Central Bedfordshire

Medication Management Standard Operation Procedure

Care and Support: Step-Up Step-Down Units

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Medication Management Standard Operation Procedure

Directorate:	Social Care, Health, and Housing (SCHH)		
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It is the responsibility of every individual to ensure that they are working to the most current version of this document.

Contents

1. Introduction

1.1 The Standard Operating Procedure (SOP) is intended for use by unit support workers employed by CBC Step-up Step-Down units to provide operational guidance about appropriate procedures for administration of medication to people who use care and support services. The Standard Operation Procedure must be read in conjunction with the Medication Management Policy.

1.2 It is the responsibility of staff to administer medicines in accordance with statutory and local guidance. Primary legislation concerning the administration of medicines is contained in the Medicines Act 1968 and the Misuse of Drugs Act 1971.

1.3 It provides guidance to support care providers in the roles in relation to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities 2009) Regulations 2010 states that: "The registered person must protect people against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the obtaining, recording, handling using, safekeeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity".

2. Consent to Treatment

2.1 Health and social care practitioners (unit support staff, social workers, case managers, GPs, pharmacists and community nurses) should ensure that people who access the Step-up Step-down units have the same opportunities to be involved in decisions about their treatment and that people get the support they need to help them to take part in making decisions.

2.2 People have the right under common law to give or withhold consent to medical examination or treatment. This is one of the basic principles of health care. A person is not to be treated as unable to make a decision merely because they make an unwise decision (section 1[4] Mental Capacity Act 2005).

2.3 People are entitled to receive sufficient information in a way they can understand about the proposed treatments, the possible alternatives, and any significant benefit(s) and/or risk(s) associated with the proposed course of action, so that they can make an informed and balanced decision (Accessible Information Standard 2015). A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success (section 1[3] of the Mental Capacity Act 2005).

2.4 Health and social care practitioners should identify, record, and seek to overcome anything that may hinder a person giving informed consent. Things to look out for include mental health problems, health problems (such as problems with vision and hearing), difficulties with reading, speaking, or understanding English and cultural differences. These should be considered when seeking informed consent and should be regularly reviewed.

2.5 The assessment of an adult's mental capacity to make a decision about their own medical treatment, along with all other aspects of their care, is a matter for assessment under the Mental Capacity Act 2005. It is the responsibility of a doctor proposing to treat a person, to determine whether the person has capacity to give a valid consent and if they do not, whether it is in their best interest to receive the treatment. It is the doctor's responsibility to carry out and record the assessment of mental capacity where there are any doubts about the person's ability to consent to the proposed treatment. This assessment and record

should reflect the process of assessment outlined in the Mental Capacity Act Sections 2 and 3.).

2.6 The health professional prescribing a medicine or unit support worker should record a person's informed consent in the person's care record. Consent does not need to be recorded each time the medicine is given but a record of the administration should be made on the electronic medicines' administration record (See section 15 on record keeping).

2.7 As a final course of action, when all other options have been tried unsuccessfully, the ultimate best interest decision may be to administer medicines covertly. This determination must follow the considerations outlined in section 4 of the Mental Capacity Act 2005. It should include consultation with any person named by the person, engaged in care or interested in their welfare. Clear documentation must be available to the unit support worker to support the individual decisions for covert administration and the continued need must be reviewed by the healthcare professionals on a regular basis. (See section 11 on Covert Administration).

2.8 Section 25 of the Mental Capacity Act enables anyone aged 18 or over, while still capable, to refuse treatment for a time in the future when they may lack capacity to consent or to refuse that treatment. The advance decision must be valid and applicable to current circumstances. If it is, it has the same effect as if the person has capacity. Healthcare professionals and any social care staff involved in providing treatment must follow that decision.

3. Obtaining Medication

3.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Regulation 13) requires adult care and support services to have appropriate arrangements for ordering medicines to ensure that medicines are available as prescribed. Unit support workers are acting as advocates for people in their care and as such must ensure that they meet the needs of the person by ordering their medication in accordance with the directions of prescribers.

3.2 The units should consider the following when ordering medicines:

- have at least 2 competent members of staff who are able to undertake the ordering of medicines, although ordering at any one time can be carried out by one member of staff.
- allow protected time for ordering medicines, in particular for the monthly order.
- ensure that changes in medication are communicated to the dispensing pharmacist to ensure that medication is not supplied which has been discontinued and consequently wasted.
- ensure that all staff are aware of their responsibilities to report medication which is not available to a person in order that it can be investigated.
- review previous usage of medicines before ordering and checking stock ordering at different times – monthly basis and on an ad-hoc basis (for example, new prescription issued for a new or changed medicine).
- use an up-to-date medicines administration record or other accurate record of the person's medicines when ordering (including the repeat prescription).
- check and make appropriate records of quantities of repeat, acute and 'when required' medicines to avoid over-ordering and running out, following a written process including

carrying forward of stock from previous months and maintaining a current accurate balance.

- review expiry dates of medicines and consider ordering medicines close to their expiry (for example, the medicine at the point of checking may still be in-date, however it may expire by the time it is needed).
- synchronise medicines if changes to regular medicines have occurred during the middle of the 28-day supply cycle.

3.3 The Step-up Step-down units should maintain the responsibility for ordering medicines from the GP practice. This should not be delegated to the supplying pharmacy although they may assist in the process. However, collaboration between the Step-up Step-down units, GP practice and supplying pharmacy is essential.

3.4 It is good practice for support workers to make records, such as a copy of the prescription, stock order or requisition note, when ordering medicines. This allows support workers to check that all medicines requested have been prescribed and supplied as ordered, when receiving the medicines into the Step-up Step-down units. This process may be compromised by electronic prescribing.

3.5 There are currently several ways of ordering monthly prescriptions on behalf of people including direct orders to the GP practice electronically, use of repeat slips or MAR/EMAR sheets or through the pharmacy. In all cases it is important that the Step-up Step-down units are in control of stock levels.

Medicines supplied as "bulk prescribed items"

3.6 The issue of a bulk prescription allows the support workers to use the same supply of a medicine for people who are clinically identified as suitable for the prescribed medication. It will be labelled by the providing pharmacy with the name of the Step-up Step-down units rather than a person's name. There are a limited number of medicines which can be supplied in this way and the criteria for which this is permitted are:

- The item prescribed in bulk is either a Pharmacy Only (P) or General Sales List (GSL) medicines normally available for purchase.
- Where the Step-up Step-down unit has at least 20 people, 10 of which are registered with the prescribing practice.
- People who are not registered with the prescribing practice must continue to have individual prescriptions from their own GPs.

3.7 Stock control is essential in ordering supplies in this way as its purpose is to reduce waste. It is also essential that stock is used appropriately rotating supplies so that the oldest stock is used first. The Step-up Step-down unit should agree with the GP a suitable list of medication which could be bulk prescribed. Examples may include: Laxido, lactulose, adcal D3, thick and easy powder.

Medicines Supplied As "Anticipatory"

3.8 Medicines may be supplied for a person at end of life which are made available in anticipation of their need. They are not stock items. They are specific for the named person only. It is essential that expiry dates are checked and that the supply is carried forward from one month to the next. They may include controlled drugs which must be stored as necessary in controlled drugs cupboard and entered in the CD register if appropriate.

Homely Remedies

3.9 A homely remedy is a medicinal preparation used to treat minor ailments, which can be bought over the counter and does not require a prescription. These "homely remedy" products are kept in a Step-up Step-down unit to allow access to products which would commonly be available in any household. Not allowing access to these products can potentially compromise care.

3.10 The person or person's relatives may bring in their own "homely remedies" which have been approved by their own GP. These are not for general use in the home and must remain specific to that person. They should be counted into the home and recorded as all other medication.

3.11 A GP may instruct the support worker to purchase a specific product to treat a minor ailment such as olive oil for treatment of ear wax for a particular person. This is no different to a person in their own home and can be actioned provided the instructions are written by the GP in the individual care plan (or emailed) and **only apply to the individual named.** The GP should indicate how long the treatment is to continue and this may be longer than 48 hours. If symptoms worsen the problem should be communicated back to the GP earlier.

3.12 In a care home, a person may develop a minor illness which in their own home would be easily treatable by accessing a local pharmacy/store for an OTC product. If a person does not have a suitable remedy on their normal prescription the staff may feel that the only course of action is to call the GP or Health care professional or out of hours service which is not an appropriate use of NHS resources. This may be for something like a headache. By having homely remedies in the care home an immediate need can be met and the GP or HCP is only called if the symptoms persist.

3.13 Provided the care home follows the BLMK ICB Toolkit, care home can start without consulting a GP/HCP. GP/HCP sign off is not required if the BLMK ICB approved list of products and toolkit is used.

3.14 The BLMK-ICB-Homely-Remedies-Toolkit-April-2023 has been approved by Bedfordshire, Luton, and Milton Keynes (BLMK) Integrated Care Board (ICB) to be used by suitably trained staff, and as such represents the GPs and other HCPs within the organisation. It is not necessary for a Care Home to write to each person's GP or HCP for homely remedies to be approved or 'signed off,' provided this toolkit is adopted by the care home and only the ICB list of products is stocked. Any products which deviate from the suggested list would need to be approved by an individual GP or HCP for the specific person.

4. Receiving Medication

4.1 The Management team within the service should ensure that the medication ordering cycle is allocated to a competent staff member to ensure that is maintained and prepared accordingly.

4.2 On receipt of the medicines, the support worker should check the dispensed medicines against their records of the order and the previous MAR/EMAR sheet to note any recent changes.

4.3 It should be noted that the order may have been processed early in the cycle and changes may have been made by the GP during the month after the order has been processed. This would ensure that all medicines requested have been supplied accurately and any

discrepancies resolved, without delaying a person's treatment. As this is a time-consuming process it is essential that sufficient time is allocated for staff to carry out this task accurately.

4.4 If new or additional medication is required mid cycle by the person, it is important that the medication is checked in and uploaded into the EMAR system to reduce the risk of error. The changes should be communicated to the wider team.

5. Storage

5.1 Medicines should never be stored in areas of high temperature or moisture such as in a bathroom cabinet or near a radiator. All medicines storage areas should be controlled between 15ºC and 25ºC.

5.2 Any medication that requires room temperature must be below 25 degrees, kept away from direct sunlight and not stored on windowsills.

5.3 Some medication may require storage in a fridge. For example, insulins, antibiotic liquids, injections, eye drops and some creams. These medicines must be stored between 2ºC and 8ºC.

5.4 All medication should be stored safely following the manufacturers requirements. You can also refer to the Patient Information Leaflet (PIL) or visit the electronic Medicines Compendium (eMC)

5.5 Medicines fridges

5.6 Dedicated medicines fridges should be of a suitable standard to keep medicines at the correct temperature.

- make sure your fridge can maintain the correct temperatures for the medicines being stored
- make sure your medicines fridges are secure and accessible only to authorised staff
- do not store food or biological samples in your medicine's fridge
- to avoid accidentally interrupting the electricity supply, use a switchless socket. Or clearly label the plug with a cautionary notice, for example: "Do not unplug/switch off"
- do not store large amounts of medicines. This can lead to inadequate airflow and potential freezing
- regularly check the dates of the contents of your fridge.
- regularly clean and defrost the fridge and keep dated records of this.

5.7 Recording temperature

- record the temperature of the fridge twice daily (AM/PM)
- you should record minimum, maximum, and current temperatures, using a minimum/maximum thermometer.
- the thermometer should be reset after each reading
- make sure that your staff understand how to read and reset the thermometer and why this is necessary
- take care that the thermometer probe cable does not interfere with the door seal. This could cause the temperature to fall outside the recommended temperature range

- make sure that your staff know what to do when the fridge is outside the recommended temperature range
- keep records of any actions taken. This includes seeking advice on whether the medicines are still safe to use.

5.8 Some small services do not regularly keep medicines that need refrigeration. In exceptional circumstances, such services could consider using a separate locked container in the food fridge. Only trained and competent staff should have access. Staff should keep records of temperature monitoring. This is a proportionate approach to making sure medicines are safe to use and should be fully risk assessed.

5.9 All medication should be stored safely following the manufacturers requirements.

5.10 All medicines should be stored in their original container:

- as dispensed and labelled by a pharmacist or dispensing doctor. Labels must never be removed.
- as purchased.
- Medicines should never be transferred by the support worker from their original container to another container. This is regarded as secondary dispensing and should only be undertaken by staff following strict protocols in specific circumstances.

5.11 A few medicines, such as asthma inhalers, sprays for angina and adrenaline pen devices, must be readily available to the person for appropriate self- administration.

5.12 The apparent accumulation of large quantities of medication should be reported by the support worker to the person in charge for review of the ordering process.

5.13 People who have been assessed as able to self-administer, a lockable cupboard within their room should be available and there must be a clear understanding that their medicines must be stored safely at all times to protect other people.

5.14 Some treatments may be stored in a person's room for the support worker to administer such as emollient creams and barrier creams which is convenient and permitted. External items which have a legal category of 'prescription only medicines' (POM) cannot be stored in this way and support workers who have not received medication training cannot apply them.

- Prescribed food supplements may be stored in kitchens ideally in fridges when in use. These should be person specific and can be given by the support worker at appropriate times of day as directed by staff who have had medication training.

5.15 Oxygen cylinders:

Follow the manufacturer's advice on how to store oxygen.

- securely to prevent the cylinder from falling
- away from areas that would block escape routes or fire exits
- in well-ventilated areas
- away from heat and light sources
- in an area that is not used to store any other flammable materials
- away from combustible material (such as paper, cardboard, curtains)
- so that they are not covered by items of clothing.

- Store oxygen concentrators upright.
- Plug them directly into the mains. Do not use an extension lead.
- Place statutory hazard notices in areas where you store oxygen. This includes the person's bedroom.
- Oxygen cylinders have an expiry date. Check the dates regularly to make sure you don't use out of date cylinders.

5.16 Medicines storage within the Step-up Step-down unit:

- Medication that has been ordered prior to need (monthly orders) or medications awaiting disposal are stored a secure place within the treatment room.
- To ensure that homely remedies are only accessible by authorised support worker for administration to people who use the service, medications are stored in the treatment room.

5.17 Keys to the medication storage areas within the Step-up Step-down unit and keys to Controlled Drug cupboard should be kept separate and secure from other keys for the home. Processes within the home must clearly identify how these keys are managed to ensure appropriate staff have access to them. They must never be left unattended.

6. Medication Supply Systems

6.1 A medicines supply system is the system used by the Step-up Step-down unit to provide medicines to people. There are 2 widely used systems available:

- original packs.
- monitored dosage systems (MDS) -which may be single-dose or multi-dose.

6.2 The Support worker will only provide medication directly from bottles or containers dispensed and labelled in accordance with the Medicines Act 1968 from a registered pharmacy or dispensing doctor.

6.3 There is no requirement for a medication box/ dosette box to be requested as all support workers should be adequately trained to administer medicines from a professionally dispensed and labelled source. Not all medicines are suitable for packing in MDS systems due to their stability or lack of data and their use should be driven by the need to support a person to maintain their independence. Pharmacists will make a professional decision as to whether a medication is suitable for packing in a medication box/ dosette box and should not be asked to pack every medicine. This often results in medicines being in two systems which increase the risks of medication being missed.

6.4 If a medication box/dosette box has been filled by a relative or friend of the person, the support worker **shall not administer** these medicines as their source and identity cannot be determined. This should not be confused with assisting a person who has capacity.

6.5 Any labelling must not be altered or removed. Where labels become detached, the contents must be returned to the pharmacist.

6.6 Most Step-up Step-down units are supplied with medicines by pharmacies, known as the supplying pharmacy. However, some Step-up Step-down units obtain their supplies of medicines from dispensing doctors. Dispensing doctors should follow guidance set out by the

General Medical Council on delegating responsibility to dispense medicines within their practice.

7. Practical Administration Issues

7.1 Prescribed medicines must not be administered to people for whom these have not been prescribed unless this has been acknowledged by a healthcare professional.

7.2 A medicine prescribed for a person becomes their personal property as soon as it is dispensed, and it is not permissible to administer it to another person. This is particularly important when family are being cared for in the same setting as it is easy to make an error. Particular care is needed in such situations.

7.3 Medicine trolleys must not be left open unattended during medicines rounds.

7.4 Before administration, it is essential that the support worker checks the MAR sheet / EMAR to ensure that the medication has not already been given (or if appropriate check with person).

7.5 Doses must not be varied from those specified.

7.6 Offer the medication to the person recognising the right of refusal.

7.7 Medicines prepared for administration and subsequently not used or refused should be placed in a suitable container (e.g., envelope) and stored away from the person's medicines. The unwanted medicines should ideally be returned to the pharmacy for disposal with returns (see section 5 on storage).

7.8 Support worker should record the circumstances and reasons why a person refuses a medicine (if the person will give a reason) in the person's care record and medicines administration record, (see section 15 record keeping) unless there is already an agreed plan of what to do when that person refuses their medicines. If the person agrees, support worker should tell the health professional who prescribed the medicine about any on-going refusal and if the medication is stopped, inform the supplying pharmacy to prevent further supply to the Step-up Step-down unit.

7.9 A drink of water or preferred fluid should be offered to assist administration of oral medication.

Disruption of Medicines Administration Process

7.10 Distractions of staff during administration of medicines to a person contribute considerably to administration errors. This appears to be most common during the morning medicines administration round when there are fewer support workers responsible for administering. Adequate time intervals between medicines rounds are essential to ensure enough time between morning and lunch time doses.

7.11 Staff should be given dedicated time to complete the medicines round safely and efficiently ensuring that responsibilities for other tasks such as answering phones or interactions with people and relatives are given to other members of staff.

Timing of Medications

7.12 Decisions for time of day to administer should be made by healthcare professionals and the advice of a pharmacist or GP should be obtained if there is any doubt.

7.13 Some medicines may need to be administered at specific times of day and this must be followed, to ensure their efficacy e.g., Parkinson's medicines, warfarin, bisphosphonates (e.g., alendronic acid).

7.14 Parkinson's medicines may need to be administered frequently outside of normal drug round times. Procedures must be in place to identify those needs so that the medicines are not forgotten.

7.15 Analgesics (painkillers) may be requested by a person outside of normal drugs rounds as the person may be in pain. Provided an appropriate interval has been allowed between doses this should be administered and documented to meet the needs of the person.

Awareness of Side-Effects

7.16 All people taking medication should be closely monitored. If a person develops an adverse reaction or side effect to any medication, then a doctor or pharmacist should be contacted without delay and an entry made in the person's notes.

7.17 All staff will be offered training covering basic information about common medicines and how to recognise side effects and deal with medication problems. Senior staff will attend additional training and supervision to ensure that they are competent for the role.

Precautions

7.18 Medicines are potent materials, and many have harmful properties in addition to their therapeutic effects. While the intentional administration of medicines to a person is exempt from COSHH, the exposures of staff (or the unintended exposures of the person receiving treatment) are covered by the regulations although there are no safety data sheets for them. Therefore, they must be assessed, and suitable precautions applied. The precautions detailed in standard procedures for administration are largely for the person receiving treatment safety and the COSHH assessment must therefore ensure that they account adequately for the potential for harm to the staff administering the drugs.

Flammable medicines

Emollients / Moisturising creams

7.19 The unsafe use of emollient creams can result in serious or fatal injuries from fire.

7.20 When supporting people to use emollient creams, it's important to be aware of the risks. Emollient creams are used to help manage dry skin conditions such as eczema or psoriasis.

7.21 Emollients are easily transferred from skin on to clothing and bedding. There may also be reactions between emollients and fibres of dressings, clothing, and items such as towels used to carry out personal care.

7.22 There is a risk of severe and fatal burns with all paraffin-based emollients regardless of paraffin concentration. Data suggest there is also a risk for paraffin-free emollients, all support workers need to be made aware of the risk of fire.

7.23 In May 2018, CQC was notified of a fire at a care home in Lancashire. Nine people were evacuated and there were no injuries to the staff or people who use the service. The fire started in the laundry room after emollient creams reacted with cotton towels which caused them to become flammable.

7.24 Advise people who are using emollient creams of the risks the creams may pose, and:

- not to smoke
- not to use naked flames
- not to go near anyone smoking or using naked flames
- change people's clothing and bedding regularly because emollients soak into fabric and can become a fire hazard - people need to be aware that washing does not remove the risk
- be aware that fabric such as bedding or bandages that have dried residue of an emollient on them will easily ignite and to report any fire incidents with emollients or other skin care products to MHRA's Yellow Card Scheme.

Oxygen

7.25 Some people living in Step-up Step-down units use oxygen. It involves breathing air that contains more oxygen than normal air from a cylinder or machine. It may be prescribed for people who have a condition that causes low oxygen levels in the blood.

7.26 Oxygen is a medical gas. You should treat it as a medicine. Oxygen can be a dangerous fire hazard. Take adequate precautions while oxygen is being used.

7.27 Home oxygen should not be prescribed to a current smoker. If you are concerned about oxygen and smoking, contact your local home oxygen team and/or the prescriber of the oxygen immediately.

- People should not smoke where oxygen is being used.
- Keep oxygen at least two metres away from flames or heat sources.
- Do not use flammable liquids, such as paint thinners or aerosols, near oxygen.
- Do not use petroleum-based products (such as Vaseline® or Vicks®) or other emollients near oxygen.
- Include oxygen use in your fire risk assessment and take advice where needed.

Heat Rubs, Creams and Gels for joint pain

7.28 Some people may be prescribed a rub for pain to treat conditions such as arthritis. These preparations contain irritant compounds such as camphor, salicylic acid, anti-inflammatory compounds, or capsicum, e.g., ibuprofen gel, Zacin® cream.

7.29 It is important to remember to:

- Use disposable gloves and to wash hands immediately if support workers are applying.
- Do NOT apply to inflamed or broken skin.
- Ensure people are aware of any special precautions such as not to touch the area treated and then touch eyes or nose.

When Required Medicines (prn)

7.30 Some medication is administered irregularly; "when required" medication (prn) are medicines which are given according to fluctuating medical need. The support worker can only administer these when there is a clear protocol for each medicine. This direction will be supplied by the GP and will specify (where appropriate):

- what it is needed for.
- full dosage instructions.

- maximum daily dose and minimum time interval between doses.

7.31 Where people are prescribed PRN (as and when required) medication, there will be guidance on the circumstances in which it can be administered clearly detailed on the persons Medication Profile (see appendix 2).

7.32 Intermittent dosing is often used for pain killers, laxatives, and some creams. This dosage instruction is reliant on an assessment of need which may be appropriate for people who have capacity but is more difficult for the support worker to assess. Difficulties with managing this direction should be reported to the management team to review with GP as soon as possible.

7.33 When recording PRN or medication that is time specific or has a minimal time lapse between doses, it must have the required time added to the EMAR in the check in page to reduce the risk of overdose.

7.34 Medication that is to be given on specific days must have the dosage calendar activated on EMAR ensuring that the record accurately shows what day the medication should be administered.

7.35 If a "prn" is being given regularly it needs to be reviewed by the GP as it may be needed as a regular dose direction. Fluctuating doses must record the number of tablets or volume of liquid administered. (See also Record Keeping section 15.)

Self-Administration

7.36 People should be empowered to self-administer medication wherever possible and be involved in planning their treatment to the maximum level of their capacity. A risk assessment must determine the ability to safe medicate safely with due regard to the person and others staying at the step-up step-down units. (See Appendix 3 Self Administration Risk Assessment form).

7.37 There must be an understanding that living in a communal environment carries risks to other people if self-medicating person do not store their medication in a locked cupboard. Part of the assessment process should include the agreement that safe storage will be adhered to at all times.

7.38 Capacity to manage medication can rapidly change and there should be an agreement with the person that their ability to manage their medication will be reviewed at agreed intervals.

7.39 Self-administration can include an element of prompting or assisting. (See also, Level 1 Support).

- A person who wishes to self-administer their medication should be risk assessed for this task.
- There are a number of ways in which medication can be supplied to facilitate self-administration. The community pharmacist should be consulted to advise on how to enable the person to retain their independence for as long as possible.
- Suspected changes in capacity must be reported to the home manager for review.
- Staff should discuss with the person the need to report to the GP if medication is found not taken in areas of their room or stockpiled.

Self-Administration of Controlled Drugs

7.40 Nice Medication Management Guidelines states that care providers should ensure that they have clear processes, risk assessments and guidelines for self-administration of controlled drugs.

7.41 Support workers will empower people to self-manage their medication and will apply the same principles as self-administration of non-controlled drugs.

8. Level of Support

Principles of Administration:

8.1 Wherever possible a person in a Step-up Step-down unit should be responsible for looking after and taking their own medicines independently or with assistance as needed. The level of assistance required will have been assessed and further information for assistance is covered in the section (levels of support) below. This section covers only medicines that are administered by a route which falls within the core competencies of care workers.

8.2 Details of current medication are determined from the most accurate sources as possible preferably the GP surgery or a medicines administration sheet produced by the pharmacist at the time of dispensing the current medicines.

8.3 **PLEASE NOTE:** Step-up Step-down units owned by Central Bedfordshire utilise the EMAR system (Electronic Medication Recording system). The EMAR system is used to record all medication administration information and can be retrieved, and reports produced.

8.4 All support workers must be clear about the level of support they are to provide for each individual. The person must have a risk assessment to establish what the likely problems are with their medicines and how these problems will be overcome. The level of support is documented in the care plan.

Level 1 Support – General Support

Level 1a - Prompt

- To prompt means to remind a person who has capacity to make their own decisions to take their medication or carry out a task. For example, to remind them to take their medication at a particular time or with food. The person will be responsible, in whole or in part, as detailed in the Care Plan for the safe management of their medication.
- A prompt could be the support worker saying to the person 'have you taken your medication yet?' or 'is it time to take your medication?' or similar and help the person as detailed in the care plan. For example, passing a container for the person to self-administer.
- Every instance of prompting should be recorded on the Daily Communication Record. There is no expectation of completion of an EMAR sheet.
- Any refusal of medication or evidence of confusion in the person should be recorded in daily records and reported to the home manager for review of the care plan. This includes evidence of mismanagement, excessive medication and loose medication found in the person's room.

Level 1b – Assist

- To assist means to physically help a person who has capacity and ability to instruct the support worker on what it is they require, for example, preparing items for continence maintenance, opening a medication container, or removing tablets from a blister pack. For someone unable to use their arms/hands this can include 'passing' the tablets to the person using a container following the instructions of the person.
- All medicines are supplied in child resistant containers which can present a barrier to self-administration and can easily be rectified by informing pharmacy or dispensary that the person cannot open the container.
- The pharmacist or dispenser can then supply a more suitable container which meets the needs of the person e.g., non-child resistant closures.
- The person will be responsible, in whole or in part, as detailed in the care plan for the safe management of their medication. Assisting and prompting are not appropriate for people who do not have the capacity to make decisions about their medication.
- Every instance of Assisting should be recorded on the Daily Communication Record sheet. There is no expectation for completion of a MAR/EMAR sheet.
- If support worker suspects any confusion from the person's instruction it should be reported to the home manager to review the care plan.
- If the person's instruction appears unreasonable which has the potential to harm the person this should be reported immediately to the home manager for example, "can you pass me my paracetamol as I want to take them all at once."

Level 2 Support – Administering Medication

- To administer means to select, measure, and give medication to a person or carry out a related task as specified in the Care Plan and in accordance with the directions of a prescriber.
- Administration of medication will be considered where an assessment under the Mental Capacity Act has determined that the person does not have capacity to make decisions for themselves regarding medication and cannot self-medicate, instruct the support worker to prompt or assist or manage their medication.
- Administering means taking full responsibility for ensuring that the service is given medicine as prescribed.
- Staff must be appropriately trained.

Level 3 Support – Specialist Administration

8.5 Following an assessment by a healthcare professional, there may be a need for a Step-up Step-down unit provider to administer medication by a specialist technique (listed below) which falls outside of the core learning outcomes.

- Catheter care.
- Stoma care.
- Assistance with oxygen administration.
- Insulin injections (subcutaneous) with a pre-assembled, pre-dose loaded syringe.
- Testing of blood sugars for type 1 diabetes.
- Buccal midazolam use.

- EpiPen® device

8.6 All these procedures must be clearly identified by the manager to ensure the Step-up Step-down unit can determine if it has appropriately trained support workers before accepting the person into care.

8.7 If a person needs specific support for a procedure listed above, then the Step-up Step-down unit must undertake training to meet the required competencies. This level of support needs to be agreed by the person where they have capacity or alternatively if a best interest decision needs to be made. These are tasks in addition to core competencies and identified as specific to that person.

8.8 The support worker will be trained by a Healthcare Professional to carry out the identified specialist task for the identified person and signed off as competent for this task by the healthcare professional.

8.9 Monitoring and review must be carried out throughout implementation as deemed appropriate by the Healthcare professional. The dates for monitoring and reviewing must be recorded.

The Seven Rights of Administration

8.10 In administering medication, the recommended procedure for the administration of drugs and medicines is to ensure that the 7 "rights" are observed. Written procedures should support safe practice in managing these 7 rights: -

8.11 **Right person**: It is essential that support workers correctly identify the person. The usual checks are name, address, and date of birth and in many Step-up Step-down units the person may be identified through consented photographs on MAR/EMAR sheets.

8.12 **Right medication**: Select all the correct medication for the person for the time of day. Even when medication is supplied in a Monitored Dosage System, there may be other medication in the fridge or in original packs. Check all medication is within the expiry date which indicates when the medication is no longer to be used. Treatment with medication that is outside the expiry date may be dangerous as medication deteriorates. Opened containers should have a recorded date of opening on the label.

8.13 **Right dose**: Check the amount (number of tablets, volume of liquid) and frequency (number of times a day) that the medication is to be taken. The directions from the prescriber are transferred to the Pharmacist's label and the MAR/EMAR. These should match and be followed exactly.

8.14 **Right route**: Care should be taken NOT to make assumptions. Check the medication label and information leaflet which will explain HOW the medication should be taken. Some tablets, for example, are dissolved under the tongue or between the lip and top gum, NOT swallowed.

8.15 **Right time**: The pharmacist label will detail the prescriber's instructions and should be supported by the medication information leaflet. The pharmacist should have made the decision for the time of administration on a medicine labelled "once daily." As before, check this and if there is any doubt about the directions, contact the supplying pharmacy.

8.16 **Right of refusal:** Everyone has the right of refusal, but it is important that a mental capacity assessment is carried out to determine if a person has the capacity to understand the consequences of refusal.

8.17 **Right documentation**: Care should be taken NOT to make assumptions. Check the medication label and information leaflet which will explain HOW the medication should be taken. Some tablets, for example, are dissolved under the tongue or between the lip and top gum, not swallowed.

9. Procedures not to be carried out by Unit Support Workers

9.1. The following shall only be carried out by a registered health care professional:

- Administering intravenous medicines.
- Programming of syringe drivers.
- Feeding through a naso-gastric tube or gastrostomy tube.
- Administration of a prescribed medicine via a naso-gastric tube or gastrostomy tube.
- Tracheostomy suction and emergency change of tracheostomy tube.
- Injections (intramuscular or subcutaneous) with a pre-assembled, pre-dose loaded syringe. (With the exception of insulin, for further information see section on insulin)
- Rectal administration.
- Vaginal administration.

9.2. Support workers can **Prompt or Assist** when trained and competent with:

- pre-assembled injection devices e.g., insulin in a pen-device.
- Catheter bag and continence maintenance, this does not include changing catheters or bladder washouts or clearing blockages.

10. Swallowing Difficulties

10.1. If a person is experiencing difficulties swallowing any of their medication, the support worker should report this to the responsible person on shift who should then contact the pharmacist or GP to discuss options.

10.2. It is not acceptable for a care worker to crush or alter medication in any way without the instruction of a healthcare professional as detailed in the care plan. This is not covert administration as the person is aware and in agreement. This process may be necessary when liquid preparations are not available. It is also not always appropriate for liquid medication to be used as the swallowing reflex may be more effective when a tablet is administered mixed with food as a bolus is formed. SALT teams will advise the most appropriate action.

11. Covert Administration

11.1 Covert administration is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. By disguising medication in food or drink, the person is being led to believe that they are not receiving medication, when in fact they are.

11.2 The decision to administer a medicine covertly is never routine and will always be subject to the Central Bedfordshire Councils MCA procedures, i.e.

- an assessment of mental capacity is required where there is any doubt about a person's capacity to make a decision about their medicine
- a best interest decision will be made about the best care and treatment option for a person who lacks capacity
- Deprivation of Liberty Safeguards

11.3 The ultimate decision to administer medicines covertly must be one that has been informed and agreed by the team caring for the person together with relatives or advocates who represent the person's wishes. The support worker does not make this decision but can follow instructions provided they are supported by the appropriate documentation.

11.4 Any decision to administer medication covertly must be regularly reviewed with the person's relevant primary health care professional and relatives (where applicable) and the review documented in the persons care and support plan.

11.5 Disguising medication in order to save life, prevent a deterioration, or ensure an improvement in the person's physical or mental health, cannot be taken in isolation from the context of the rights of the person to give consent.

11.6 A clear distinction should always be made between those people who have the capacity to refuse medication and whose refusal should be respected, and those who lack this capacity.

11.7 A clear distinction should be made between people who request their medication to go into food or drink as this is not covert administration. This request needs to be clearly documented.

11.8 Further guidance can be found in the BLMK ICB Covert Administration of Medication (Adult) Best practice guidance .This guidance provides support for staff regarding the covert administration of medicines including explanation of when this can be done within the law and practical implementation.

12. Medication Review

12.1 The frequency of each person's medication review must be agreed with the GP based on the health and care needs of the person and documented in care plans.

12.2 NICE guidance specifies that there should be no more than a year between reviews and that they should be multidisciplinary. Support workers need to develop a process to identify when reviews are needed for a person.

12.3 Support worker should identify people who may need more frequent reviews as they are approaching end of life or who are receiving complex drugs which require monitoring.

13. Specific Medication

Controlled Drugs (CDs)

- These are medicines defined under the Misuse of Drugs Act 1971 and are subject to a range of additional legislation. They have the potential for abuse and consequently accountability is of particular importance.

- There are specific requirements for different controlled drugs which are variable dependent on their classification, but include requirements for safe storage, entries in a controlled drugs register etc. The support worker should have received training and been made aware of the specific requirements for each CD.
- For administration purposes they should not be considered any different to any other medication and the same procedures should be followed.
- When other healthcare professionals administer CDs to a person in the Step-up Step-down unit, it is good practice to witness the process for safeguarding purposes. The Controlled Drugs register must also be completed and for the purposes of accountability the responsibility for removal of items from the CD cupboard and entry into CD register remains with the support worker.
- Records of receipt and return to the pharmacist for disposal should be kept as an audit trail. (See also disposal section).

Warfarin

- People who are administered warfarin must have an oral anticoagulation therapy record card 'yellow book' issued from the hospital on discharge or by their anticoagulation service. They are more at risk of bleeds and bruise easily.
- This yellow book records an important blood monitoring record called an INR which is controlled by dose changes. Some GP practices do not use yellow books for people who stay in a Step-up Step-down unit, however, the support worker must be aware of when blood tests are due, and the GP surgery must email through INR results and clear dosage instructions to be included in the care plan and kept with the MAR sheets / EMAR.
- This yellow book or alternative information as above must be available for administration. Warfarin medication must be given as prescribed and instructed in the yellow book or clear emailed instructions.
- If the yellow book is not available, the home manager should be contacted. The home manager should contact the appropriate anticoagulation service immediately if service is open or as soon as possible. Directions for dosing from the anticoagulant clinic/ nurse or doctor must only be accepted in writing (email), signed, and dated by the prescriber. The MAR sheet / EMAR must be updated clearly, and the written confirmation must be filed in the person's care file.
- In the event that warfarin dose is unclear, and the yellow book is unavailable and no clinical guidance can be obtained (e.g., out of hours) the previous dose of warfarin should be given until the dose can be clarified. The care manager must obtain guidance from the person's GP or anticoagulant clinic before the next dose is due.
- The warfarin dose administered must always be documented on the MAR sheet / EMAR (in addition to the support worker's signature and the time administered). If separate record sheets are used there should be a cross reference to the sheet on the printed MAR sheet.
- The Warfarin record card (yellow book) is always needed when blood tests are done unless alternative arrangements are in place.
- Support worker who notices signs of excessive bruising should notify a member of the manager team as soon as possible, who should inform the GP. Ideally these people should be supported with a domiciliary anticoagulation service.

Insulin

- People who live with Diabetes should ideally have a community diabetic passport in which the community diabetic nurse has detailed their management plan. They should also have an insulin passport which clearly identifies the type of insulin they are currently receiving.
- Step-up Step-down units will either have staff trained and be signed off as competent by a Healthcare Professional to administer insulin or community nurses to administer insulin. Community nurses will make records on their own paperwork which is retained within the "pink folder." Community nurses are being asked to keep their recording sheets with the MAR/EMAR chart and support workers should encourage this central recording.
- The most significant risk for a person living with diabetes is on transfer of care to either hospital or other care settings when the insulin administration records are not copied with the central MAR chart.
- Consistent insulin recording charts are in development to reduce this risk but in the interim the support worker must ensure that insulin dependent diabetic persons are managed appropriately to reduce risks of errors at all stages of their care.

14. Prescribing

14.1 Remote Prescribing

14.2 Health professionals prescribing medicines should use telephone, video link or online prescribing (remote prescribing) only in exceptional circumstances and when doing so should:

- follow guidance set out by the General Medical Council or the Nursing and Midwifery Council on assessing capacity and obtaining informed consent from people.
- be aware that not all support workers have the training and skills to assist with the assessment and discussion of the person's clinical needs that are required for safe remote prescribing.
- ensure that the support worker understand any instructions send written confirmation of the instructions to the Step-up Step-down unit as soon as possible.

14.3 Support workers should:

- ensure that any change to a prescription or prescription of a new medicine by
- telephone is supported in writing (by email) before the next or first dose is given.
- ask that the health professional using remote prescribing changes the prescription.
- update the medicines administration record and the care plan as soon as possible (usually within 24 hours) with any changes to medicines made by remote prescribing.

15. Record Keeping

15.1 A record of the administration of any medication by the support worker should be made on the Medicines Administration Record sheet. (EMAR).

15.2 Step-up Step-down units owned by Central Bedfordshire utilise the EMAR system (Electronic Medication Recording system). The EMAR system is used to record all medication administration information and can be retrieved, and reports produced.

15.3 The support worker may apply emollient creams or barrier creams to a person outside of the medication rounds as these products may be stored in a person's room. Step-up Step-down units may have separate sheets for recording application of these products which can be cross referenced to the main MAR sheet.

15.4 Recording of administration of prescribed food supplements must also be managed by the support worker to ensure that dieticians can monitor intake correctly.

15.5 Each person must have a medication record on which must be recorded details of all medicines to be administered and the time of administration. This record should ideally be printed by the dispensing pharmacist or doctor although the support worker may have to write medication onto the EMAR following procedures specified within the Step-up Step-down unit.

15.6 The support worker administering medication to a person must ensure that they record the process accurately at the time (not retrospectively) by signing. Appropriate codes must be used if administration is not possible. If this recording is overlooked, it is not appropriate to sign retrospectively but it should be reported to the home manager who should investigate the omission and confirm in care plan if the medication was given but not recorded.

Practical Issues

- It is important that only the current medication is recorded on the EMAR record as determined by the GP or pharmacist and instructions given to the dispensing pharmacist to remove discontinued items.
- The label on the medication should correspond with the instruction on the EMAR record. Any discrepancies should be reported to the home manager for clarification. Instructions should be followed in line with administration policies.
- "When required" medication should be offered to the person in line with the protocol and only signed on EMAR record if administered. Declining is not refusal it is in accordance with the person's needs at the time, so it is important that it is clear that the medicine has been offered to the person.
- Procedures must be followed to ensure that verbal instructions given by healthcare professionals are accurately documented in both care plans and EMAR records. Verbal instructions for changes should be followed by written instructions which may be emailed. This is not necessary if a new medicine is started as the dispensed medicine will have a new EMAR produced.
- The EMAR sheet will be the formal reference for the administration of medicines and must not be destroyed for 3 years. When completed the record should be placed in the care notes of the person and archived in line with Step-up Step-down unit policy.
- If a person does not take his/her prescribed medicine, this must be recorded on the record sheet together with the reason in the daily record. In a case of vomiting or spitting out of the medication a further dose should not be administered and this should be reported to the home manager. If this is a regular occurrence the GP should be informed through the home manager as soon as possible.
- It is important that records are accurate and auditable and that the support worker recognises their accountability.

15.7 Care providers should ensure that a new, hand-written medicines administration record is produced only in exceptional circumstances and is created by a support worker with the training and skills for managing medicines and designated responsibility for medicines in the Step-up Step-down unit. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.

15.8 If the EMAR includes a medicine that has not been supplied, support workers must check with unit manager whether the prescriber has stopped the medicine, and if so, appropriate actions taken to indicate that it hasn't been administered and why. Ideally the providing pharmacist must be contacted by the home manager to update the person's record & prevent the EMAR being generated with out of date or discontinued items. If the EMAR contains a medicine that has not been supplied, but which the prescriber confirms is to continue, support workers must check why there is no supply.

15.9 If a medication has been prescribed but is not listed on the EMAR (e.g., if a person has returned from hospital with new medication and no new MAR sheet has been supplied) the support worker must report to the home manager. The home manager should contact the GP as soon as possible to confirm what medication needs to be given and this should be uploaded onto the EMAR system. All communication must be documented.

15.10 Step-up Step-down units record details of phoned messages received about a person's medicines and making sure that the person's confidentiality is maintained.

15.11 Step-up Step-down units should ensure that medicines administration records (paper based or electronic) include:

- the full name, date of birth and weight (if under 16 years or where appropriate, for example, frail older person) of the person.
- details of any medicines the person is taking, including the name of the medicine and its strength, form, dose, how often it is given and where it is given (route of administration).
- known allergies and reactions to medicines or their ingredients, and the type of reaction experienced.

15.12 When the medicine should be reviewed or monitored (as appropriate), any support the person may need to carry on taking the medicine (adherence support) and any special instructions about how the medicine should be taken (such as before, with or after food) should be detailed in care plan and available to the support worker administering medication.

15.13 Other Healthcare Professionals Involved in Care

15.14 Support workers are responsible for the delivery of care to people but cannot be held responsible for the conduct of other healthcare professionals in recording details of the outcomes of their visits. If they are administering medication, they should be encouraged to record the administration on the MAR sheet in line with NICE guidance or keep their administration records centrally with the printed MAR sheets.

15.15 Health professionals who are visiting the Step-up Step-down unit to administer a medicine(s) to people should make their record of administration available to the support worker, if asked by the Step-up Step-down unit. The health professional should also consider seeing the person with the support worker responsible for administering medicines to the person.

Key Points

15.16 Records should:

- be legible.
- be signed by the support worker (recognisable).
- be clear and accurate.
- be factual.
- have the correct date and time of day (some MAR sheets may not specify times but may say morning, lunch, tea-time evening). It may be appropriate to document the time of administration for certain medicines such as analgesics.
- be completed as soon as possible after administration.
- avoid jargon and abbreviations and use only recognized codes as appropriate.
- be easily understood by the person, their family and all support workers and healthcare professionals.

16. Electronic Medication Recording (EMARS)

16.1 Central Bedfordshire Council owned Step-up Step-down units utilise the EMAR electronic medication recording system, all medication held in the home for administration to a person be it PRN, Homely remedies or other 'as prescribed' medicines must be recorded on this system to show receipt of medication, administration or otherwise and medication disposed of to ensure the stock record is at all times accurate.

16.2 The person handling the medication should sign into the medication system ensuring the use of their own personal log in details thus also ensuring that all entries identify correctly who has been responsible for the action taken.

16.3 The stock record on the EMAR system should be used to record all incoming medication and controlled drugs should be recorded in the controlled drugs register. The home will try to not keep more than the stock of medication necessary for current use. Medication should always be kept in its original packaging with the person's name clearly visible.

16.4 Medication should only be administered by a designated, appropriately trained member of staff strictly in accordance with the instructions on individually labelled containers and on the person's medication administration record (EMAR) chart.

16.5 The EMAR chart should contain clear instructions regarding 'prn' medication which is given 'as required' and these should also be recorded in the person's plan of care. The guidance should specify the exact circumstances under which the medication should be given, how often it can be given and in what dose. When PRN medications are not required the code N should be used, this can be achieved by using the not required icon.

Recording 'as required' (PRN) medication

16.6 PRN or medication that is time specific or has a minimal time lapse between doses must have the required time added to the record in the check in page to reduce the risk of overdose.

16.7 Medication that is to be given on specific days must have the dosage calendar activated ensuring that the record accurately shows what day the medication should be administered.

Recording Controlled Drugs

16.8 Controlled drugs should always be double checked by a second suitably trained member of staff. Complex dosage calculations should also be double checked the system will require a double electronic signature for both the preparation and administration of controlled medications and to set dosage calendars.

16.9 When preparing medication to be administered staff must select the appropriate person's record. The system will ensure the appropriate round is highlighted. Staff must follow the system use instructions as per their training, competency checks and as per the EMAR instruction manual when preparing, administering, and recording administration or otherwise on the system.

16.10 Medication being prepared must be scanned if a barcode is present. Barcodes that fail must be reported to pharmacy immediately and a new label requested. Medications that fail to scan may temporarily have the scan function turned off through the medication check in page of the system. This must be reversed as soon as a new label is received.

16.11 Staff must ensure that the actions taken are recorded on the person's medication administration record (EMAR) chart at the time the medicine is given to say that it has been given and taken. When using the EMAR system, the entry will be time stamped.

16.12 Medication must be prepared and then given directly to the person without delay and not stored in a secondary container as an interim measure. Medicines prescribed for one person must never be given to another person. In all cases the identity of each person should be carefully checked before the medicine is given.

16.13 A person has the right to refuse medication and their decision should be respected. Refusal must be recorded in the person's plan of care as well as on their EMAR chart using the code A. Staff must ensure that an appropriate comment is made before the system will record a refusal. Medical advice should be sought if refusal to take medication constitutes a risk to the person.

16.14 Staff administering medication should always take time to ascertain and respect any individual preferences and wishes that a person may have regarding their medicines. For example, a person may prefer care from a same sex worker or may prefer to take their medication at certain times, preferences like these should be clearly noted in the care plan and a note added to the EMARX system, ensuring this is highlighted each time staff enter the records for that person. All administration of medicines, particularly ointments and creams or medications administered by specialised techniques, should take place with full respect for the autonomy, choice, dignity, and privacy of the person.

16.15 When the system is not in use it must be fully closed down, following being synced to ensure all records are up to date.

16.16 At the end of a drug round prior to shut down staff must check that the full round has been completed by using the dashboard to ensure 100% compliance with recording. In the case of 100% compliance the pie chart will show fully green. In the event this is not the case staff must return to the round to identify where the non-compliance is. If the non-compliance can be amended this action should be taken. If non-compliance is due to error the error reporting procedure must be followed. System errors must have a ticket raised directly with Omnicell and a record of the ticket number kept and shared with the manager.

17. Disposal

17.1 Central Bedfordshire Council has a contract with a specialist medical waste collection provider. Collection of medical waste takes place on a 4-weekly basis.

17.2 Care providers should keep records of medicines (including controlled drugs) that have been disposed of; or are waiting for disposal. Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy. Controlled drugs must be handed separately to the community pharmacy or dispensing doctor.

17.3 Following the death of a person, all medicines should be retained for seven days in case The Coroner's Office or courts require them.

18. Dealing with Significant Event Involving Medicines

18.1 Significant events involving medication are not just around administration errors. It is also significant if medication is not available for administration and if there has been a prescribing or dispensing error. Whilst these are not the responsibility of the Step-up Step-down unit they must be reported for investigation.

18.2 Medication incidents may involve incorrect administration, omitted doses, and duplicated doses, administration of discontinued medication and medication being lost or stolen amongst many other issues.

18.3 As soon as error is identified the home manager must be informed immediately with details of the person concerned, the nature of the error and the actions taken to ensure the safety of the person.

18.4 If an incorrect medicine has been administered, the home manager will contact the prescriber or pharmacist for advice on the effects of the incorrect administration and whether the correct medication should be given if it has not been given already. If the incident occurs outside pharmacy/surgery opening hours the out of hours GP service should be contacted for advice.

18.5 The home manager will ensure that an internal incident report form is completed and a Safeguarding alert SV1 form submitted to Safeguarding team if appropriate in line with local Safeguarding Adults policy and Medication Risk Assessment Flow chart (See appendix 5). Where a procedural problem is identified as a risk, procedures should be reviewed. (See appendix 4 for an example of an incident reporting form.) If the incident involves issues with primary care healthcare professionals liaise with appropriate organisation otherwise ensure that internal procedures are followed.

18.6 The incident should be recorded and kept in the person's care plan.

18.7 It is important that the support worker establishes the cause of the incident and procedures may need to be reviewed to reduce risks of a repeated incident. Any incidents should be regarded as a learning process and should be shared with all support workers to raise awareness of safety issues.

18.8 Any queries or concerns on the part of support worker relating to medication should immediately be referred to the Step-up Step-down unit manager or to a GP or pharmacist. All

drug errors must be reported to the manager and to a responsible medical practitioner without delay. Medication errors must be analysed on the medication error form.

19. Safeguarding Adults

19.1 Any abuse or neglect in the administration of medication (including covert administration not authorised by a healthcare practitioner), is viewed as neglect under the Bedford Borough, Central Bedfordshire and Luton Multi Agency Protocol for Safeguarding Adults and should be reported to Adult Services in line with safeguarding procedures.

20. Transfer of Care

20.1 Providers of health or social care services should have processes in place for sharing, accurate information about a person's medicines, including what is recorded and transferred when a person moves from one care setting to another (including hospital).

20.2 Health and social care practitioners should check that complete and accurate information about a person's medicines has been received, recorded, and is acted on after a person's care is transferred from one care setting to another.

20.3 Commissioners and providers of health or social care services should ensure that the following information is available for medicines reconciliation on the day that a person transfers into or from a Step-up Step-down unit:

- person's details, including full name, date of birth, NHS number, address, and weight (for those aged under 16 or where appropriate, for example, frail older person).
- GP's details.
- details of other relevant contacts defined by the person and/or their family members or Carers (for example, the consultant, regular pharmacist, specialist nurse).
- known allergies and reactions to medicines or ingredients, and the type of reaction experienced.
- medicines the person is currently taking, including name, strength, form, dose, timing, and frequency, how the medicine is taken (route of administration) and what for (indication), if known.
- changes to medicines, including medicines started, stopped or dosage changed, and reason for change.
- date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines).
- other information, including when the medicine should be reviewed or monitored, and any support the person needs to carry on taking the medicine (adherence support).
- what information has been given to the person and/or family members or Carers.

20.4 On occasion the person may go into hospital, planned or unplanned. Any person going into hospital should ideally take their medication with them if they are in original manufacturers' packs together with a copy of the MAR sheets and any other administration records – EMAR records will be printed from the system when required.

20.5 People recently discharged from hospital are at a higher risk of administration errors due to changes in medication. If a support worker notices a discrepancy or change in medication

after a person has been discharged from hospital, the home manager should be contacted, and the pharmacist or GP contacted for clarification as soon as possible. Efforts should be made to clarify medication using the discharge letters but if they are not clear it may be necessary to contact the hospital ward. Clinical decisions involving medication should not be made by non-clinical staff where a person can be at risk, so the advice of a healthcare professional is essential.

20.6 The support worker should check arrangements have been made for any new prescription needed following changes in medication.

Social Leave

20.7 People must be supported to manage their medication at times when the support worker are not responsible for their care. This may be for visits to day care centres, days out with relatives or extended periods of time such as a weekend.

20.8 Secondary dispensing is not safe practice and will not be carried out. Alternative options for medication management during social leave include:

- Family or friends taking over interim care are supported to remove the medication from the Step-up Step-down unit in a way which is most suitable for them. This must be documented in the care plan. The Step-up Step-down unit must ensure that relatives are responsible for this process as the support worker cannot be accountable for secondary dispensing.
- Pharmacists may support packing medication for day centres or other social leave in separate labelled containers. They have no obligation to do this but may support the home in some cases if requested.
- The whole supply of medication professionally labelled is handed over to the interim support. This must be signed for and an agreement made to return the unused medication back to the home on return of the person.

20.9 It is recommended that all quantities of medication are signed for by the receiving person and signed back in by the support worker on return.

20.10 Care providers should ensure that the following information is given to the person and/or their family members or Carers when the person is temporarily away from the Step-up Step-down unit:

- the medicines taken with the person.
- clear directions and advice on how, when, and how much of the medicines the person should take.
- time of the last and next dose of each medicine.
- a contact for queries about the person's medicines, such as the Step-up Step-down unit, supplying pharmacy or GP.

Respite Care

20.11 Even though a person is staying at a home for a short interval the same processes must be followed to ensure that the person’s needs are met safely and efficiently.

20.12 It is also essential that self-administration is supported wherever possible, and that medication is returned to the person on returning to their permanent home:

- All medicines brought into the home will be counted and recorded on a MAR sheet.
- Evidence of the current list of medication ideally in the form of the prescription repeat slip but confirmation from the GP should be obtained at the first opportunity.
- People that use respite care should Ideally bring enough medication for the duration of the stay or at least 1 week supply of medication if this is not possible.
- The medication must be supplied in professionally labelled containers with clear directions for each medication. Family filled medication boxes/ dosette boxes cannot be used unless the person is self-administering.
- If support workers are required to administer anything which hasn't been prescribed such as vitamin supplements, evidence should be provided that this has been approved by the G.P.

21. Implementation and Monitoring

21.1 A key factor in implementing the policy is to ensure that all those involved in meeting the healthcare needs of persons receive appropriate training and on-going support to meet these needs.

21.2 It is recognised that people are cared for in a variety of settings. It is essential that the training is structured, but sufficiently flexible to reflect the differing ways in which needs are met and adapt to meet changes as they occur.

21.3 Induction training will be delivered when a member of staff joins the service. Specialist and on-going training will be provided on a one-to-one basis to meet the individual needs of the person. Healthcare professionals will provide the specialist training required administering medication. All Step-up Step-down units are required to develop internal standard operating procedures to implement the policy and review its on-going application in practice by staff to reflect the requirements of the people who use the service.

21.4 Step-up Step-down unit must internally audit processes that is recorded which can demonstrate that support workers are adhering to processes within the policy. Completed EMAR sheets and daily records should be regularly audited before archiving and any issues identified addressed with staff to reflect the requirements of people who use the service. Audits should assist in improving safety and care for people and should include:

- a check of coding and completion of EMAR sheet for accuracy and at time of administration.
- a review of regular administration of a "prn" medication to check understanding with the support worker or review with healthcare professional.
- a reflection of all medication issues coded on EMAR sheet such as refusal, swallowing difficulties, no medication available etc. on the Daily Record and EMAR system.
- checking the timeliness of the support worker reporting problems to home managers for discussion with healthcare professionals as detailed in this policy, such as regular refusal, accumulation of medication etc.

21.5 Step-up Step-down unit audits will be undertaken by the Home Manager or Operations Manager.

22. References

This SOP has been reviewed with reference to the guidance below:

Nice Guidance NG5 Medicines Optimisation.	Overview | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE
NICE Guidance - Medicines management in care homes: quality standard qs85, March 2015.	Overview | Medicines management in care homes | Quality standards | NICE
Nice Guidance – People's experience in adult social care services: improving the experience of care and support for people using adult social care services.	People's experience in adult social care services: improving the experience of care and support for people using adult social care services (nice.org.uk)
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23. Appendices

- Appendix 1: Protocol for PRN Medication Administration
- Appendix 2: Self-Administration Assessment Form
- Appendix 3: Medication Incident Report

- Appendix 4: Medication Risk Assessment Flow Chart
- Appendix 5: Care Home Medication Audit
- Appendix 6: Competency Assessment Form Medication Administration
- Appendix 7: eMAR Competency Framework for agency staff