



# **Medication Administration Policy Community Health & Social Care**

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## **Social Care Workers**

**Version 2**

**April 2016**

**For review April 2018**

## NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET\*

<b>Name of document</b>	<b>Medication Administration Policy – Community Health &amp; Social Care</b>		
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<b>Proposed groups to present document to:</b>	
Joint Governance Group	
Clinical Care & Professional Governance Committee	
Health & Social Care Operational Group	

<b>DATE</b>	<b>VERSION</b>	<b>GROUP</b>	<b>REASON</b>	<b>OUTCOME</b>
13/05/2016	2	Operational Group for Health & Social Care partnership	C/S	MR
29/06/2016	2	Joint Governance Group	C/S	MR
23/08/2016	2	Clinical Care & Professional Governance Committee	Final approval	Approved

<b>Examples of <span style="color: red;">reasons</span> for presenting to the group</b>	<b>Examples of <span style="color: red;">outcomes</span> following meeting</b>
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)
• For proofing/formatting (PF)	• For upload to Intranet (INT)

Please record details of any changes made to the document in the table below

DATE	CHANGES MADE TO DOCUMENT
April 2016	<p>This policy is a minor revision of the current policy. The revision includes:</p> <ul style="list-style-type: none"> <li>• an updated list of definitions applicable with the area of medicines administration and staff roles</li> <li>• new legislation added in</li> <li>• a greater emphasis on the support role in medicines administration in the community, including medication compliance aids</li> <li>• updated staff training and audit section</li> </ul>
May 2016	Formatting improved
June 2016	Slight changes to the title and wording within the document following comments from members of the Joint Governance Group
July 2016	Changed the title again from 'Medication Administration Policy – Health & Social Care Partnership' to the new integrated terminology
August 2016	Tabled and approved at the Clinical Care and Professional Governance Committee meeting

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## 1. Introduction

This document is designed to support medicines management within residential care and also where customers live in their own homes across Shetland. It should be read alongside current Medication Administration procedures, Health & Social Care Partnership.

## 2. Medication Beliefs and Principles

### Beliefs:

- Customers have a right to remain living in the community for as long as possible.
- Customers should be encouraged to maintain their independence as long as possible with relevant support including managing their own medicines in a safe and effective manner.
- In endorsing the first two beliefs our support staff will provide medication support and/or administration and will abide by this policy and associated procedures.
- Social care workers will undertake training to ensure that they have appropriate skills and knowledge to support and/or administer customer medication.

### Principles:

- Shetland Health & Social Care Partnership has established a written policy and procedures that outline the role of social care workers in the management of customer medication and any relevant risk management policy and practice issues.
- Customers receive individual medication assessment. Where appropriate this assessment is in conjunction with the customer, family, doctor and other health professionals.
- Shetland Health & Social Care partnership regularly liaises with general practitioners, pharmacists and other health professionals with regard to medications.
- Customers have an individual medication support plan.
- All customers have access to an appropriate health professional to provide back-up advice and support, as and when needed.
- All staff will undertake training that provides them with the necessary skills and knowledge to confidently assist customers with medication support and/or administration.
- There is an organisational commitment to ongoing assessment and monitoring of staff practices.
- Shetland Health & Social Care Partnership is committed to ongoing continuous review process in the management and administration of customer medication.

## 3. Definitions – Medication Support and Administration

<b>‘As required’ medicine</b>	Medicine to be given when required for defined problem, e.g. pain, constipation
<b>Audit trail</b>	Step-by-step record by which financial and product usage data can be traced to its source
<b>Chemist</b>	Community pharmacist or community pharmacy

<b>Community pharmacist</b>	Pharmacist based in a community (high street) pharmacy
<b>Compliance aid</b>	Device that makes it easier for users to take medicines correctly
<b>Dispensing</b>	Making up of medicines (in a pharmacy)
<b>Homely remedies</b>	Medicines for minor ailments that could be bought over the counter, such as paracetamol for headaches or indigestion remedies
<b>Line Manager</b>	Supervisor, Senior or Team Leader
<b>Medicine</b>	Includes all medicinal products — tablets, capsules, drops, inhalers, injections, oral syrups and mixtures, creams and ointments
<b>Medicines administration record (MAR)</b>	A document on which details of all medicines given in a care setting are recorded. Usually designed to show the dose given, the time when given and the identity of the person who gave it.
<b>Monitored dosage systems</b>	Systems for packing medicines to make use easier, e.g. by putting medicines for each time of day in separate blisters or compartments
<b>PRN</b>	Latin abbreviation meaning 'when required'
<b>Responsible Person</b>	Is nominated to provide supervision of the delivery of care in the absence of the Senior Social Care Worker for a short period of time up to the end of a designated shift period.
<b>Social Care Worker</b>	Will provide direct personal, physical, emotional, social or health care and support to customers and is accountable for dealing with routine aspects of a care plan or service.
<b>Senior Social Care Worker</b>	Senior Social Care Workers under delegation from the Team Leader, are expected to supervise social care workers in the delivery of care and support to customers. This involves supervising and/or managing staff on a day-to-day basis. Senior Social Care Workers will contribute to the assessment of care needs, the development and implementation of care plans. They will monitor, review and evaluate ongoing work, supporting and directing key workers and social care staff as required.
<b>Team Leader</b>	Within the Shetlands Health & Social Care Partnership, a Team Leader holds the overall responsibility for the management of care and service provision within a distinct geographical area. This may comprise of a number of service delivery areas including residential care, respite and/or community support services.
<b>Key Worker</b>	The key worker, who is usually a Social Care Worker, will contribute to customer assessments and will develop, implement, monitor and review support plans, under the supervision of a Senior Social Care Worker. The key worker will be the link member of staff for the customer and will be part of the team providing day to day support to that person.

#### **4. Relevant Legislation and Guidelines**

The supply, storage and administration of drugs is regulated and guided by the following:

- Medicines Act 1968
- Misuse of Drugs Act 1971
- The Human Medicines Regulations 2012
- Health Act 2006
- Controlled Drugs (Supervision of Management and use) Regulations 2006
- Health and Safety at Work Act 1968
- The Safe Management of Controlled Drugs in Care Homes CSCI. Professional Guidance. Jan 2008
- Regulation of Care Act (Scotland) 2001
- Handling of Medicines in Social Care – RPSGB 2007
- Improving Pharmaceutical Care in Care Homes– RPSGB March 2012
- Scottish Social Services Council Codes of Practice
- Protection of Vulnerable Groups (Scotland) Act 2007
- Mental Welfare Commission for Scotland, Covert Medication Legal and Practical Guidance 2013
- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity(Scotland) Act 2000
- Mental Health (Care and Treatment) (Scotland) Act 2003

#### **5. Customer Assessment and Support**

Staff trained in the administration of medicines must enable and support customers to administer and control their own medication, within a risk management framework. The Shetland Health & Social Care Partnership Medication Administration Procedure states that a suitably trained member of staff is responsible at any given time for:

- The security of medicines – including the possession of keys, if appropriate
- The administration/support of administration of medicines to particular customers
- The recording of the administration/assistance with administration of medicines

In any care setting it is understood that staff who are trained in medicines administration will first enable self administration of medication. Second, support the customer and thirdly administer medication to the customer within the remit of the assessment and support plan. All medicines, including controlled drugs, may only be administered by designated staff that have completed the Partnership's medication administration training.

The social care worker will develop a Medication Support Plan which will include the outcome of any assessment undertaken to determine the customers ability to self medicate, if appropriate. The Medication Support Plan will also include the following:

- A description of the key tasks
- Customer's name and date of birth
- Customer allergies and reaction to allergies
- Medication to be given, dose, route and dose schedule
- Date medication commenced
- Any information relating to medicines administration specific to the customer e.g. information about administration changes from a community nurse or GP

The Partnership's Medication Administration Procedure provides details of the assessment process, how it is to be carried out and the levels of support which can be provided.

## **6. Medication Compliance Aids**

These are devices designed to help customers to remember when to take their medication and these are commonly seen as a solution to medicines management problems. However the following should be considered:

- These devices only work if the customer is orientated in time.
- Some customers find the daily containers difficult to open, especially those with arthritic fingers.
- The device needs refilling every 7-28 days to ensure that the customer does not run out of medication. The community pharmacists in Shetland cannot fill devices where the device does not comply with the labelling requirements of the Medicines Act 1968. Therefore it may be necessary to identify a relative or friend willing and able to take on the responsibility of filling the device. Community nurses or social service employees are not legally able to refill these devices.
- Only medication that is unaffected by moisture or daylight is suitable for inclusion. Dispersible tablets are not suitable.
- These devices still need supervision to be an effective compliance aid. Some customers may need a verbal and/or physical prompt to take their medication.
- All customers issued with a compliance aid should have a completed medication reminder chart which acts as both a written prompt for the customer and a written record of the current medication.
- The medication regime should be simplified to a ONCE or TWICE daily administration schedule wherever possible.

The use of a medicine compliance aid may be considered in the following situations:

- As a memory prompt for those customers who have difficulty in remembering to take medicines correctly but are otherwise deemed capable of self administration. Equally an electronic device with the ability to set regular alarms could be used.



- For complex drug regimes when other methods to improve compliance have been unsuccessful.
- Where a customer's medicine regime has been stable for a minimum of 3 months.

Recent or repeated changes cannot be accommodated in a compliance aid and will force a return to regular medicine supply with the potential urgent need for support.

The use of a compliance aid should be exceptional rather than routine and should be considered on a case by case basis following assessment by the Primary Care Pharmacy Team and informed by specific circumstances. Compliance aids will not be used where social care staff are involved in managing medication.

**Contact details for Primary Care Pharmacy Team –**  
[shet-hb.pcp@nhs.net](mailto:shet-hb.pcp@nhs.net) **Tel 01595 743370**

## **7. Consent and Covert Administration**

When assessing a customer's capacity to consent, staff should be fully conversant with the provisions of the Adults with Incapacity Act 2000. The decision to administer covert medication to any customer must also be in line with the latest guidance from Mental Welfare Commission for Scotland, Good Practice Guide for Covert Medication (2013). This contains a "Covert medication care pathway" which can be downloaded for use - [www.mwcscot.org.uk](http://www.mwcscot.org.uk)

Every effort should be taken to explain to each customer the purpose of the medication that has been prescribed and any common potential side-effects. The ability of the customer to give informed consent should be recorded within their medication support plan.

Disguising medication in the absence of informed consent may be regarded as deception and should never be undertaken.

A clear distinction should always be made between those customers who have the capacity to refuse medication and whose refusal should be respected. Among those who lack the capacity, a further distinction should be made between those for whom no disguising is necessary because they are unaware that they are receiving medication, (such as unconscious people) and others who would be aware if they were not deceived into thinking otherwise. In these circumstances, a meeting should be called for all healthcare professionals involved, carers and family to assess the care needs of the individual and how best these can be met.

No-one can give consent to treatment on behalf of another adult (apart from a Welfare Guardian or Power of Attorney appointed under the Adults with Incapacity Act) but doctors, nurses and therapists are normally allowed to provide treatment which they believe to be in the best interest of the person: taking into account not just their physical health but their general well-being and beliefs.

The decision to administer medication covertly and the details of this should be recorded in the customer's medication support plan. This must be reviewed regularly.

The stability of medication may be altered by administering it in a covert way, e.g. in food, and this should be checked with a pharmacist before administration starts.

## **8. Medication Incident Guidelines**

A medication incident is any event where the expected course of events in the administration of medications is not followed. It can include the following:

- Medications given to the incorrect customer
- Incorrect medicine being given
- Incorrect dose being given
- Incorrect time of medicine
- Incorrect route of medicine
- Spilt or dropped medicine
- Out of date medicine
- Missing medicine
- Lack of documentation such as assessment, medication order, medication support plan, medication record sheet (if required)
- Medication not given without instruction from the doctor or request from the customer
- Breaches of Shetland Health & Social Care Partnership Medication Administration policy and procedures
- Customer refuses medication
- Incorrect storage of medications
- Incorrect supply of medications from the pharmacy.

It is recognised that, despite high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors made or discovered immediately to their line manager and consult with the relevant health professional so as to prevent harm to the customer. The customer's carer or family, as well as the Care Inspectorate must also be informed of any error in writing if the belief is, following consultation with a health professional, that the error could have led to harm or injury or involves a Controlled Drug.

The error must be recorded on the MAR sheet and recorded on the support plan in detail. The error reporting procedure should be followed.

All errors made must be reported, including near miss errors to enable the organisation to learn from these mistakes and to enable preventative policy. Managers should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. If an error occurs the line manager must meet with the employee in person and go through the guidance with them to ascertain their level of understanding. Line managers must differentiate between those incidents where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. A thorough and careful investigation taking full account of the position of staff and circumstances should be

conducted before any managerial or professional action in line with disciplinary procedures is taken.

## **9. Staff Training and Audit**

Shetland Health & Social Care Partnership will ensure that staff who are involved in medication administration services will:

- Be adequately trained by completing Shetland Health & Social Care Partnership endorsed medication administration training carried out by NHS Shetland in the first instance. This training will include an online and workplace based assessment.
- All staff involved in medicines administration services will be enrolled on Scottish Vocational Qualifications at Level 2 or 3 courses to facilitate registration and will aim to complete a nationally recognised medication administration qualification.
- Competencies of all staff carrying out Medicines Administration and Support will be monitored every two years using workplace based assessment. This assessment will take place in real time, on two separate occasions or two separate customers. This process will be overseen by the staff member's line manager. A process of reflecting on practice over the previous two years should also be undertaken as outlined in the Council medication administration procedure.

Audit of all aspects of medicines storage, ordering, administration and record keeping will be carried out regularly. It will be the responsibility of the Team Leader to ensure that a regular program is in place and that Senior Social Care staff carry it out. Details of the process which should be considered are included in the Shetland Health & Social Care Medication Administration Procedure.

## **10. Telehealthcare**

Telehealthcare aims to use technology enabled care to support as many people as possible to live at home for as long as they want to, in comfort and safety, with the best possible health and quality of life. The Scottish Centre for Telehealth and Telecare was established to support and guide the development of telehealth and telecare throughout Scotland. Projects have involved the monitoring of healthcare parameters in the home setting of the customer providing redesign of the healthcare environment. The provision of equipment enabling independent living may include provision of alarms and technology to assist medicines administration. These may only be supplied/used following medicines management assessment involving a pharmacist. Social care staff will not fill/assist with filling these devices but will be involved in the carrying out of the assessment under the guidance of the community pharmacist. This area of technology is rapidly developing and new devices or ways of

assisting in medicines administration may become available in the future which will be worth considering. However it is important to note that assessment of medicines management needs must be undertaken before any conclusion is reached about the suitability of a device.

## **11. Policy Review**

Shetland Health & Social Care Partnership will review this policy every two years with input from NHS Shetland Pharmacy staff and support from the NHS Shetland Area Drug & Therapeutics committee.