



Medication Policy

Revised March 2013

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Covert Medication

Care home name: The Wellbeing Residential Group

Background

With respect to the prescribing, supply, storage and administration of medicines, this home adheres fully to the new outcomes Essential Standards of Quality and Safety which consists of 28 regulations and its associated outcomes. They are set out by Health and Social Care Act 2008 for regulated activities.

For the purposes of this policy the Wellbeing Residential Group understands covert medication to refer to medication which is given when a service user is unable to give consent because they cannot understand what they are being asked, and their GP or doctor thinks that their condition would be improved with the medication. The Wellbeing Residential Group understands that this represents a difficult and complex ethical area which needs to be approached with sensitivity and care.

Policy

Within the Wellbeing Residential Group, medication should always be administered on a consenting basis with the full agreement and understanding of the service user and their relatives wherever possible. However, the Wellbeing Residential Group does recognise that there may occasionally arise exceptional circumstances where a service user, by virtue of their mental state or frailty, is unable to give that consent, despite the best efforts of staff to obtain it. In such situations the Wellbeing Residential Group accepts that the administration of medication without the service users consent may be necessary where the service users GP advises that the medication is in their best interests.

Therefore, within the Wellbeing Residential Group, covert medicines should only be administered according to NMC guidelines for covert medication administration as follows:

1. All medication should be administered with the full knowledge and consent of service users wherever possible, and every effort should be made by staff to obtain that consent.
2. Covert medication should only ever be seen as a last resort and as an emergency procedure, rather than routine, and care staff should discuss the case with the service user's GP and relatives and obtain their written consent and approval prior to any covert administration of refused medication. The decision to administer medication covertly must never be considered as routine.
3. All cases must also be discussed fully with the pharmacist prior to administration.
4. Where service users can make a decision, refusal of treatment should be respected.
5. An assessment of mental capacity, as specified in the Mental Capacity Act 2005, should always be completed before the use of covert medication is considered. Those who are shown to have mental capacity and still refuse a medication should have their refusal respected. All service users should be presumed to have the mental capacity to consent or refuse treatment, unless they:
 1. are unable to take in and retain information
 2. are unable to believe that information
 3. are unable to weigh-up the information as part of a decision-making process.
6. Any decision to administer medication in a covert way must be recorded in the relevant service user's plan and all details of medication administered in this way must be recorded in the service user's records and in their medication records.

7. Only medication which is considered essential for the patient's or client's health and well being, or for the safety of others, should be considered for administration in a covert way.
8. The method of administration of medicines should be agreed with the pharmacist and all such cases should be regularly reviewed with the service user's GP, pharmacist and relatives.
9. Staff should never crush tablet or capsule medication and mix it in with food or drink in order to administer it unless told they may do so by a pharmacist. This practice is potentially dangerous and may alter the properties of the tablet or capsule causing the resident to absorb the medication quicker than intended and suffer side effects. Staff should seek the professional guidance of the pharmacist linked to the home who is in the best position to advise on the suitability of methods of administration and the advice should be documented in the care plan.

It is important to stress that within the Wellbeing Residential Group the covert administration of medication should only ever be an absolute last resort and performed in exceptional circumstances, if at all, and with the service user's best interests in mind at all times. Medication should never be administered in a covert way merely for the convenience of staff or of the Wellbeing Residential Group. Any abuse of the procedure will be viewed by the Wellbeing Residential Group as professional misconduct and as a serious disciplinary matter.

Signed: _____

Date: _____

Policy review date: _____

Domestic Medicines

Care home name: The Wellbeing Residential Group

With respect to the prescribing, supply, storage and administration of medicines, this home adheres fully to the new outcomes essential standards of quality and safety which consists of 28 regulations and its associated outcomes. They are set out by the Health and Social Care Act 2008 for regulated activities.

Guidelines for the Administration of Medicines

The Wellbeing Residential Group understands a domestic medicine to refer to a medicine that can be bought over the counter to treat minor symptoms for short periods only (eg headache, cough, indigestion). It is the policy of the Wellbeing Residential Group that a small supply of such remedies from a limited approved list may be kept as stock for use as required on a short term basis, provided that written permission is first obtained from a service user's GP, or from a GP practice clearly stating which medicines are considered acceptable and for how long they can be given.

All domestic medicines should be:

- stored in a locked medicine cupboard or medicine trolley
- administered by qualified staff or designated persons only in accordance with advice given on the information sheet included with each medicines
- entered in a stock record book and have a marked expiry date
- only given on a short term basis, no service user being given any one domestic medication for more than [insert number] consecutive days without seeking the advice of the service user's GP.

Within the Wellbeing Residential Group, domestic medicines relate only to medicines from the following list:

It is the policy of the Wellbeing Residential Group to keep this list as small as possible and new medications should only be added by agreement with a GP and pharmacist. Where a service user or their relatives requests the use of a remedy not on the domestic medicines list, the request should be referred to the service user's GP.

Staff should be aware of the possible side effects of all medications on the domestic medicines list and watch out for such side effects in any service user using domestic medicines, whereupon medical advice should be sought immediately. The Wellbeing Residential Group staff should also note whether a GP has excluded any service user from receiving any domestic medicine.

Signed: _____

Date: _____

Policy review date: _____

Medication

Care home name: The Wellbeing Residential Group

Policy Statement

With respect to the prescribing, supply, storage and administration of medicines, the Wellbeing Residential Group fully adheres to the new outcomes essential standards of quality and safety which consists of 28 regulations and its associated outcomes. They are set out by the Health and Social Care Act 2008 for regulated activities.

Procedures Regarding Medication

1. The Wellbeing Residential Group believes that every service user has the right to manage and administer their own medication if they wish to and will provide support and aids to enable safe self-administration wherever possible. However, to ensure their safety, and the safety of other residents, all service users will be assessed on a regular basis and will only be considered for self-administration if considered safe to do so. Records will be kept of all medication prescribed to service users who self-administer and a secure area will be provided in the service users room for the storage of self-administered medication, including non-prescription and alternative remedies.
2. All medication within the home must be safely stored away, including non-prescription medication, alternative remedies and self-administered medication. A lockable metal drug cabinet and a lockable trolley are provided for this purpose. The keys to the cabinet and trolley should always be kept by the appropriate trained staff member. Neither the cabinet or trolley should ever be left unlocked or unattended at any time and when not in use the trolley should be secured to the wall. A lockable fridge is also provided for medication that needs to be kept cool. The temperature in this fridge should be regularly monitored. The normal food fridge should not be used to store medication.
3. All incoming medication should be recorded in the stock record. Controlled drugs should be recorded in the controlled drugs register. Incoming medication without a clear label stating name of patient, name of medication, expiry date, strength, dose, frequency of administration, start and finish times, should be referred to the community pharmacist. Stock should be checked weekly by the nurse in charge with particular attention paid to expiry dates. Medication should always be kept in its original packaging with the service users name clearly visible.
4. Medication should be administered by a designated, appropriately trained member of staff.
5. A separate record should be kept for each service user which should be signed and dated by a qualified prescriber. Staff should carefully check the identity of each service user to ensure that the correct record is being used and that the correct medication is being given to the correct person. Staff should also check the medication name, the strength of the medication, the dosage instructions and the expiry date. Controlled drugs should always be double-checked by a second suitably trained member of staff. Complex dosage calculations should also be double-checked.
6. All drug errors must be reported to the employee in charge or to a responsible medical practitioner without delay.
7. Staff should always be aware of the medication being taken by individual service users and should report any change in condition that may be due to medication or side-effects immediately to the nurse in charge. The nurse in charge should then discuss the case with the prescriber, with another prescriber or with the community pharmacist.

8. All unwanted or surplus medication should be returned to the community pharmacist for disposal and a receipt obtained. When a service user dies all their medicines should be retained for at least seven days before disposal.
9. All staff will be offered training to National Training Organisation standards covering basic information about common medicines and how to recognise and deal with medication problems. Staff will be expected to keep themselves up to date as specified in the NMC Guidelines for the Administration of Medicines. Additional training will be offered to those fulfilling the Designated Person role.

Signed: _____

Date: _____

Policy review date: _____

Non-Compliance with Medication

Care home name: The Wellbeing Residential Group

Most residents in care homes are prescribed some form of medication at some time as part of their treatment by their doctor or nurse. The Wellbeing Residential Group believes that the correct and effective administration of such medication is essential for the health and well being of its residents and, in this regard, the Wellbeing Residential Group believes that it is an important part of the care given by the home that self-medicating residents are enabled to take their medication as prescribed and that non-self-medicating residents are administered their medication by staff effectively and as prescribed.

However, the Wellbeing Residential Group also understands that there are circumstances whereby some residents may fail to comply with their prescribed treatments, self-medicating residents failing to take their medication as directed or non-self-medicating residents refusing their prescribed medication, or failing to swallow it and then disposing of it. In such cases the Wellbeing Residential Group is clear that it has no right to force non-compliant residents to take their medication but that it does have a duty to monitor non-compliance and refer all such cases back to the original prescriber, to the service user's GP and/or to the service user's nurse or key worker.

With respect to the prescribing, supply, storage and administration of medicines, the Wellbeing Residential Group adheres fully to the new outcomes essential standards of quality and safety which consists of 28 regulations and its associated outcomes. They are set out by the Health and Social Care Act 2008 for regulated activities.

Use of Oxygen

Care home name: The Wellbeing Residential Group

Policy Statement

The Wellbeing Residential Group believes that every service user has the right to receive oxygen therapy within the home if prescribed for them. The Wellbeing Residential Group will ensure that such oxygen therapy will be administered or supervised by suitably qualified staff and that oxygen cylinders and equipment will be kept and maintained in such a way as to be compliant with all relevant health and safety legislation and guidelines.

With respect to the prescribing, supply, storage and administration of oxygen, the Wellbeing Residential Group adheres fully to Standard 9: Medication of the National Minimum Standards for Care Homes for Older People, the Medicines Act 1968, The Misuse of Drugs Act 1971, The Misuse of Drugs (Safe Custody) Regulations 1973 and the Nursing & Midwifery Council Guidelines for the Administration of Medicines.

Aim of the Policy

This policy is intended to set out the values, principles and policies underpinning the Wellbeing Residential Group's approach to oxygen therapy.

Within the Wellbeing Residential Group:

1. oxygen therapy should only be administered or supplied on prescription
2. oxygen therapy should only be administered by suitably qualified and trained care staff
3. oxygen should be administered as prescribed and full details recorded in each service user's notes
4. in each case advice and support relating to oxygen administration can be obtained either from the resident's GP or the specialist community team who prescribed the oxygen.
5. service users may be able to self-administer oxygen only after an appropriate assessment has been carried out and a suitable entry placed in the service user's notes - suitably trained, designated care staff will be provided to support self-administering service users
6. the Wellbeing Residential Group will work with the relevant Home Oxygen Therapy Service to ensure that suitable oxygen supplies are provided and are kept in serviceable condition
7. records will be kept of all oxygen supplies received, administered and leaving the Wellbeing Residential Group to ensure that there is no mishandling
8. all staff handling oxygen should ensure that all health and safety requirements are complied with at all times; oxygen in the custody of the home will be handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society of Great Britain, the requirements of the Misuse of Drugs Act 1971 and all nursing staff will abide by the NMC Standards for the administration of medicines.

Maintenance of oxygen cylinders and equipment is the responsibility of the Home Oxygen Service. In the Wellbeing Residential Group the relevant Home Oxygen Service provider is 0

Safety Procedures

Oxygen presents a considerable risk of explosion or fire and should therefore be handled with great care and according to guidelines from the Health and Safety Executive. When using or storing oxygen cylinders care home staff should:

- complete a risk assessment for each resident to minimise the risks associated with the storage and use of oxygen
- ensure that when not in use oxygen cylinders are turned off and kept in a dry, secure, well ventilated area well away from sources of combustion
- display warning notices
- inform emergency service personnel about the oxygen cylinder storage areas
- never allow untrained persons to operate or tamper with oxygen cylinders and equipment
- never let a concentration of oxygen build up in a confined area
- never use oxygen near any naked flame or fire or smoke in the vicinity of oxygen cylinders or equipment
- always handle cylinders with care and never to knock or allow cylinders to fall over.

In the event of accidental release of oxygen from a cylinder staff should:

- evacuate the area
- ensure adequate air ventilation
- eliminate ignition sources
- post warning notices, including No Smoking
- try to stop release and notify manufacturer or supplier as soon as possible.

Medical Gas Data Sheets should be obtained from the relevant Home Oxygen Service provider. These should be kept in a safe place and used to provide information for risk assessments.

Training

All new staff should be encouraged to read the policy on oxygen as part of their induction process and to be trained to remember that oxygen is potentially dangerous and will strongly support combustion. Existing staff will be offered training covering basic information about health and safety and oxygen. Care staff will be offered appropriate skills training or refresher courses in use of oxygen therapy as identified in appraisal or learning plans and as dictated by their need for continuous professional development.

Signed: _____

Date: _____

Policy review date: _____