication requirements will be followed.

Once established, the level of medication support required will be set out in the client's Care Plan and specified in the care plan activities/tasks recorded in Access Care Planning.

The level of support will be reviewed at regular intervals.

4 SELF-MEDICATION, PROMPTING, ASSISTANCE, AND ADMINISTRATION – WHAT EACH CATEGORY MEANS

As noted earlier in this procedure, the overarching principle is that wherever possible, clients should be supported to be responsible for managing and administering their own medication. Where a client does require support, this could be either in the form of assistance with medication, prompting medication, or administration of medication. It may be the case that a client requires different levels of support depending on his or her mental or physical capacity and the types and form of medication prescribed for him or her. For example, the client may manage to self-administer tablets and liquids but be unable to administer his or her eye drops or creams.

4.1 Self-medication

This is where a client has the capacity and ability to manage independently his/her medication and to self-medicate. The client will be responsible for the safe management of his or her medication: 1st Homecare has no involvement.

4.2 Prompting medication

This means reminding a client who is physically able to take his/her medication and has capacity to manage his/her own medication independently but may on occasion forget to do so, to take it. The client will be responsible in whole or in part, as detailed in the Care Plan, for the safe management of his or her medication. The carer will make a record of having prompted the client to take his/her medication. **A MAR (Medication Administration Record) sheet/eMAR would <u>not</u> be completed in this case**. It would be marked off as a completed task on 1st Homecare's digital care delivery system, Access Care Planning.

If on a regular basis the client is not taking medication without us prompting, this should give rise to the need for a review to assess if 1st Homecare should in fact be administering/assisting (in the case of 1st Homecare (Oxford) Ltd.) the client's medication.

4.3 Assisting with medication

This means giving **physical help** to a client who has capacity to make his or her own decisions and the ability to instruct the carer on what is required. The carer may, for example, prepare items for continence maintenance, open a medication container or remove tablets from a pharmacy filled compliance aid, or pass tablets to the client using a container. In all cases the carer will be **following the instructions of the client and not making any decisions regarding the medication.** The client will remain responsible in whole or part as detailed in the Care Plan for the safe management of his or her medication. Every instance of assisting with medication should be recorded in the care plan activities on Access Care Planning: **a MAR sheet/eMAR would <u>not</u> be completed in this case**. It would be marked off as a completed task on 1st Homecare's digital care delivery system, Access Care Planning.

NB. For Oxford staff, the terms "assistance" can also include selecting/measuring medication/placing it in the client's hand (ie. doing what is termed "administering" in Bedfordshire, Buckinghamshire and Hertfordshire) and IS recorded on an eMAR – the following paragraph should be referred to.

4.4 Administration of medication

Administration of medication is where the carer is actively involved in the taking of medication by the client. To administer means to select, measure and/or give/apply medication to a client or carry out a related task as specified in the Care Plan and care plan activities and in accordance with the directions of a prescriber. Administering means taking responsibility for ensuring the client is given medication as prescribed. The client is not able to manage his/her medication independently, may not have an appropriate family member or friend to help them and cannot be supported by assisting or prompting.

It will require the carer among other things to check the six "rights" (see below) and every medication administered must be recorded on a MAR sheet/eMAR and the task marked as completed on the care plan activities in Access Care Planning. The procedure to be followed is set out below.

NB In relation to 1st Homecare (Oxford) Ltd staff:

1) **Assisting with medication involves putting the medication into an appropriate container (including selecting or measuring the medication) or placing it into the client's hand, and IS recorded on an eMAR**

2) **Administration of medication (whether from a professionally filled monitored dosage system or individual pharmacy labelled container supplied by a pharmacist or dispensing doctor) must in accordance with the directions on the label, and oral medication should be PLACED IN THE MOUTH**

5 ADMINISTRATION OF MEDICATION

5.1 When help is required

Help with medication will **only** be provided by 1st Homecare where the client is assessed as being unable to self-medicate, cannot be supported by prompting or assisting, and there is no other appropriate person who can administer his/her medication.

Help in the form of administration will only be provided with the written authorisation of the client or, where informed consent cannot be given by the client, the written authorisation of a person who can legally consent on behalf of the client (under a health and welfare Lasting Power of Attorney or as a Court appointed deputy), or else by 1st Homecare or other person acting in the client's best interests, with the involvement where required of the client's GP or other appropriate person. If necessary, consideration should be given to engaging an independent advocate to ensure the best interests of the client.

5.2 What help can be provided by carers

Once carers have been given the appropriate level of training and assessed as competent, carers will be able to administer medication as set out below (see paragraph **5.3 Types of help that may be provided by carers after appropriate training**).

Note that for 1st Homecare (Oxford) staff, under the Oxford Shared Care Protocol some of the tasks set out below are deemed to be Level 3 and above, and specific training must be undertaken by a relevant health care professional or by 1st Homecare Office staff who have been trained by the health care professional to cascade the training to 1st Homecare carers. 1st Homecare (Oxford) staff will be informed by management of the different tasks they can undertake and the level of training required.

For 1st Homecare Solutions staff within Bedfordshire, where relevant the Central Bedfordshire Council Multi-Agency Joint Management of Medication Policy will be followed, within Oxford the Oxford Shared Care Protocol will be followed where relevant, and for 1st Homecare staff within Hertfordshire, the Adult Care Services Medication Policy ACS021 will be followed where appropriate. As for Oxford staff, in some cases client specific training may be required before support can be provided to a client.

5.3 Types of help that may be provided by carers after appropriate training

These include help with the following :

- Inhaled medication e.g. for asthma

- Oral medication and medication in the form of tablets, capsules or liquids (**NB**.For 1st Homecare (Oxford) staff, liquid medication requires specific training)
- Medicated creams, ointments or gels
- Applying patches. **NB** in Oxfordshire, Level 3 training is required before a carer can apply a patch. **NB** carers may not apply controlled drug patches
- Eye, ear or nose drops
- Prompting a client to test his/her blood sugar levels
- Assisting with catheter care, stoma care and carrying out PEG feeding (with client specific training as required) or administering medication via a naso-gastric tube or PEG
- Assisting or administering controlled drugs in liquid or solid form. **NB**. In the case of 1st Homecare (Oxford) staff, help may be given in the case of certain drugs but if in liquid form, client specific training will be required, and additionally, in some cases drugs must comply with rules regarding packaging and dosage, for example, Zopiclone must be contained in individual pharmacy issued packets, Oramorph must have a pharmacy label on where you can clearly see the dosage to be administered and a syringe must be used to measure the dosage precisely. Management will be responsible for ensuring appropriate training is provided to staff to enable them to help with such medication
- Administration of an auto-injector in the treatment of anaphylaxis (eg. EpiPen)
- **For clients of 1st Homecare Solutions, in Bedfordshire, only:** Crush or alter medication strictly upon the instructions of the client's GP provided carers carefully follow the written instructions contained in the Care Plan/Medication Risk Assessment as to the process to be followed to safely crush the medication.

5.4 Tasks that carers may NOT do

Carers are **strictly not permitted** to do any of the following:

- Procure any medication that is not part of an established and documented prescription eg. "over the counter" medication or topical creams
- Administer any medication that is not prescribed
- Assist with (in the case of 1st Homecare (Oxford) staff) or administer any medication that is not in a pharmacy filled MDS or in original packets with prescribing labels, or if in liquid form, in a bottle dispensed and labelled by the pharmacist
- Administer or (in the case of 1st Homecare Oxford staff) provide assistance with medication or creams or liquids purchased "over the counter" or any complimentary therapies such as homeopathic remedies or aromatherapy oils
- Leave out medication if a client says that he or she will take it later.
    - If the dose is due at the time of the visit, then if the client asks for it to be left out to take in a while, this must be treated in the same way as a client refusing to take medication. The medication must not be left out but should be placed in an envelope away from the client's medication and should be disposed of in accordance with the Care Plan. The appropriate records must be made and the Office or On call manager informed immediately as set out in this Policy.
    - If the medication the client wishes to be left out, is medication to be taken at a later time and the client does not have a visit at a time when he/she

could be given help with taking it, then in order to promote independence by the client, the following applies:

- In the case of 1st Homecare (Oxford) clients, it may only be left out if a written disclaimer has been provided by the client's GP and it has been agreed with the client and recorded in the Medication Risk Assessment and the Care Plan and the care plan activities
- In the case of 1st Homecare Solutions' clients (Bedfordshire), this may be done if agreed with the client and it has been recorded in the Care Plan and Medication Risk Assessment and the care plan activities.

- Crush or alter medication in any way **NB for clients of 1st Homecare Solutions, in Bedfordshire,** this may be done upon the instructions of the GP provided carers carefully follow the written instructions contained in the Care Plan/Medication Risk Assessment as to the process to be followed to safely crush the medication.
- Assist with suppositories
- Assist with enemas
- Assist with syringe drivers
- Perform any tasks that may only be performed by a healthcare professional such as catheterisation, injections
- Change sterile dressings **NB 1st Homecare (Oxford) carers who have been authorised to do so and GIVEN CLIENT SPECIFIC TRAINING may do so**
- Apply or assist with plasters or dressings
- Assist with oxygen administration
- Crush or alter medication in any way (except for 1st Homecare Solutions (Bedfordshire) – please see above)
- Assist with any other type of procedure which does not fall within the types of assistance that can be provided by carers as set out in paragraph **5.3 "Types of help that may be provided by carers after appropriate training".**

For 1st Homecare (Oxford) Ltd, **occasionally there may be exceptions** to the above where there is a client specific need identified by a relevant healthcare or local authority (such as NHS Continuing Care or OCC). In this case relevant client specific training will be given to the appointed carers and they will be signed off as competent by the Shared Care Protocol team before they may carry out the client specific task.

6 PROCEDURE FOR CORRECT ADMINISTRATION OF PRESCRIBED MEDICATION

6.1 Correct procedure

When a client requires his/her medication to be administered ("assistance" in the case of 1st Homecare (Oxford) staff), the following procedure must be followed:

- The carer must FOCUS ONLY ON THE TASK IN HAND, and not be distracted by anything else

- The carer must first **check t**he client's Care Plan and Medication Risk Assessment to ensure he/she is providing the right level of help required

- The carer must CAREFULLY check the care plan activities. The carer **must ensure the medication has not already been given to the client**

- The carer must then check that all medication is either in a **Monitored Dosage System** (**MDS**) (dossett box, blister pack or nomad pack) filled by a pharmacist, or in original packets with prescribing labels, or if in liquid form, in a bottle dispensed and labelled by the pharmacist **NB** medication may **ONLY** be given from an MDS filled by a pharmacist. By contrast, a carer may **PROMPT** a client to take his/her medication from a family filled MDS.

- The carer must check to ensure that the correct client's details (name and address) are on the back of the MDS, and must check the description of the tablets and check the medication including its colour against the description, or if the medication is in original packets or in a bottle, the carer must check the prescribing labels, and must also check the other six "rights" (see section 7 below).

- Carers must check the expiry date of the medication

- The carer shall follow infection control procedures at all times

- A glass of water or other appropriate liquid should be ready for the client to take medication with. Care should be taken to encourage clients to take medication with a cold drink. **Clients should not be offered any medication with grapefruit juice or grapefruit extracts or alcohol**

- The carer must mark the activity as complete on Access Care Planning, or complete and sign the MAR where a paper MAR is used (normally only in the form of the AC97 used by 1st Homecare Kings Langley), and this must be done **AT THE TIME** medication is given, **having observed the client taking the medication.**

- If the client's medication plan includes the application of "patches" (a means of administering medicines over a period of time through a patch on the skin similar to a plaster impregnated with medicine and absorbed through the skin (trans-dermal medication)) the specific instructions and guidelines contained within the Care Plan shall be followed, including the frequency at which the patch must be changed and the placing of the patch. The old patch must be removed before putting on a new patch: **under no circumstances should more than one patch be applied. If a body chart is in use, this should be completed.**

NB As noted above, assistance with/administration of medication may **ONLY** be from an MDS filled by a pharmacist, never from an MDS filled by the client's family or other person. By contrast, a carer **may PROMPT** a client to take his/her medication from a family filled MDS.

Carers must report any unsafe practices they witness regarding medication. Carers must be confident in stopping a medication procedure if it constitutes unsafe practice. The carer must be on the lookout for and report any adverse side effects to the Office or

the On call manager as appropriate. **THE SAFETY OF THE CLIENT IS ALWAYS PARAMOUNT.**

6.2 Refusal to take medication

The client should always be asked if he or she is ready to take his/her medication before it is taken out of the packaging/container. If the client's medication has been offered and the client has refused the medication, then the procedures set out in Section 12 of this Policy should be followed.

6.3 Capacity and covert administration of medication

As noted at section 3 above, where the client required support with medication, a mental capacity assessment will be carried out at commencement to determine the capacity of the client to take responsibility to self-medicate or else to consent to medication support. The principles of the Mental Capacity Act 2005 (as amended) will be followed by 1st Homecare including the principle that when a person has mental capacity to make the decision about whether to take a medicine, they have the right to refuse that medicine, even if that refusal appears ill-judged to staff or family members who are caring for them.

If the client is deemed not to have capacity to self-medicate or to consent to medication support, 1st Homecare will record the reasons and circumstances in the Care Plan, and if there is a person who can legally consent on behalf of the client or if a best interests decision is made regarding the client and his/her medication then that decision will be recorded as well as who made the decision.

As a potential deprivation of liberty, covert administration – where medication could be hidden in food, drink or given through a feeding tube without the knowledge or consent of the person receiving them - would only be carried out where absolutely necessary or appropriate, which is only likely to be in cases where:

- a person actively refuses their medicine and
- that person is assessed not to have the capacity to understand the consequences of their refusal. Such capacity is determined by the Mental Capacity Act 2005 (as amended); and
- the medicine is deemed essential to the person's health and wellbeing.

Covert administration would be undertaken only as a last option after trying all other options, would follow an assessment to try to understand why the person is refusing to take their medicines and whether alternative methods of administration would help, and would then only be undertaken if the client's GP recommends covert administration as being in the best interests of the client.

7 THE SIX RIGHTS

Where there is a need for carers to assist with/administer medication, carers **MUST ALWAYS** ensure that the six "rights" of medication administration are observed. These will be learned during induction training and refreshed in subsequent update training but in summary, the six "rights" regarding medication are as follows:

1. That it is for the right person
2. That it is the right medication

3. That it is the right dose
4. That it is the right time
5. That it is given via the right route to administer the medication
6. That the client has the right of refusal

8 ASSISTANCE WITH THE COLLECTION OF MEDICATION AND PRESCRIPTIONS

Assistance with the collection of medication and prescriptions may be provided by the carer if detailed in the Care Plan. The dispensing pharmacist should be informed by 1st Homecare or Social Services that assistance with collection of medication is being provided.

Only prescribed medication stipulated in the Care Plan and that is part of an established and documented prescription may be collected by a carer. Carers must not get involved with collection or delivery of medication unless instructed to do so by 1st Homecare. Specific instructions for regular collections will be detailed in the client's Care Plan. Appropriate receipts should always be obtained for collection/delivery of medication.

9 TRAINING

All carers will receive medication training and must have been assessed as competent before they can assist with/administer medication. Medication training records will be kept, and all carers will undertake refresher training, every year. Competency will be assessed on an ongoing basis including through spot checks and supervisions.

10 SAFE STORAGE AND DISPOSAL OF MEDICATION

10.1 Storage

The starting point is that the safe storage of medicines is the responsibility of the client. If it is identified that a risk is present if medication is stored in a way accessible to the client (for example, where a client if forgetful, lacks capacity, or otherwise is thought likely to take additional doses), a safe storage strategy must be agreed between 1st Homecare, the client (if possible), any involved family members, any Social Worker involved, and a District Nurse and/or other professionals involved in the care of the individual, together with the reasons for the storage. The strategy must be clearly recorded in the Care Plan.

If a carer notices that the client's medication is not stored correctly or poses a risk, this should be notified to the Office or On-call manager. Reasons might include the following:

- The medication is stored at the wrong temperature or in the wrong place
- There are children who could get access to the medication
- It is not stored in its original container
- There is an apparent accumulation of large quantities of medication
- There is discontinued medication, out of date or wasted medication that has not been disposed of
- Discontinued or out of date or wasted medication is stored alongside current medication.

10.2 Disposal

Normally, responsibility for disposal of medication will be recorded in the Care Plan. When there is medication that is discontinued, out of date or wasted, and there is no other more appropriate person who can dispose of it, e.g. a family member, a carer may have to dispose of it but only upon instruction by the Office and by agreement with the client and/or where appropriate, a family member. **The medication must never be flushed down the sink or toilet, to avoid the risk of it getting into the water supply.** Instead, it should be returned to the relevant pharmacy to dispose of it safely (under the Hazardous Waste Regulations). A medication disposal form should be completed on Access Care Planning, and a note made in the client's PeoplePlanner Notes section.

If the client refuses to allow the medication to be disposed of, a record of this should be made and the incident reported to the Office via the Report to Office form. Where appropriate, the client's relevant family, GP and if relevant/appropriate, his/her Social Worker should be informed.

A carer should not remove medication from a client's home without permission. If necessary, if the client is assessed not to have capacity, any person who is entitled legally to consent on behalf of the client may agree to the removal of the medication or else a best interest's decision may have to be made to remove the medication with the involvement of the client's family/other involved person and potentially the client's GP.

11 RECORD KEEPING WITH REGARD TO MEDICATION

11.1 Completion of MAR sheet and Care Plan Activities

Where carers are required to administer the client's medication, the carer must sign and date the MAR sheet (AC97 in 1st Homecare in Kings Langley) or where eMAR are in use at the relevant branch of 1st Homecare, carers should carefully follow the care plan activity and mark it as complete once medication has been administered as per this Policy.

11.2 Amendments to MAR sheet and care plan activities

If the MAR sheet/care plan activity includes medication that has not been supplied, or if medication has been prescribed (including new medication) but is not listed on the MAR sheet/in the care plan activity, carers must report this to the Office by filling in the Report to Office form on Access Care Planning (the digital care planning system in use at 1st Homecare) and by calling the Office or On call manager. In the case of new medication/medication prescribed but not listed in the MAR/care plan activity, a photograph of the medication should be included, so that the medication can be added to the MAR/care plan activity and checked.

In the case of medication listed but not present, the Office will investigate whether it has been discontinued or simply not supplied. The client's GP will be contacted as soon as possible to confirm what medication needs to be taken.

Changes to medication or medication that is not present and that is reported in this way should also be documented by making a Note in PeoplePlanner.

Where a client is discharged from hospital with medication, the Branch Manager or a Care Supervisor/other appropriately trained staff member **will be responsible for visiting the client and checking and updating the MAR chart/list of medication in the client's care plan activity.**

On discharge from hospital in Hertfordshire, where 1st Homecare Kings Langley operates, a hospital doctor will be asked to complete a form HC420 or alternatively, the hospital will be requested to email an up-to-date medication list and the client's MAR (AC97) will be taken to the client's GP to update and sign.

11.3 Transcribing of medication

11.3.1 Medication may be transcribed in the following circumstances:

- following the initial visit to the client's home at commencement to record the details of medication being taken (unless the client self-medicates and/or 1st Homecare has no involvement in medication)
- after being notified of a change in medication by a carer via a Report to Office or by family member e g following a GP review
- following an additional temporary medication being prescribed eg an antibiotic
- upon a client's discharge from hospital, when the client will be visited at home by an appropriately trained member of staff who will complete a new risk assessment and update the medication activities on Access Care Planning
- following a scheduled client review.

11.3.2 Use of eMAR forms - transcribing process

Transcribing medication onto an eMAR/care plan activity must only be completed by a staff member to whom the task has been delegated and who must have received transcribing training and have been assessed as competent to transcribe medication by the manager or other person with competence to do so. When medication has been transcribed, it must be checked and signed off by another Office staff member who has also received transcribing training.

Carers should attach to the Report to Office, a photo of the prescription label for the medication to be transcribed so that the person checking the transcribing is able to use the photo for reference.

11.4 List of medication

If 1st Homecare assists with (in the case of 1st Homecare (Oxford) carers)/administers medication, the medication will be listed on the MAR/eMAR. This information may be shared with paramedics or other healthcare professionals who need the information e.g. where the client is being taken to hospital. In the case where the client self-medicates or 1st Homecare only prompts or assists (in the sense of helping the client to open containers/passing a tablet to them on their instruction or similar) with medication, the client and/or his or her family or other relevant person will be responsible for keeping a list of the medication the client takes, and for updating it - 1st Homecare will not keep a

list. This is due to the fact that any such information held by 1st Homecare may not be up to date and this would pose a potential risk for the client.

11.5 Auditing

The medication care plan activities on Access Care Planning must be audited daily by the Care Supervisor or the Branch Manager or other delegated suitable person. This is normally completed twice a day, in the morning (for the activities of the evening before) and mid-afternoon (for the activities carried out that morning). The medication activities that need to be audited each day are those marked by a carer as 'not completed' or 'outstanding'.

The Branch Manager audits the eMAR for all clients once the month has ended.

At any branch where an eMAR is not yet in use/a paper MAR form is used, auditing will be carried out in line with the established practice at the branch.

12 REFUSED MEDICATION

Where 1st Homecare is responsible for assisting (in the case of 1st Homecare (Oxford) /administering medication, medication refused by a client should be reported to **the Office or On call manager immediately by submitting a Report to Office and following up with a telephone call to the Office. A note should also be made against the relevant medication activity, and a note also made in the client's section on PeoplePlanner.**

Carers should try to encourage the client to take their medication and should try to find out why the client does not want the medication. A carer should **NEVER** force the client to take the medication or disguise it in food: this is abuse and also covert medication (see section 6.3 above).

If the client refuses the medication after it has already been "popped" out of the packets/containers the carer should ideally wait a short time and then try asking the client once again if they would like to take their medication.

Unwanted medication must be placed in an envelope and put in a place away from the client's medication and disposed of in the manner set out in the Care Plan.

Where carers are only providing support in the way of assisting or prompting, and not administering/(for 1st Homecare (Oxford) assisting, repeated refusal by the client to take his/her medication should be reported to the Office, and an arrangement should be made for a reassessment including conducting a new capacity assessment if necessary.

13 PRN MEDICATION

PRN medication is medication that is taken "as required" by the client, ie. not taken on a regular basis.

1st Homecare will only provide support with PRN medication where it is absolutely clear that 1st Homecare is in control of administering medication. If family members are or

become involved then 1st Homecare will decline to provide support as it could give rise to an overdose.

In the case of clients supported by 1st Homecare Kings Langley, PRN medication is only included on the MAR (AC97) where a client's medication is being administered and the client has the capacity to make informed decisions about his/her medication and to refuse the medication if he/she does not require it.

Carers should always refer to the Care Plan and MAR/care plan medication activities to see if there is any "as required" medication as these will be documented. If it is not documented, the carer must contact the Office, which will check with the GP/Pharmacist.

If PRN medication is offered but is not required, a slash "/" or "R" (for refusal) (depending on the terms used by the branch to record on the MAR) should be inserted in the appropriate space in a paper MAR to show the medication was offered but not required and the activity should be marked as complete in the care plan activities as the task is complete once the PRN medication has been offered: declining PRN medication is not classed as refusal of medication as it is only given in accordance with the client's needs at the time.

14 EYE EAR OR NOSE DROPS

All care assistants must have been shown how to apply eye, ear or nose drops before being allowed to apply them and also must have been judged as competent to do so. Carers shall ensure that the name of the client is correct on the eardrops or eye drops and the expiry date is valid. The date of opening must be written on the drops and the drops should not be used if it is past the expiry date.

All eye drops, nose drops and eardrops shall be stored according to the storage instructions.

15 MEDICATION INCIDENTS

A medication incident may involve any of the following:

- incorrect administration,
- omitted doses,
- duplicated doses,
- administration of discontinued medication
- medication being lost or stolen,
- a near miss.

Any medication incident must be reported by carers immediately using the Report to Office form on Access Care Planning`, together with details of the client concerned and the medication that was given/taken incorrectly or was not given/taken. It must be followed up by a phone call by the carer to the Office/On call manager.

It is important for carers to remember that 1st Homecare encourages its carers to report any matter that may appear to be a medication incident. A carer should not be afraid to report any error he or she makes for fear of reprisal. It may be the case, depending on the outcome of the investigation, that the carer is found to have been at fault and that 1st

Homecare does have to take corrective action, however, it will always take into account what the carer has to say about the matter and will generally seek to support the carer to improve his/her performance: improvement and learning is the focus rather than blaming anyone. There may always be cases where a carer's actions may be so serious that the only outcome can be termination of his/her employment, however, such a case is likely to be rare.

15.1 Steps that will be taken by 1st Homecare in the event of a medication incident

The appropriate member of management should contact the prescriber or pharmacist for advice including as to the steps to take. If the incident occurs outside pharmacy/surgery hours, the out of hours GP or failing that, 111 must be contacted for advice.

The Office or On call manager must ensure that the carer(s) involved complete(s) an incident form without delay. Failure to complete an incident form when required will be investigated and may be considered a matter requiring disciplinary action. The matter will be opened as an "Event" on the Company's rota planning system, PeoplePlanner and assigned to the appropriate people.

The relevant manager must carry out an investigation as soon as possible with regard to the incident. Following the investigation, any or all of the following persons/bodies may have to be informed/notified:

- The local Safeguarding Team
- The Care Quality Commission (CQC) (if the incident meets the criteria for notification to the CQC)
- Social Worker (if any)
- The pharmacist
- The client's GP
- The client's family/representative

If it is necessary, a SOVA alert form should be submitted to the SOVA team.

Where a procedural problem is identified as a risk, procedures shall be reviewed.

Depending on the outcome of the investigation, appropriate action shall be taken with regard to any carer responsible for the medication error. Depending on the severity of the incident, this may range from refresher training to disciplinary action.

If the medication error is serious enough to constitute a notifiable safety incident under the principle of the duty of candour, the Registered Manager should take the appropriate action required by this duty. This is likely to include writing to the client and/or his family/representative to apologise and outline what action is being taken in light of the error.

Learnings will be shared internally with managers and with staff as appropriate, and any changes in practice or procedure will be notified to carers.

NB If anything untoward is found when assisting with/administering medicines e.g. muddling of MDS, multiple MDS, different names and addresses on an MDS or original packets, if there are queries in relation to the filling of MDS, concerns as to what medication has been taken, or queries in the storage of medicines, or any other type of query, the carer should contact the Office or On call manager immediately. IF IN ANY DOUBT, CARE WORKERS SHOULD NOT GIVE THE

MEDICATION BUT SHOULD IMMEDIATELY CONTACT THE OFFICE OR ON CALL MANAGER FOR ADVICE.

16 CLASSIFICATION OF MEDICATION

Medication is classified in the following way:

- Controlled Drugs – CD
- Prescription only Medication – POM
- Over the Counter – “Pharmacist Present”
- Over the Counter – “General Sales List”
- Household Remedies

17 GENERAL

1st Homecare may amend this Policy at any time as may be required and staff shall be informed accordingly.

CHANGE HISTORY

Issue	Date	Description of Change and Reason
1	2012	First Issue
2	2014	Second issue
3	May 2014	Third issue
4	November 2014	Fourth issue, to introduced changes/clarity to the Policy with regard to the administration of medication, and to insert a review date
5	January 2016	Fifth issue - required changes inserted to bring into line with the CBC Joint Management of Medication Policy and legislative changes
6	May 2016	Sixth issue - further changes inserted in line with the Policy referred to in relation to Fifth issue and also with regard to the leaving out of medication and general minor revisions to avoid duplication, etc
7	July 2016	Seventh issue – clarification that the responsibility for checking medication and updating the MAR chart on discharge of client from hospital is the responsibility of the Field Care Supervisor, a senior carer or the On call manager; added paragraph clarifying that a list of medication is only kept where the Company administers medication; amendment from carrying out investigation “immediately” to “as soon as possible”.
8	January 2017	Eighth issue – to make the Policy applicable to both offices and also to tidy up some points. Addition of the reference to Duty of Candour in relation to medication errors.
9	January 2019	Ninth issue – change of address for Oxford office, updating of section on legislation, amendments to section on help that carers can provide, and to the paragraph on tasks they may not carry out (including exceptions such as leaving tablets out and crushing of tablets), emphasising that carers must focus on the task when assisting/administering medication, and also amendments to the section on medication incidents.
10	January 2020	Tenth issue – inclusion of KL address and review of section on administration and assisting.
11	June/July 2021	Eleventh issue – inclusion of robust checking process regarding medication transcribing, policy in relation to covert administration, amendments to record keeping sections following introduction of eMAR and medication care plan activities, amendments to reflect different practices at different branches and covering MCA assessments, also tidying up parts of the policy.
12	July 2022	Twelfth issue – update on legislation, amendments to wording regarding the basis of risk assessment and to wording regarding prompting and PRN medication. Minor changes to wording.

DOCUMENT CONTROL

Name of document	Medication Policy
Status	Approved
Issue	12
Issue date	July 2022
Maintainer	1HC
Owner	1HC
File name	1HC Medication Policy
File location	1HC Policies/Care Policies
Review date	July 2023 or earlier as required