This policy ensures that service users are kept safe when Leaf Care Services Ltd staff are administering medication as it is done so in a safe way and staff are aware of the procedures to follow. This document outlines the roles, responsibilities and procedures for assisting people living in their own homes with prescribed medication. It sets out the procedure for handling and administering medicines, and for their safe storage and disposal. It outlines what documents should be used and how records should be kept.

Care workers are not permitted to deviate from the procedures laid down (or they may face disciplinary action) and are advised to seek advice on any matter of concern either to them or the service user. Where a local authority has a more restrictive policy, then this will be communicated to care workers of Leaf Care Services Ltd, who will comply with that policy; If a local authority has a policy or practice which is less stringent, care workers will not undertake practices which might breach Leaf Care Services Ltd own minimum standards.

Medication administered to service users commissioned by Norfolk County Council Adult Social Care will use the Norfolk County Council guidance.

This will be clearly commissioned and documented on the service users care plan.

For any other service users, the following guidance will be in place.

Leaf Care Services Ltd and its staff will co-operate with other members of the community team, in relation to individuals’ medication, and may share relevant information with them, unless the individual has specifically asked Leaf Care Services Ltd not to.

Under the Health and Social Care Act 2008 there are clear requirements as to what service users should experience with regards to the management of medicines. People who use this service:

* Where they are able, give valid consent to the examination, care, treatment and support they receive.
* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
* Can be confident that their human rights are respected and taken into account.

This service has systems in place to gain and review consent from service users, and act on them.

People who use this service:

* Will have their medicines at the times that they need them, and in a safe way.
* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This service does the following:

* Handle medicines safely, securely and appropriately.
* Ensure that medicines are prescribed and given by people safely.
* Follow published guidance about how to use medicines safely.

**Other Legislation and practice guidance:**

Medicines Act 1968 and subsequent amendments

Misuse of Drugs Act 1971

Misuse of Drugs (Safe Custody) Regulations 1973

Access to Health records 1990

COSHH Regulations 1999

The Controlled Drugs (Supervision of Management and Use) Regulations 2006

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Managing medicines for adults receiving social care in the community (NICE guidelines March 2017)

The level of support required will be clearly documented on the care plan and an assessment of capacity will be documented. Appropriate risk assessments will be completed where required including the safe storage of medication.

All staff will be provided with appropriate information to administer the medication safely.

The appropriate medication administration records (MAR charts) will be left at the property for staff to complete and care must be taken to ensure that the forms are accurately completed.

**Levels of medication support:**

**Self-Administration of Medicines**

Prescribed medicines (as well as dressings, appliances etc.) are the property of the service user and in order to promote independence, Leaf Care Services Ltd encourages service users to self-administer their own medicines whenever this is possible, and it is safe to do so.

Where self-administration has been agreed, and recorded in the service user’s care plan, then Leaf Care Services Ltd, and it’s care workers will undertake to maintain a watchful eye on the situation, and in an unobtrusive way, gain the confidence that medicines are being taken. Care workers are instructed to report any concerns (such as apparent failures, sudden shortages) to the registered manager or senior manager.

Individuals should be encouraged to self-medicate where possible, and families may assist where this is practical. This will be assessed by the registered manager or delegated senior manager prior to service delivery and will include the arrangements for ordering prescriptions; the arrangements for collection of medicines from the pharmacy and will ensure that all those who may be involved with the care package such as family, district nurse, general practitioner, day care service, are aware of the care worker’s role in administering medicines and understand the procedures. The assessment will also identify any agreements for family members to assist the individual with their medication are clearly recorded in the care plan.

**Low level: general support/assisting with medicine ( check medication taken)**

At the low level of assistance, Leaf Care Services Ltd staff may give reminders (usually orally but may also include “post it” type notes left in strategic locations!) or may help with the preparation of the medicine, such as fetching from the cupboard, shaking the bottle, removing the cap etc.).

**Medium level ( level 1 prompt and prepare )**

Staff may give more assistance, such as removing the tablet from a measured dosage system, Including pill time system or container and giving this to the service user, or, for example, pouring a measured dose into a container for the service user to swallow.

Support is only given when the individual takes responsibility for their own medication. Care workers work under the direction of the person receiving the care and must record details of any general support given on the daily record. A MAR chart is not required to be completed.

The support given should be recorded on the care and support plan and may include some or all of the following:

Requesting repeat prescriptions from the general practitioner.

Collecting medicines from the community pharmacy/ dispensing general practitioner surgery.

Disposing of unwanted medicines safely by return to the supplying pharmacy/ general practitioner practice.

An occasional verbal reminder or prompt from care staff to an individual to take their medicines. (A persistent need for reminders may indicate that the person does not have the ability to take responsibility for their own medicines and should prompt a review of the care plan).

Physical assistance with manipulation of a container or a monitored dosage system, for example opening a bottle of liquid medication or popping tablets out of a blister pack. This is at the request of the individual and where the care worker is not required to select the medication.

**High Level: administering medication ( level 2 )**

At the high level, staff may undertake the complete process, taking responsibility (and so documented in the Personal Care Plan) for the administration of medicines in their entirety. Staff must be trained to undertake such tasks, and in addition must adhere to the following general principles:

The assessment by the registered manager or senior manager may identify that an individual lacks capacity to manage administering their own medicines and needs assistance.

Administration of medication may include care workers carrying out some or all of the following:

Selecting and preparing medicines for immediate administration.

Selecting and measuring a dose of liquid medication for the individual to take.

Applying a medicated cream/ ointment; inserting drops to ear, nose or eye.

Administering inhaled medication.

Records of all medication administered by care staff must be maintained on the MAR chart left in the property by the registered manager or senior manager for completion.

Only care workers who have been trained and assessed as competent in medication management will be assigned to people who require administration of their medicines. Care workers can refuse to administer medication if they have not received suitable training, or instructions are unclear and they do not feel competent to do so. This must be reported to their line manager immediately. Training will include how to administer medication safely; checking that the medication ‘use by’ date has not expired; checking that the person has not already been given the medication by anyone else, including a relative or care worker from another agency; recognizing and reporting possible side effects and reporting refusals and medication errors. A formal assessment will be undertaken that the care worker is sufficiently competent in medication administration before being assigned the task. This will include the observation and supervision of staff administering different medicines and recording. All competencies must be observed in order to assess the care worker and this may involve practice sessions.

Care workers should only administer medication from the original container, dispensed and labeled by a pharmacist or dispensing general practitioner.

For prompting of medication this includes pharmacy sealed monitored dosage systems and compliance aids.

All care workers are supervised and assessment every 3 months in their competence to administer, prompt and record medication.

**Capacity and consent**

The individual must consent to have care staff administer medication and the consent form will be completed where an individual has capacity by the registered manager or senior manager.

People who lack capacity to manage their own medication may have capacity to consent to care staff administering their medication. People will be assumed to have capacity unless proved otherwise, in line with the principles of the Mental Capacity Act.

The registered manager or senior manager should carry out a mental capacity assessment if required, to establish whether the person can give informed consent to receiving support with their medication. Where appropriate, they should seek advice from the general practitioner/hospital doctor as to whether the person is able to take responsibility for their own medication. This will be particularly important where capacity is unclear or there are differing views, such as from family members.

Where the individual is assessed as lacking mental capacity to give informed consent to receiving assistance with medication or to managing their own medication, the reasons and circumstances of this decision will be recorded in the care plan. This record will include the reasons that support with medication is seen as being in their best interests and who has made this decision.

**Roles and responsibilities of care workers**

Read and understand the medication policy and procedures.

Attend induction and training and be assessed as competent to administer medication.

Carry out the level of assistance required by the individual as defined in their care and support plan.

Preserve the dignity and respect the wishes of the individual, including cultural practices, when assisting with medication.

Have a clear understanding of what they can and cannot do to assist people.

Record all medication given or missed on the MAR chart and record additional information in their daily notes .

Report any refusal of medication or side effects to the registered manager or senior manager.

Discuss any other queries or concerns with the registered manager or senior manager.

Care workers may only assist with the administration of medication when appropriate training has been received.

Assisting and administration of medication for the purposes of these guidelines includes the following:

a) Reminding (prompting) the person to take their medication and observing that they have taken it.

b) When this is not possible, helping the person to take medication from the container and observing that they have taken the medication themselves.

c) When a) and b) are not feasible, removing the dose of medication from the container and assisting the person to take it.

d) Where the person has been assessed as needing High Level support the person should be assisted with the administration of medication.

Care workers must follow this procedure for people on High Level support:

Take medication and MAR chart from storage point.

Care workers must only administer medication from medicine containers supplied by a community pharmacy, hospital pharmacy or dispensing doctor practice. Medication must only be administered if the container is clearly labelled with the person’s name, the name of the drug(s) dosage and directions.

If medication is labelled with imprecise or ambiguous directions, e.g. ‘take as directed’, ‘take as before’, ‘apply to the affected part’, or with unclear abbreviations, the care workers must seek clarification from the registered manager or senior manager who will ensure clear written directions are obtained.

If the label becomes detached from the container, is illegible, or has been altered, medication must not be administered. Advice should be sought from the registered manager or senior manager who will seek further advice where necessary.

Check medication record form (MAR chart) relates to person.

Check special notes section on the form, and any other notes such as diary sheets/daily reports that may relate to medication.

Check whether any short-term medication has been prescribed.

Locate the appropriate date column

Ensure medicine has not already been given.

Select medication, checking label on the container against the MAR chart.

Ensure understanding of:

The correct dosage and form to be given.

How often it is to be given.

How it is to be given as described in the route.

Other directions such as ‘after food’.

Check for any discrepancies between the label on the medicine and the MAR chart before administration.

The expiry date must be checked before each administration of the medicine to ensure that the medicine may still be used.

Administer medicines and then immediately tick and initial the MAR chart clearly in the appropriate box.

The reason for any non-administration should be immediately recorded on the MAR chart, using the keys indicated, as well as in the person’s daily records.

Do not administer medicine to a person who clearly refuses it.

Keep medicines in their original container and never alter label.

Inform the registered manager or senior manager, general practitioner or nurse if there is any difficulty, uncertainty, or incident arising out of the administration of medicine.

Notify the registered manager or senior manager when the medication record (MAR chart) is nearing completion.

Only give medicines by mouth or external application unless specific training has been provided by the general practitioner or nurse.

Some medication causes side effects and the care worker should be alert to this possibility and report any concerns to the registered manager or senior manager. In an emergency they should contact the general practitioner, pharmacist, or NHS Direct.

**Oral medication**

Medication should not be handled, and solid dose forms e.g. tablets and capsules should be passed to the person on a spoon or in a pot of their choice such as an egg cup or small pot – tablets are to be dispensed into /onto this. Where the care worker has to place the dose in the person’s mouth, they should wear disposable gloves.

Tablets should never be crushed, nor capsules opened, without the explicit instruction of the prescriber and only when recorded on the pharmacy label and then a proper pill crusher must be used. Tablets must never be cut or split and if smaller doses have been prescribed the pharmacist should be asked to do this.

Tablets and capsules are best taken with water. Some medication must be dissolved or dispersed in water before administration. This will be indicated on the label.

Doses of liquid oral medication must be measured using a 5ml medicine spoon, a graduated medicine measure or an oral syringe supplied by the pharmacist. Staff should contact the office if the individual is experiencing difficulties with liquid oral medicines.

**External medication**

Creams, ointments, and lotions should only be applied by care workers where the skin area to be treated is unbroken. They should ensure the skin area is clean, and spread over the affected area gently. They must follow printed information on the dispensing label such as ‘apply thinly’.

Care workers must wear disposable gloves when applying external medication and must contact the registered manager or senior manager if they have concerns regarding the application of external preparations.

**Other medicines**

Assistance with the administration of drops or other preparations such as ointment for instillation into the eye, ear or nose, and medication in patches to be applied to the skin (transdermal patches) may only be given after specific written instructions from the registered manager or senior manager. Where necessary the care worker will receive specific training in the administration of unusual medications or preparations.

The date of opening of eye, ear or nose drops must be written on the label and they should not be used if they have been open for more than 28 days. If no opening date has been recorded the 28 days must be counted from the date on the pharmacy label. If under 28 days the drops are safe to use. If the date is more than 28 days ago do not use. Drops should not be applied immediately on removal from the fridge.

Assistance with nebulisers, inhaler devices, and oxygen cylinders must only be given by care workers who have received instructions on the use of the particular device.

Where there are specific needs or risks for an individual around a particular condition, these will be fully documented in the care plan.

**Warfarin tablets**

Care workers will not be requested to administer warfarin for new service users until a stable fixed dosage pattern has been established for a period of two months by the district nurse. If the dosage pattern is not stable, but subject to regular changes, then the responsibility for administration will rest with the district nursing service and care workers would not be expected to administer.

If a stable dosage pattern has been established then care workers may administer warfarin, but within a framework of support and regular review agreed with the district nursing service and recorded in the care plan.

Warfarin increases an individual’s likelihood of bleeding. If an individual taking warfarin develops any bruising or bleeding their general practitioner or NHS Direct should be contacted for advice before administering a dose of Warfarin.

If an individual is on Warfarin, then this must be clearly documented on the individual’s care plan and medication assessment along with an anticoagulant assessment completed including all relevant information.

**Anticoagulant Medication**

Anticoagulant medication, also known as blood thinning medication, can be administered by care workers and recorded on a MAR chart, if prescribed accordingly. If a service user is on anticoagulant medication, then this must be documented on the individuals care plan and medication assessment along with an anticoagulant assessment completed containing all relevant information including dosages and direction of use for the anticoagulant medication prescribed to the individual. Care workers are not responsible for the reviewing or recommendation of anticoagulant medication and if any concerns are present or review of medication required, then medical advice should be gained from the individual’s general practitioner.

As anticoagulant medication increases an individual’s likelihood of bleeding. If an individual taking anticoagulant medication develops any bruising or bleeding, their general practitioner or NHS Direct should be contacted for advice before administering any further dosage.

**As required medication, also known as PRN**

Most medication is prescribed or bought with clear instructions of how much should be taken and how often. However, some medication is prescribed on a “taken as required” dose, sometimes abbreviated as PRN (pro re nata). “To be taken as required” means medication to be taken when needed, eg when a person is in pain.. PRN medication is usually prescribed to treat short-term or intermittent medical conditions and is not to be taken regularly. Painkillers are commonly prescribed on a PRN .PRN medicines are those that do not have prescription regimes concerning the times and amounts to be taken on each occasion, but are to be used when the need arises. They include medicines described as “Emergency Use” or “Rescue” medicines, the use of which should follow common principles of medicines administration applied to particular conditions and circumstances. All such medication will usually have on its patient information leaflet the limits in which it can be safely used, in terms of amounts and frequency, and whether it might interact adversely with other medication being taken. This information must always be studied and observed by the user and others involved in its administration. All users of PRN medicines including emergency use and rescue medicines should closely follow all medical and pharmaceutical advice to understand their purpose and under what circumstances a particular medicine might be used

In a home care situation, the service’s carers are not present 24 hours a day. Thus, with prescribed medicine to be “taken as required”, including any emergency use or rescue medicines provided with or any “care staff may not always be available to help or observe the taking of any such medicines. To ensure there is no conflict with any other medicines that they are responsible for giving, it is essential, therefore, that staff are kept informed and keep themselves informed of when these medicines are being taken and the doses involved this will be set out in the care plan for are staff to understand and follow

Where Leaf accepts responsibility for giving a service user’s medicines, it should always check if the service user has been prescribed any PRN medicines, including “rescue” or “emergency use” medicines. If yes, carers should continue to check routinely if the service user has been taking any of these medicines between visits. They should also do this before agreeing to give any PRN medicines that they are asked to give, eg because the user is in pain at the time. To ensure all PRN medication is given and taken as intended, there should be a specific plan for administration in the service user’s care plan, which can be kept with the MAR charts. This will state clearly what the medication is for and the circumstances in which it might be given. For example, a service user who has been prescribed a PRN anti-emetic will have an entry to state that the medication is used to treat nausea or vomiting. If requested to help with the giving of the medicine, or it is evidently needed at the time, visiting care staff must always assess any risks to the medication being given safely. In doing so, it is always important to check with the service user what their needs and wishes are. Service users and their informal carers might be encouraged to keep a record of the occasions when they have taken any PRN and emergency medicines, but visiting carers should always check verbally as well as noting what has been recorded. Carers should always be aware that PRN medication might not only be taken on set occasions, but whenever the service user requires it, ie whenever they are experiencing symptoms. The checking therefore will also yield information about the service user’s wellbeing, and if there are indications that the person’s health is deteriorating, appropriate action should be taken. Visiting carers should clearly record all medicines that they have given on the medicines’ chart, including any PRN and emergency use medicines, and note the use of any PRN medicines that have been reported to them. They should report any concerns about their use to their supervisor/manager. When PRN medication is being given on a regular or increasing basis or the service user appears to be at risk of being dependent on it, the service might recommend a review of its use. For instance, if a service user is taking painkillers more often than formerly this might signal a change in their medical condition. Alternatively, where PRN is no longer required it may need to be discontinued. PRN medicines should always be provided in their original packaging complete with label and clear instructions for use. The service monitors and regularly reviews the usage of PRN and emergency use medication in the situations in which it is involved to make sure that it is following current best practice pharmaceutical guidance

The following procedures provide a common framework for the drawing up of individual PRN care plans and emergency medicines/ protocols suitably adapted to the home care situation and the care services’ responsibilities for their safe administration. • Any PRN or emergency use medicine that has been prescribed or recommended on medical advice should be clearly recorded in the person’s care plan with information on why its use has been authorised. • The care plan should include information on: – why the medicine has been prescribed or made available “as required” /for emergency use – how it is being used in relation to any responsibilities the care service has for a user’s medicines – whether the care service should be involved in any way with its use (because it might be needed when a service is not being provided) and how – the mode and route of administration eg tablets or liquid, inhaler, or injector with clear instructions on each – the recommended dose to be taken at any one time, including any repeats – the minimum time between doses allowable in line with the prescribing instructions/PIL – the maximum number of doses to be taken in a set period, eg 24 hours – how the person usually takes the medicine i.e. can self – administer/needs support or administration by carers/others – the required competence of the person to self - administer and of any staff/third party to support or administer the medicines and any instruction/training provided – any difficulties/issues that the person might have in taking the medicine, eg with injections or use of aids like drivers and how they should be addressed if arising – whether the medicine is safe to use at the time that it is requested/needed (eg will not conflict with any other medicines being taken at the time) – how any administration is being recorded – instructions on any follow up actions eg when to call for emergency medical help and guidance – instructions on how any adverse incident arising from its use should be reported and will be dealt with.

**Controlled drugs**

There is no legal requirement for Controlled Drugs to be treated differently from other prescribed medicines when prescribed and administered for administration in an individual’s own home. Controlled Drugs such as morphine are usually prescribed to treat severe pain. The doctor should specify the dose and maximum frequency. If these drugs are required on an ‘as required’ basis by people needing assistance (Low or medium Level) additional written guidance may be needed for care workers. People who lack capacity and are on High Level support can only receive administered measured doses, and cannot be given drugs on an ‘as required basis’. The risk assessment may require the secure storage of such medication. Care workers must refer any requests about additional pain relief to the registered manager or senior manager.

**Medications outside the scope of this policy**

The following medications must NOT be administered by care workers:

- Injections.  
- Suppositories.  
- Pessaries.  
- Enemas.  
- Rectal creams.  
- Vaginal creams.  
- The application of dressings involving wound care.  
- The application of medication to broken skin.

The administration of these medications is the responsibility of a health care professional such as a district nurse. In some circumstances care workers will have undertaken advanced training to enable them to undertake some of the above tasks under the guidance of nursing staff. The health care professional remains responsible for the monitoring of such assistance with health care tasks, and in circumstances where the individual meets the criteria for continuing care, the CCG will need to fund this support.

**Non-prescribed medicines and homely remedies**

Non-prescription medicine is another name for Homely or household remedies, which refer to medicines available over the counter in community pharmacies. Individuals receiving Low or Medium level support may ask care workers to assist with the purchasing or the taking of non-prescribed medication. This could include paracetamol, cold remedies, and medication for constipation or herbal remedies. This should be avoided where possible. Further advice should be sought when an individual is taking prescribed medication before purchasing and non-prescribed medication. If there are any concerns the care worker should seek advice from the registered manager or senior manager, who may seek advice from the general practitioner or pharmacist. Details of any non-prescribed medication given with the assistance of the care worker must be recorded on the individual’s daily record sheets.

Care workers must not offer advice on non-prescribed medicines or remedies. It may be dangerous to do so. The individual may be allergic to the treatment or be taking other medicine that may result in harm to themselves.

Where the individual is on High Level support and lacks capacity to authorize assistance with their medication but is requesting non-prescribed medicines the registered manager or senior manager should request a review of their medications by the general practitioner. Non-prescribed medicines should not be administered by care workers unless clear guidance has been given.

**Covert Medication**

Covert administration of medicines is when medicines are given in a disguised form without the knowledge or consent of the person receiving them.

The covert administration of medicines will only take place in accordance with the requirements of the Mental Capacity Act 2005 and good practice frameworks (Mental Capacity Act 2005: Code of Practice) to protect both the person and care workers.

Care workers must not give, or make the decision to give, medicines by covert administration, unless there is clear authorisation and instructions to do this in the care plan, in line with the Mental Capacity Act 2005.

The process for covert administration includes:

Assessment of a person's mental capacity to make a specific decision about their medicines

Seeking advice from the prescriber about other options, for example, whether the medicine could be stopped

Holding a best interests meeting to agree whether giving medicines covertly is in the person's best interests with relevant and appropriate professionals.

Recording any decisions and who was involved in decision-making

Planning how medicines will be given covertly.

Providing authorisation and clear instructions for care workers in the care plan

Ensuring care workers are trained and assessed as competent to give the medicine covertly

When the decision to give medicines covertly will be reviewed.

**Adverse Drug Reaction Reporting**

Any adverse drug reaction (ADR) or suspected ADR will be reported to the general practitioner and / or supplying Pharmacist for that individual service user and discussed before further administration of the drug in question.

**Food supplements**

Food supplements should be treated as any other special diet, that is, the instructions should be clearly noted in the care/service plan and should be followed by the care worker. Details should be recorded in the individual’s daily record sheets. Where food supplements have been prescribed by a doctor they should be recorded on the MAR chart. If these are not being taken on a regular basis, this should be reported to the registered manager or senior manager.

**Monitored dosage systems and compliance** **aids**

Pharmacy sealed compliance aids can be used for tablets and capsules and may assist some individuals, who only need Low or Medium Level support general support with their medication to maintain their independence. There may be a cost involved for the individual as the NHS does not automatically fund these systems though individuals may be eligible for support needed to manage medicines themselves, under the Disability Discrimination Act.

A number of medicines cannot be placed in these aids including medicines sensitive to moisture or light or that may be harmful when handled. Liquid medicines, creams, eye drops and inhalers must be supplied in their individual containers.

People who lack capacity to manage their own medication and are on High Level support with MAR chart should not need a monitored dosage system. This would entail two systems of assistance having to be in place, which would involve unnecessary additional costs and risks.  Such compliance aids may not be suitable for all of the patient’s medication, such as creams and liquid medicines.

However, where a family member or general practitioner requests this and it is agreed to be necessary, or the family wish to fund this, the care worker must ensure that:

The correct blister is used.

The blister pack has not been tampered with.

The contents of the blister pack are fully emptied.

Care is taken to ensure the medication is not dropped, damaged or crushed.

A record of the blister administered is made on the MAR chart.

Care workers must not administer any medication from monitored dosage systems or compliance aids made up by anyone other than a Pharmacist. Care workers must not re-package medicines into a compliance aid, or use one made up by a family member or friends of the individual.

**Variable dosage schedules**

Some medication is prescribed on a reducing or variable dosage regime. These are used to increase or reduce the dose of a drug over a defined period of time. Additional information about this should be shown on the label or provided through additional instructions which must always be referred to.

**Storage of medicines**

Medicines must be stored to ensure they cannot accidentally be mixed up with other people’s medicines and out of the reach of children. They should be kept away from damp and heat sources. All prescription medicines must be provided and contained within the original pharmacy produced labelled packaging or compliance aid. They must be readily accessible to all care workers.

Certain medicines have defined storage needs that must be followed. Medicines requiring refrigerated storage should be kept away from food.

The need to store medicines in a locked container will only occur where the registered manager or senior manager has assessed that this is required to protect the health and safety of the individual. This decision should be taken following discussion with family members and health care professionals and recorded in the risk assessment. It should be considered when Controlled Drugs are to be administered. If the care worker feels that there is a genuine and urgent risk to the person’s wellbeing, medication may be placed in a location where the person cannot find it on a temporary basis. This should be reported promptly to the registered manager or senior manager who will ensure that other Leaf Care Services Ltd staff are aware of the situation, and refer the person for an urgent review of their care and support plan. Updated information must then be transferred on to the care plan which is kept in the person’s home.

**Supply of medicines**

The arrangements for the ordering, collection and dispensing of prescriptions will be recorded on the individual’s care plan. Some pharmacists will offer a prescription collection (from the general practitioner practice) service and a delivery service for dispensed prescriptions. The registered manager or senior manager will need to review this arrangement if it could present any risks to the individual.

Obtaining repeat supplies of medicines will need a repeat prescription request to be taken to the general practitioner surgery. Assistance with this should be documented in the care plan.

**Disposal of medicines**

The medicines that are held in the service user’s home at any given time should be appropriate to the current therapy of the service user, and service users should be advised that any surplus or unwanted medicines should be disposed of in the appropriate manner, usually via the Pharmacist who prescribed them, they should not add them to their household waste or flush them away with the sewage.

All medicines have an expiry date. Some medicine expiry dates are shortened when the product is in use e.g. eye drops. If a medicine has a shorter expiry date when it is in use, this will be detailed in the product information leaflet.

Where there is no informal carer such as a family member who can be responsible for the prompt return of unwanted medicines the care worker must obtain approval from the registered manager or senior manager to return the medicines to the pharmacy.

A consent to return unwanted medication form should be completed with details of the medication being returned including dosage and quantity returned, then signed and stamped by the pharmacy to keep on the office file. The registered manager or senior manager may also need to notify the general practitioner if medicines are not being used. The names and quantities of all medicines removed should be recorded, and a copy retained in the person’s care notes.

**Record keeping**

For people on High Level support, the medication record (MAR Chart) will be kept in the individual’s home, with a copy of their care plan, in a safe and accessible place.

To provide an audit trail the names of all care workers visiting an individual, together with their signatures and initials, must be recorded on the Leaf Care Services Ltd office files.

All assistance with administering medication must be initialed at the time of the visit. The care worker must record on the MAR chart all medicines given, missed or refused, for both short term and long-term medication. They must record the time of their visit and their full name on the diary sheet.

Care workers can only carry out this service once they have received training and been assessed as competent. They must never change or tamper with the instructions written on the MAR chart.

Care workers should check that dosage timings are clearly indicated. The words ‘as required’ or ‘as directed’ should not appear and the registered manager or senior manager should be contacted with any concerns or questions.

Care workers should administer the medicines shown on the MAR chart using the checks below for EACH MEDICINE:

Check it is the correct medicine, form, dose and time of day.

Check the record and make sure the medication has not already been given.

Select the medicine and confirm it has not exceeded its expiry date by checking the date on the dispensing label.

Check the name of the service user, the name of the medicine and the instructions on the bottle or box are the same as on the MAR chart – if not, do not give it.

Give the medicine to the person.

If giving orally, check the dose has been swallowed.

Enter your initials clearly on the correct date and time immediately after it has been administered, to show you have given it.

If the medicine is not given enter the code in the box:

  R = REFUSAL  
  A = LEFT AVAILABLE

X = NOT REQUIRED   
  F = FAMILY ADMINISTERED

T = TAKEN PRIOR OR INDEPENDENTLY

If a compliance aid is used, initial once for the blister used

A single spoilt or refused dose should not be returned to the container.

Record more detailed information about why medication has been missed on the person’s care service plan.

Care workers must only record assistance given by themselves.

**Duty of Candour:**

Where necessary omissions of medication may mean that the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 20 are implemented.

**Mistakes and incidents**

If an incident occurs regarding medication, care workers must immediately report this to their manager. This also applies to errors that staff identify, but have not made themselves e.g. errors made by prescribers, pharmacists and other care workers. If unable to contact the manager, the care worker should not delay seeking medical advice. The manager should ensure the following action is taken:

• Seek advice from the GP or appropriate health professional immediately e.g. Out of Hours service, 111 etc.

• Enter the details of the error in the care record, and on the MAR chart if appropriate • Make a note of any changes or deterioration in the person’s health or behaviour.

• Ensure the error is fed into the care provider’s incident reporting system

• Consider any need for a Safeguarding referral and/or CQC notification Recurring incidents

If the same or a similar incident occurs that relates to the same or another person, it would suggest that the risk assessment/care plan or other elements of prevention in place are not effective. Recurring incidents may not appear to have a visible impact on the person or others; however, raising a safeguarding alert should be considered, to prevent harm being experienced in the long-term. Poor practice can result in harm when risks are not identified and no action is taken to prevent further incidents occurring or the concern escalating. Incident logs should always be checked for patterns by those recording incidents and those responsible for monitoring the effective implementation of that organisation's incident policy. Managers and care workers have a duty to have systems in place that enable them to identify patterns/cumulative incidents and to raise an alert if there are a number of these, even if some are retrospective..