

## Medication Policy

### RESPONSIBILITIES

Deafblind Scotland is responsible for ensuring staff have read and adhere to the Medication Policy.

The Service Manager's role is to monitor staff input with supported individuals in relation to how they manage their own medication.

All staff will be supported, where applicable, to follow the Health & Social Care Standards applicable to their Service and in accordance with the guidelines set out in the Royal Pharmaceutical Society of Great Britain - Handling of Medicines in Social Care, and best practice guidelines published by the Care Inspectorate.

### SCOPE

All operational staff

### DEFINITIONS

- **Medicines** - The term 'Medicine' includes liquids, tablets, ointments, creams, drops, suppositories, injectable products and any other internal or external medicines. Complementary remedies are included in this definition. These may be prescribed by a General Practitioner, Dentist and Hospital General Practitioner/Consultant or may be available to purchase "over the counter."
- **Dispensing** - 'Dispensing' is where a Pharmacist prepares medicines ready for administering i.e. Monitored Dosage System or contemporary packaging.
- **Invasive Procedures** – An "Invasive Procedure" includes injections, the use of suppositories and rectal diazepam: when supported individuals have conditions, which require medication or a procedure to be provided quickly, and in some situations oral medication is not practical. All staff must be trained prior to carrying out an invasive procedure or any such intervention, regardless of previous experience.
- **Homely Medicines** - Medicines not prescribed by General Practitioner or another health professional.
- **MDS** – Monitored Dosage System
- **MAR** – Medication Administration Record

### LEGISLATION AND BACKGROUND

The Medicines Act 1968

The Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007

Access to Health Records Act 1990

Data Protection Act 1998

COSHH Regulations 2002

Adults with Incapacity (Scotland) Act 2000, Section 47

The Regulation of Care (Requirements as to Care Services) (Scotland) Act 2001

National Care Standards

Covert Medication – Good Practice Guide (Mental Welfare Commission)

Improving Patient Outcomes - Royal Pharmaceutical Society (July 13)

## RELATED POLICIES AND PROCEDURES

Admission / Discharge (Operations)

Document Storage and Destruction (Corporate Services – General)

When Someone Dies (Operations)

Recording of Information of the people we support (Operations)

Risk and Safety (Operations)

Risk Assessment (Corporate Services – Health and Safety)

## PROCEDURE

### 1. Labelling

**1.1** The Pharmacist (or Doctor) will normally label each container of medicine and/or monitored dosage system with the name of the medicine it contains, the name of the person for whom it is prescribed and clear instructions for its use. It is unacceptable to label medicines 'as before' or with other vague phrases.

**1.2** Labelling must not be altered unless on the written instructions of the Doctor, ideally a new label should be sought from the Pharmacist. Where labels have been detached or become illegible, the contents must be returned to the Pharmacist for disposal.

### 2. Administration

**2.1** There are five levels of administration.

- Level 1 = Independent self-administration. No assistance required.
- Level 2 = Prompting.  
Reminding someone of the time and asking if they are going to take their medicines
- Level 3 = Assisting. Individual retains control of their medication but requires assistance with simple mechanical tasks such as ordering/collecting of prescriptions or opening bottles or packaging *at the request and direction of the person who is going to take the medicines*
- Level 4 = Full Administration.  
Individual cannot take responsibility for managing their medicines and requires support to take the correct medication, at the correct time and in the correct way
- Level 5 = Healthcare input required District nurse etc

**2.2** In all cases where individuals are able and wish to manage their own medicines they must be encouraged and supported to do so. Self-administration of medicines is not an ‘all or nothing’ situation. Individuals may have different ‘levels of administration’ need, for different medicines and each must be recorded separately. This decision should be made in conjunction with the person and if relevant, other parties (e.g. GP, family/other carers). The decision must be taken at the time the support service commenced or at a time appropriate for the supported individual to develop skills to enhance his/her independence. This will be recorded in the Support Plan and reviewed regularly.

The following will need to be taken into account when such a decision is made:

- The individual’s wishes
- Past and current mental state
- Physical ability
- Understanding of the individual’s outcomes and possible adverse reactions to Specific Medicines

It is acknowledged that individuals have the right to refuse to take their medication, however based on a risk assessment there may be a need to explain to the individual the importance of taking his/her medicines regularly, ordering repeat prescriptions and storing medicines appropriately. Risk Assessments will require to be reviewed on a regular basis to meet the needs of the individual.

- 2.3** All individuals have the right to keep their medical information private, providing there is nothing to indicate this would be harmful to their care or support.
- 2.4** In some situations staff may collect medication from the pharmacist on behalf of an individual who self-administers medication. On these occasions, staff will need to keep a record of medication passed to the individual, either in their communication book or using a method as requested by the person they are supporting.
- 2.5** The Care Inspectorate has indicated that social care providers should not automatically use multi-compartmental compliance aids (MCA) such as Monitored Dosage Systems (MDS) and daily dose reminders, but should give consideration to the alternatives available.
- 2.6** They recognise that while an MCA may be of value to assist some individuals to maintain independence in ‘self-medicating’, they are not always the best intervention for everyone. An assessment of individual need will determine whether the use of an MCA is recommended.
- 2.7** The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to individuals, where there is no specific requirement for the use of an MCA.
- 2.8** Volunteers or any volunteer based in our services should never administer medication. It is acceptable for volunteers, when in a one to one situation (day trip, outing, holiday) to prompt someone we support (level 2 only) to take their medication. The Service Manager should be made aware in advance of any planned activity where this is likely to happen.

### 3. Ordering and receiving of medicines

#### 3.1 Ordering

Where guide/communicators are involved in ordering medication; the Service Manager must ensure that guidelines for re-ordering and receiving medication are in place for staff to follow. These must ensure that:

- a) There is enough medication available until the next order is delivered, allowing for any delays.
- b) A record is kept of what has been ordered. (The Care Inspectorate requires in some services that a photocopy of the prescription is taken)
- c) There is a local protocol to deal quickly and efficiently with a prescription of new or 'acute' medicines. An example of an 'acute' medicine is a course of antibiotics to treat an infection and should be started as soon as possible. These medicines are not taken regularly, and are usually for a specified limited time.

#### 3.2 Accepting Delivery

Staff are required to sign that the correct medication has been received. On receipt of medication, staff must check with the service user that the correct medication has been received.

Staff must ensure the following information is recorded accurately on the medication administration sheet before signing as accurate:

- a) Check the individual's name and date of birth
- b) Name, strength and form of medication
- c) Date received
- d) Amount ordered and received is the same (quantity)
- e) Time and route of administration
- f) Any special instructions such as "take medication with or after food"

If an error is found, it is the receiving person who is responsible for taking action for any amendments required, following instruction from the supported individual. Staff should consult the Pharmacist in the first instance.

### 4. Storage of medicines

4.1 Medicines are the property of the individual being supported and any storage of medicines in the home has to be with the agreement of the person or their proxy if appropriate. The Service Manager may advise the supported person on principles of good medicines storage. Any local storage arrangements should be detailed in the care plan.

However, there may be some cases where, following a risk assessment, secure storage is recommended, for example where the individual may seek or inadvertently take more of the medicines at one time than is safe. In general, medicine cabinets must be sited where they are not subject to extremes of temperature or humidity and care must be taken to ensure they are sited away from public view. Nothing else should be stored in the medication cabinet. It should not be used as a safe for valuables. The only reason to open a medicine cupboard should be to get access to medicines.

When people live alone, care should be taken to ensure that medication is stored appropriately. If a risk assessment shows that there is a risk to the individual or any children visiting the service, then the medication storage facility should be reviewed.

**4.2** There are no special storage requirements for controlled drugs in a person's own home.

There is no requirement for storage of such medicines in a controlled drug cabinet.

**4.3** Medication must be stored tidily. As far as practical, medicines for internal and external use must be stored in separate compartments.

## **5. Administering of Medicines**

**5.1** Medicines must be administered strictly in accordance with the instructions from the prescribing Doctor who prescribed them. Deafblind Scotland employees are not responsible for administering medication as service user's are responsible for managing their own medications. However, guide/communicator's can ask/prompt a service user to ascertain if they have taken their medications, as per level 1 and 2 of administering medication.

**5.2** Staff should not administer medication from compartmental compliance aids [dosset box], even when filled by a pharmacist. They are not tamper evident and it would be difficult to know if the device had been re-filled by anyone not authorised to do so.

## **6. Good Practice Guidelines**

**6.1** Guide/Communicator's should not handle or administer medication; as service user's are responsible for managing their own medications. However, guide/communicator's can ask/prompt a service user to ascertain if they have taken their medications, as per level 1 and 2 of administering medication.

It is good practice, to ask service users if they have washed their hands before taking medication.

If the service user requires the guide/communicator to read medication boxes or dosette/pill boxes, the guide/communicator can support with this. However, the guide/communicator can not offer advice as to what medications the service user can take. The guide/communicator can prompt that they have noticed that some medications within a dosette/pill box have not been taken.

If there are concerns regarding an individual not being able to manage/administer their own medication, this should be reported to the Service Manager. It may be that a service user will require support from a home care provider to administer their medication.

## 7. Covert Medication

7.1 'Covert' is the term used to describe medication which is administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. This must not, however be confused with making tablets more palatable or easier to swallow by individuals. Nevertheless, covert medication is sometimes necessary and justified, but should never be given to people who are capable of deciding about their own medical treatment. Covert administration of medicines should only take place within existing legal and best practice frameworks to protect people we support and care staff involved. If a plan of covert medication being administered, this must be carried out by a healthcare professional or a home care team.

## 8. As and When Required Medication

8.1 Medication prescribed 'as and when' requires a label from the pharmacy stating number of tablets with a specific time and what intervals they may be given. Guide/communicators can read the label to individuals but must not offer advice as to if the individual should take the medication or not. If the individual is not sure then the guide/communicator can support the individual to contact a pharmacy to discuss.

## 9. Support Services

9.1 Within Support Service settings, staff where possible should not administer medication to supported individuals. They may remind them that medication must be taken, and they may pass containers to them but wherever possible encourage the individual to take medication from its packaging themselves.

9.2 However in some circumstances medication may need to be administered. In these circumstances, a protocol must be written up by professionals when administering medication considered **ESSENTIAL** to the individual's health. This should be filed within their of Personal Support Plan. However, if this is necessary for a short period, staff should receive administration of medication training and the Service Manager should contact the GP to arrange for a support service to assist the individual to take their medication.

## 10. General Principles for the carrying out of Invasive Procedures

**10.1** Guide/communicators should not give medicines that use “invasive” techniques such as giving suppositories, enemas and injections. However, there may be some special cases (for example, rescue medicines for epilepsy or severe allergy) where guide/communicators, after appropriate training, are prepared to administer medicines normally given by external health care professionals.

**10.2** Specialised training to give medicines. There may be occasions when guide/communicators are willing to give medicines that registered nurses normally administer. This only happens when the registered nurse ‘delegates’ and the NMC have set out their guidance for this. It is helpful in many situations, for example, when a rectal solution is given to a young adult to control an epileptic fit. No one would prefer to wait for a registered nurse, doctor or paramedic to give such important treatment.

The important issues are:

- The person consents to a care worker giving this treatment
- The guide/communicator(s) agree to do so
- Clear roles and responsibilities are agreed by the agencies and the people involved in providing care.

This training is both person-specific and guide/communicator-specific.

**10.3** Medication can be left with the supported person if the individual has asked the guide/communicator to locate a medication for them and to leave it in a specific place, to take at a time when the support worker is not there.

**10.4** Written guidelines will be prepared for each person we support in consultation with relevant Health Professionals, Pharmacists and the individual themselves or any other professional who can provide training for emergency treatments (e.g, epilepsy rescue medication, epipens, etc).

**10.5** Once completed, these guidelines must be stored in the individual’s Support Plan. All guide/communicators will be made aware of the individual’s guidelines and treatment plan and will receive training as necessary to implement them. There may be a need to consider the existence of a welfare guardian or secure a certificate of incapacity.

**10.6** A separate record will be held detailing the use of each procedure which must be completed after every use. Written guidance will be formally reviewed on an annual basis. Training provided will address the following areas:

- a) General information on the condition requiring intervention, involving good care practice.
- b) The purpose and use of the medication required and its effectiveness in controlling the condition.

- c) Methods of administration of the 'Life Saving' medication.
- d) Preserving the dignity of individuals requiring the procedure.
- e) Frequency of training will be site specific

**10.7** Deafblind Scotland recognises that staff may feel anxious or uncomfortable about administering some of these procedures and will be assured that they will receive the organisation's full support provided that these guidelines are adhered to.

## **11. Administration records**

**11.1** Guide/communicator's do not administer medication, therefore do not need to keep a record of medication's that have been prescribed, supplied or administered to the individual. The individual may have a MAR sheet which records which medications they have taken and when; the medication record is for the use of health professionals or guide/communicators can read this to the individual upon their request.

## **12. Verbal Orders**

**12.1** Problems can occur when doses are changed by means of a verbal order but no written document is sent. Usually this happens when a GP telephones a dose change, but a new prescription is not required. It can also occur when someone is discharged from hospital, without a discharge letter. Staff should record information in the individual's communication book or using a method as requested by the person they are supporting.

The guide/communicator may write down:

- Name of staff who received the call
- Time of call
- Name and designation of the person making the call
- Change(s) made

The person receiving the call, should then:

- Read back the information that has been written down to reduce the chance of a misunderstanding
- Spell out the name(s) of the medicine(s)
- Ask the person making the call to repeat the message to another member of staff, if possible
- Request written confirmation as soon as possible by email, letter or by issue of a new prescription.

## **13 Collection of Medicines**

**13.1** Medication is collected or delivered in a manner suitable to the supported individual's needs.

A Patient Information Leaflet should accompany and remain with each medication. Alternatively, if an MDS is supplied, each one should be stored along with the MAR sheet for people we support and staff reference.



**13.2** In some situations staff may collect medication from the pharmacist on behalf of an individual who self-administers medication. On these occasions, staff will need to record that they have passed medication to the individual, either in the communication book or an electronic care recording system.

## 14. Disposal of Medicines

**14.1** When a particular course of treatment is ended or discontinued, remaining medicines prescribed for that person must not be used for any other individual or taken into stock but must be disposed of without delay by returning to the prescribing pharmacist.

The following information should be recorded:

- Date of disposal
- Name and strength of medicine
- Quantity removed
- Name of supported individual for which the medication was prescribed
- Signature of staff member arranging disposal

**14.2** When a person we support dies, medication must be held for at least one week (7 days) before it is disposed of, as in the event of a sudden death the Police may wish to remove any prescribed or over the counter medication that the individual was taking prior to death. It is not the responsibility of Guide/Communicators to manage the disposal of medication if the individual has died.

**14.3** The disposal of unwanted medicines must take place in the presence of a witness, recorded as appropriate and signed by the staff member on duty and the witness, where possible a pharmacist.

14.4 The disposal or destruction of unwanted medicines are covered by The Control of Pollution (special waste) (Amendment) Regulations, 1988.

## 15. Controlled Drugs

**15.1 Definition** - "Medication that comes under the Misuse of Drugs Act. It has to be written, dispensed and handled in a way that is traceable." The Pharmacist will notify an establishment of all occasions when controlled drugs are dispensed.

**15.2** There are legal requirements for the storage, administration and recording of controlled drugs. They do not apply to every social care service or when a person looks after and takes their own medicines. Deafblind Scotland recommends that all services have special arrangements for controlled drugs, even though the law does not currently require it. Deafblind Scotland employees do not administer controlled drugs; a healthcare professional must be contacted to provide an administering drug service.

**15.3** When controlled drugs are returned to the Pharmacist or dispensing doctor, this should be recorded in an appropriate section of the record for the receipt of controlled drugs and shall include the name of the individual for whom they were received, the name of the medicine, the amount returned, by whom and the date. This procedure must be witnessed and the signature of the witness included in the record.

**15.4** Providers should notify the Care Inspectorate of all adverse events and concerns involving a controlled drug (Schedule 2, 3, 4 and 5) when they occur, and while the individual is receiving support with a service provider. This includes cases where a person uses a 24-hour service but was not present in that service at the time that the incident was identified, for example they were in hospital or on an outing. In other services, the notification should be made if the incident occurs or was identified when the service was being provided. Notifications should be made within 24 hours of the event or concern occurring.

## **16. Non Prescribed Drugs – homely remedies / over the counter and complementary**

The people we support may wish to use ‘over the counter’ or complementary medicines, of the type which would be found in everyday domestic circumstances. Guide/communicators can read the label to individuals but must not offer advice as to if the individual should take the medication or not. If the individual is not sure then the guide/communicator can support the individual to contact a pharmacy to discuss. Individuals we support should be able to make their own decisions regarding when and if they want to use non-prescribed drugs or home remedies. Guide/communicators can offer to support an individual to attend a pharmacy to discuss their medication needs.

Any concerns regarding the possible misuse of ‘over the counter’ remedies must be brought to the attention of the Service Manager. The reviews procedure will provide an opportunity to deal with any concern about a supported individual’s ability to manage remedies independently and to plan an appropriate level of support in this area.

## **17. Staff**

**17.1** Deafblind Scotland does not provide any form of non-prescribed or over the counter products for staff use (this is with the exception of first aid items - see First Aid Procedure section 4, sub-section 6.4). Staff should follow in house procedures for storage of own medicines.

## **18. Moving In and Moving On**

**18.1** It is the responsibility of the supported individual to make arrangements for any medication and records to accompany them if they are moving into an establishment or moving home.

**18.2** If an individual is going on holiday or requires medication whilst out in the community; it is the responsibility of the individual to ensure that they have all the medication that they require on their person and to take their medication at the required time. The individual should carry their own medication and should not request that a guide/communicator take responsibility for transporting their medication.

## **19. Errors/ Mistakes**

**19.1** All errors and mistakes must be recorded as an incident using Deafblind Scotland Incident reporting procedure, using the recording form and investigated. These incidents must also be reported by a senior member of staff to the Care Inspectorate and the Health and Safety Executive at the earliest opportunity if serious problems arise as a result (normally within one working day).

**19.2** Any error in medication, whether or not resulting in injury, may imply a breakdown in the system of drugs administration. In such an event, steps must be taken to review the system. If an individual has made an error then the guide/communicator should advise the supported person to seek medical advice or assistance. If the individual is refusing to seek medical advice, the guide/communicator should contact the Service Manager.

**19.3** Follow Incident Reporting Procedure Section 4.4 for RIDDOR reportable cases.

## **20. Security and Stock Control**

**20.1** Stocks of medication, other than medication in monitored dosage packs, must be checked for depletion if stated in an individual's support plan or at the request of the individual.

**20.2** If an individual reports any significant discrepancy in drug stock, this must be investigated by the Service Manager and must be reported to the Care Inspectorate. Some circumstances may warrant early Police involvement, either specifically to investigate or to discuss the concerns and possible action.

**20.3** In the event that a physical loss of a quantity of medication has occurred out with the building the loss must be reported to the Police at the earliest opportunity. If the medication is particularly harmful (a pharmacist will advise if necessary) the police must be advised to arrange suitable warning, for example through the local media.

## **21. Staff Training**

**21.1** Administration of Medication training is relevant only to staff who administer medication, which guide/communicators do not. All guide/communicators are expected to read and adhere to the medication policy..

**21.2** If staff require training to cover giving medicines that use 'invasive' techniques such as giving suppositories, enemas and injections, this will be specifically arranged for a team of staff that support an individual. See section 10.