



HWCGS Care (T/A Segal Gardens)

436 Fleet Lane, Parr, St Helens, nr Liverpool, Merseyside, WA92NH



Review Sheet

Last Reviewed
16 Dec '19Last Amended
16 Dec '19Next Planned Review in 12 months, or
sooner as required.

Business impact

**MEDIUM IMPACT**Changes are important, but urgent implementation is not
required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy describes the approach to managing medication safely. It is part of a suite of medication management policies and must be read with the other policies. This policy has been amended to highlight that Care Workers must record the medicines support given to a person for each individual medicine on every occasion, in line with Regulation 17 of [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#). This includes details of all support for prescribed and over-the-counter medicines, such as reminding a person to take their medicine, giving the person their medicine and recording whether the person has taken or declined their medicine. The policy now includes that a MAR must be used to record verbal reminders or physical assistance and the suggested code of V and P be used on the MAR.

Relevant legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Control of Substances Hazardous to Health Regulations 2002
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- The Pharmacy Order 2010
- Data Protection Act 2018
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012



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<p>Underpinning knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none">• Author: National Institute for Health and Care Excellence, (2014), <i>Managing medicines in care homes - Social care guideline [SC1]</i>. [Online] Available from: https://www.nice.org.uk/guidance/sc1 [Accessed: 2/12/2019]• Author: Care Quality Commission, (2009), <i>Managing patients' medicines after discharge from hospital</i>. [Online] Available from: https://webarchive.nationalarchives.gov.uk/20101122140156/http://www.cqc.org.uk/db/doc [Accessed: 2/12/2019]• Author: National Institute for Excellence in Care and Health, (2014), <i>Checklist for health and social care staff developing and updating a care home medicines policy</i>. [Online] Available from: https://www.nice.org.uk/guidance/sc1/resources/checklist-for-care-home-medicines-policy-pdf-13716829 [Accessed: 2/12/2019]• Author: CQC, (2018), <i>Medicines: information for adult social care services</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services [Accessed: 2/12/2019]• Author: Royal Pharmaceutical Society, (2018), <i>Professional guidance on the safe and secure handling of medicines</i>. [Online] Available from: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines [Accessed: 2/12/2019]• Author: Royal Pharmaceutical Society, (2018), <i>Professional Guidance on the Administration of Medicines in Healthcare Settings</i>. [Online] Available from: https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567 [Accessed: 2/12/2019]
<p>Suggested action:</p>	<ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App• Add the policy to the planned team meeting agendas• Ensure relevant staff are aware of the content of the whole policy

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**1. Purpose**

1.1 To outline key points and responsibilities regarding medication management. This policy and procedure must be used with the individual, specific medication policies and procedures at HWCGRS Care (T/A Segal Gardens) to support best practice. Any local medication policies or procedures will be appended to this suite of policies.

1.2 To support HWCGRS Care (T/A Segal Gardens) in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.3 To meet the legal requirements of the regulated activities that HWCGRS Care (T/A Segal Gardens) is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | Control of Substances Hazardous to Health Regulations 2002
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | The Hazardous Waste (England and Wales) Regulations 2005
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Health and Safety at Work etc. Act 1974
- | Human Rights Act 1998
- | Medical Act 1983
- | Medicines Act 1968
- | The Human Medicines Regulations 2012
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Misuse of Drugs Act 1971
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2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Representatives
- | Commissioners
- | External health professionals
- | Local Authority
- | NHS



3. Objectives

3.1 To maintain the health, safety and independence of Service Users by supporting them to take prescribed medication at the correct time and in the correct way as part of an individualised plan of care.

3.2 To provide a safe framework for the Care Worker to work within when assisting the Service User with medication.

3.3 To reduce the risk of medication errors and incidents and to help prevent unnecessary admissions to hospital.

3.4 To ensure Care Workers work within their Code of conduct.

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**4. Policy**

4.1 HWCGS Care (T/A Segal Gardens) understands the importance of providing safe, reliable care and treatment in relation to medication management.

4.2 The Service User will be treated as an individual at all times, respecting their dignity, privacy, independence, choice and control.

4.3 HWCGS Care (T/A Segal Gardens) recognises the importance of staff training and supervision and will ensure that all staff involved in medication management are well trained and competent to perform the activities within the remit of their roles and in line with the Medication Management Training Policy and Procedure.

4.4 This policy challenges discrimination based on age, gender, disability, sexuality, faith, religion, culture, ethnic or national origin, transgender or marital status.

4.5 Medicines remain the property of the Service User to whom they have been prescribed. They will not be shared with others or used on a temporary basis if another person living at HWCGS Care (T/A Segal Gardens) runs out of the same item.

4.6 All staff will follow the 6 Rights of Medication to ensure the safety and well-being of the Service User.

4.7 Roles and Responsibilities of Staff - The Registered Manager is responsible for:

- | Ensuring that a mental capacity assessment forms part of person-centred Care Plans and that consent to support medication is obtained
- | Ensuring that, where best interest decisions are required, this is done in collaboration with others involved in the Service User's care and is recorded and shared with relevant staff
- | Ensuring that capacity in relation to the management of medication is reviewed regularly
- | Ensuring that, for people who transfer into HWCGS Care (T/A Segal Gardens), their medicines are listed by the home on the day that they transfer, or as soon as possible after admission and that the Ordering and Receipt of Medication Policy and Procedure at HWCGS Care (T/A Segal Gardens) will be followed
- | Ensuring that medication reviews are part of, and align with, the Service User's care and treatment assessments, plans or pathways and that they are completed and reviewed regularly when their medication changes
- | Ensuring that regular medication reviews take place which involve the wider multidisciplinary team where appropriate, in line with the Auditing and Monitoring of Medication Policy and Procedure at HWCGS Care (T/A Segal Gardens)
- | Ensuring that all Care Workers involved in medication management are trained, assessed and competent to perform the activities required of them within their role
- | Ensuring that policies and procedures are in place that comply with current legislation and guidance for medicines administration including:
 - | Supply and ordering
 - | Storage, dispensing and preparation
 - | Administration
 - | Disposal
 - | Recording
- | There is a culture that allows staff to report incidents. To achieve this, there should be systems to support:
 - | Clear incident reporting
 - | Investigations of incident reports to decide whether to offer training to an individual or review existing procedures
 - | Simple and regular audits of how things work
 - | Reporting of serious incidents to the regulatory body and compliance with the Duty of Candour
 - | Whistleblowing

4.8 Roles and Responsibilities - The Care Worker is responsible for:

- | Ensuring that they only administer medicines that they have been trained to give

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- | Taking responsibility for ensuring that their actions are carried out carefully, safely and correctly following the 6 Rights of Administration
- | Being aware of their responsibilities if the Service User refuses to take their medicines
- | Remaining up to date and participating in any training and supervision sessions
- | Reading and following the policies and procedures at HWCGS Care (T/A Segal Gardens), and seeking guidance if there are any areas of misunderstanding before supporting the Service Users with medication management
- | Reporting any concerns to their line manager as soon as they arise

4.9 Consent and Mental Capacity

- | When assessing the Service User's requirements and agreeing their Care Plan, consideration will be given to the Service User's mental capacity and ability to give informed consent
- | The Care Worker will be guided by the principles of the Mental Capacity Act and the policies on Consent and Mental Capacity at HWCGS Care (T/A Segal Gardens)
- | Consent will be obtained for important aspects of Service User care and support, including medication
- | A record of a Service User's informed consent will be made in their care record
- | The Service User will be deemed to have the mental capacity to make decisions about their care unless there is an indicator that they are unable to make decisions relating to their medication. Where an indicator exists that a Service User may not have the capacity to make decisions about their medication, HWCGS Care (T/A Segal Gardens) will ensure that:
 - | An assessment is completed in line with the Mental Capacity Act 2005 and, where required, a best interest decision will be recorded in the Service User's care record
 - | HWCGS Care (T/A Segal Gardens) recognises that Service Users in HWCGS Care (T/A Segal Gardens) should have the same opportunities to be involved in decisions about their treatment and care as people who do not live in care homes, and that Service Users will get the support they need to help them to take a full part in making decisions

4.10 Protected Characteristics and Medication Management

HWCGS Care (T/A Segal Gardens) will ensure that protected characteristics are considered when managing medicines. This includes the Service User's cultural and religious requirements, which will be fully and carefully considered and may include but not be limited to:

- | Vegetarians and people from some religious groups who do not want gelatin capsules, or animal insulin (made from animal products)
- | Having medicines given to them by people of the same gender
- | The administration of medicines during religious festivals, including fasting
- | Medicines including 'unclean' substances

4.11 Confidentiality and Information Sharing

- | Information regarding a Service User's medication and health must be treated confidentially and respectfully
- | All records must be stored securely where they cannot be accessed by unauthorised persons
- | Information about a Service User will only be disclosed with that person's consent, unless HWCGS Care (T/A Segal Gardens) is legally obliged to share the information
- | Any information shared must be relevant, necessary and proportionate
- | If the Service User agrees, relevant information about them can be shared with their relatives or nominated representatives
- | The agreement for sharing information will be documented in the Care Plan
- | Information will be shared with the health and social care professionals involved in the direct care of the Service User where it is needed for the safe and effective care of the individual, unless the Service User has refused to share the information
- | The Service User's refusal will be documented in their Care Plan and the Care Worker will ensure that the person is aware that such a refusal may compromise their safety if relevant information is not shared

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- | If a Service User attends an appointment with a healthcare professional outside of the home, it is important that information is available to that healthcare professional, unless the Service User has refused consent
- | This information will be given by the Service User themselves, wherever possible. However, the Care Worker should ensure that the Service User (or the person accompanying them, if appropriate) has with them a copy of the current medication administration record (MAR) or is provided with the same details in another written form

**5. Procedure****5.1 The Outcome of the Medication Assessment is to Determine:**

The support needs of the Service User from the options:

- | Able to self-manage without assistance (self-caring);
- | Able to self-manage with the use of administration aids;
- | Requires full or partial administration assistance (including the use of verbal reminders, sometimes referred to as prompts);
- | Requires administration by specialised technique.

5.2 Confirmation of what medication support is required

- | HWCGS Care (T/A Segal Gardens) is responsible for agreeing on the **medication support required** and ensuring that the appropriate record keeping and training needs are met
- | The Service User's Care Plan will require review as needs change

5.3 Self-Managed

- | This type of intervention is when the Service User is assessed as having the mental capacity and physical ability to be able to fully undertake the medication process and therefore needs no assistance from the Care Worker
- | Support will be provided for the Service User to understand the medication process and encourage them to self-manage their medication
- | The Medication Administration Record (MAR) does not need to be completed
- | No assistance in any form must be given with any stage of the medication process
- | This is for any prescribed or over-the-counter medication in any form (e.g. tablet, capsule, liquid, drops, spray, cream) and covers medication:
 - | Supply
 - | Storage
 - | Preparation
 - | Administration
 - | Disposal
- | Where any support is provided by the Service User's family, etc. then this must be detailed in the Care Plan
- | The risk assessment must detail how medicines will be safely stored for the Service User to remain self-managing
- | Service Users must be encouraged to seek regular medication reviews from their GP
- | In order to protect the safety of the Service User and others, it is essential to assess the Service User's ability to manage their medications independently and safely. This assessment must include the following:
 - | Whether the Service User wishes to self-manage
 - | Identification that the Service User knows the medication they are taking, what it is for and how and when to take it
 - | Understanding of how important it is not to leave the medicines lying around where someone else may take them accidentally

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- | The assessment and documentation will be stored in the individual Service User's Care Plan and a copy held with the Service User's medication record when a Service User is self-managing. This will help to remind staff of the need to monitor any associated risks
- | Where HWCGS Care (T/A Segal Gardens) is responsible for ordering a Service User's medication and the Service User is self-managing, the Service User will need to keep an accurate list of the medication to ensure accurate reconciliation and support safe self-administration. The Ordering and Receipt of Medication Policy and Procedure at HWCGS Care (T/A Segal Gardens) must be followed

5.4 In Addition to Self-managed, there are Three Types of Medication Administration Support that may be Required:

- | Assisting with medication administration to support self-management;
- | Administering medication;
- | Administering medication using specialised technique after receiving further training.

5.5 HWCGS Care (T/A Segal Gardens) provides assistance that enables self-medication

- | This can involve physical assistance from staff, such as opening medication from packaging, as long as the Service User directs the Care Worker
- | The Service User must have been assessed as having the mental capacity to manage their own medication
- | The assistance from staff will not involve the Care Worker choosing or selecting medication for the Service User
- | Where a person chooses to self-manage, HWCGS Care (T/A Segal Gardens) will record this on the Care Plan
- | When the Care Worker either provides physical reminders or verbal assistance this must be recorded on a MAR to evidence that the support has been provided. Where MAR records are supplied by external providers the reference V for Verbal Reminder will be used and P for Physical Assistance will be used. This reference coding must be clearly communicated to all staff involved in Medication Management
- | Where there is a risk to others, for example in a shared space, a risk assessment needs to be completed, if necessary
- | If staff identify a change that indicates it may no longer be safe for the Service User to self-manage, then staff must consult with the Service User's GP to determine if:
 - | The status is short-term or long-term
 - | The person requires a medication review
 - | Any new procedures are required in light of the information obtained from the above
- | HWCGS Care (T/A Segal Gardens) recognises that there may be situations where people are keen to look after some medicines and not others. An example is when a person keeps an inhaler for immediate use but prefers the Care Worker to look after tablets and liquid medicines
- | Self-management does not have to be all or nothing; an assessment must be undertaken with the person and documented in the Care Plan
- | Where the Service User is self-managing, but the Care Worker is required to give occasional verbal reminders or physical assistance under the direction of the Service User, a record of this assistance or the reminder must be made on the MAR
- | A persistent or increasing need for a reminder may indicate that a Service User does not have the ability, or the wish, to take responsibility for their own medicine and this must trigger an urgent review of the Service User's Care Plan. The Registered Manager will be informed at all times
- | The term 'prompt' will not be used in the Care Plan as this does not clearly define the activity the Care Worker is required to undertake. 'Verbal Reminder' or 'Physically Assist' gives a clearer indication of the type of support required of the Care Worker

5.6 Administration by Care Staff: Care staff take responsibility for administering medication

The Service User will have been assessed as requiring care staff to administer medication possibly due to impaired cognitive awareness, sensory disability or through physical disability or their expressed wish.

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- | Staff administering medication must be trained and assessed as competent to administer medication
- | Consent must be obtained prior to administering medication
- | The Care Worker must follow the 6 Rights of Medication Administration
- | The Medication Administration Record (MAR) must include all prescribed medicines. Staff will be aware of the Recording the Administration of Medication Policy and Procedure at HWCGS Care (T/A Segal Gardens)
- | Medication must never be secondary dispensed (potted up) for someone else to administer to the Service User at a later time or date or for the Service User to take at a later time
- | It is essential that the person who administers the medicine refers to the MAR at the time of administration and does not sign the MAR until after the medication has been administered and they are certain it has been taken
- | A record must be made if the medicine is refused or not administered, including the reason why
- | The local policy will dictate the codes used on the MAR and staff administering must be aware of the codes. This includes the codes for Physical and Verbal Assistance
- | If errors occur or are identified, the Medication Errors and Near Misses Policy and Procedure at HWCGS Care (T/A Segal Gardens) must be followed
- | The Care Worker will only administer medication from original packaging or pharmacy filled dosage systems or compliance aids. The Care Worker will not administer from family filled compliance aids

5.7 Administration by Specialist Technique - The Care Worker administers medication by specialist technique

These types of medicines will normally be administered by a healthcare professional. However, if appropriate, a healthcare professional may delegate these tasks to named Care Workers provided that:

- | They agree this with the Registered Manager;
- | The healthcare professional personally provides the required extra training and is satisfied that the Care Workers are competent.

The following activities are usually considered to be specialised techniques, although this list is not exhaustive and is dictated by St Helens policy:

- | Rectal administration, e.g. suppositories, enemas;
- | Buccal administration;
- | Administration into the vagina, e.g. pessaries;
- | Any injections;
- | Nasogastric administration;
- | Administration through a Percutaneous Endoscopic Gastrostomy (PEG), including PEG feeds;
- | Giving oxygen;
- | Medications administered via a "pump" device e.g. Duodopa, Insulin;
- | Dressings, other than those applied as a simple first-aid measure;
- | Compression bandages.

The considerations in Section 5.6 apply to this category.



6. Definitions

6.1 A Medicine

- | A medicine is a substance that is introduced into the body, or externally applied to the body that exerts a physiological change to the body
- | Medicines and medicinal preparations which come under the provisions of the Medicines Act (1968). They include medicines used in clinical trials, unlicensed medicines, dressings, and medical gases
- | They can be Controlled drugs, i.e. substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under the Act
- | They can be alternative medicinal products, e.g. herbal or homeopathic remedies, that are used for therapeutic purposes

6.2 The 6 Rights of Medication Administration

- | The 6 Rights of Medication are:
 - | Right **P**atients
 - | Right **D**rugs
 - | Right **D**ose
 - | Right **R**oute
 - | Right **T**ime
 - | Right **D**ocumentation
- | A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound **T**he **D**ay
- | These 6 Rights vary in definition - NICE guidelines refer to 'Right to Refuse' instead of 'Right Documentation'. This policy uses 'Right Documentation' because of the high rate of errors associated with documentation but refers to the 'Right to Refuse'

6.3 Medication Error

- | A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer

6.4 Reconciliation

- | Medication reconciliation is the process of creating the most accurate list possible of all medications a Service User is taking - including drug name, dosage, frequency, and route - and comparing that list against the Doctor's admission, transfer, and/or discharge orders, with the goal of providing correct medications

6.5 Medication Review

- | Many frail, elderly people have multiple and complex conditions. These conditions can change, and the medicines that Service Users receive to treat these conditions need to be reviewed regularly to ensure that they remain safe and effective. The frequency of multidisciplinary medication reviews should be based on the health and care needs of the Service User, with their safety being the most important factor when deciding how often to do the review. The interval between medication reviews should be no more than 1 year, and many Service Users will need more frequent medication reviews

6.6 Assisting and Administering

- | The difference between **assisting** someone to take their medicines and **administering** medicines is:
 - | When a care worker **assists** someone with their medicine, the person **must indicate** to the care worker what actions they are to take on each occasion
 - | If the person is not able to do this, or if the care worker gives any medicines **without** being requested (by the person) to do so, this activity must be interpreted as **administering** medicine

6.7 Protected Characteristics

- | The Equality Act 2010 protects people in nine protected characteristic groups from discrimination in the use of services and employment.
 - | Age
 - | Disability
 - | Gender reassignment
 - | Marriage, same-sex marriage and civil partnership

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- | Pregnancy and maternity
- | Race, this includes ethnic or national origins, or nationality
- | Religion or belief
- | Sex
- | Sexual orientation

6.8 Medication Administration Record (MAR)

- | The MAR is individual to the Service User and is a formal record of the administration of medicine within the care setting and may be required to be used as evidence in clinical investigations and court cases. It is, therefore, important that it is clear, accurate and up to date
- | The MAR reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ("when required") medicine

6.9 Percutaneous Endoscopic Gastrostomy

- | Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation)

**Key Facts - Professionals**

Professionals providing this service should be aware of the following:

- | Staff must only administer medication when they have been trained and assessed as competent
- | Staff check the 6 Rights of Medication Administration for any medication every time it is administered
- | Staff must give medication administration their full attention to avoid errors
- | If staff are unclear, or notice an error or omission, they must check before administering any medication and report any concerns
- | Consent must be obtained before any medication support is provided
- | Service User who fully self manage their own medication and have been assessed as having the capacity to self manage, do not need a MAR
- | Service Users who need physical assistance or verbal reminders but have been assessed as having the mental capacity to manage their own medication will need a MAR chart so that staff can record clearly when the physical assistance or verbal reminders have been provided and what medication the Service User has taken

**Key Facts - People affected by the service**

People affected by this service should be aware of the following:

- | We will ensure that you are supported to self-manage your own medication, unless you choose to receive support from staff
- | You have the right to refuse medication and we will ensure you are offered the opportunity to discuss your medications with your GP
- | Consent will be obtained from you before any medication support is provided



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Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

National Care Forum: Free resources for supporting the safe use of medications in care facilities:

<https://www.nationalcareforum.org.uk/ncf-publications/medication-safety-resources/>

Health and Social Care Information Centre - A guide to confidentiality in health and social care:

<http://content.digital.nhs.uk/media/12822/Guide-to-confidentiality-in-health-and-social-care/pdf/HSCIC-guide-to-confidentiality.pdf>

Related Policies

- | Recording the Administration of Medication Policy and Procedure
- | Auditing and Monitoring of Medication Policy and Procedure
- | Ordering and Receipt of Medication Policy and Procedure
- | Storage of Medication Policy and Procedure
- | Controlled Drug Policy and Procedure
- | Safe Disposal of Medication Policy and Procedure
- | Homely Remedies Policy and Procedure
- | As Required and Variable Dose Medication Policy and Procedure (including Warfarin)
- | Covert Medication Policy and Procedure
- | Medication Errors and Near Misses Policy and Procedure
- | Medication Away from Home Policy and Procedure
- | Training and Competency on Medications Policy and Procedure
- | Administration of Medicines Policy and Procedure



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | The Service User's personal choice is reflected in Care Plans and they are supported to self-manage wherever possible. Staff follow the Care Plans
- | Risks to individuals are thoroughly assessed and extensive information and control measures are put in place for staff to follow. This maximises people's opportunities for independence whilst minimising the risks they face
- | Staff have a good understanding of the Mental Capacity Act and its implications when providing support with medication
- | The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Medication Assessment Form - CM02	To assess the medication management support needs of Service Users.	QCS

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Name of Service User:	
Address:	
Name, Address, and Phone Number of GP:	
DOB:	Assessment Completed by:

Medications List			
Name of Medication	Dose	How often (Frequency)	Route (e.g. By Mouth etc.)

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Are you allergic to any medication?				
Do you need any assistance with medication?				
Do you need occasional verbal or physical support?				
Do you need assistance more regularly (opening bottles, etc.)?				
Is there anyone else who supports you with your medication?				
Do you need medication by routes other than by mouth (patches, drops, injection, etc.)				
Do you use any over the counter medication?				
Is your medication in bottles, blister packs or pharmacy-filled dosette boxes or other (state)?				
Does any of your medication need to be given at a specific time every day (e.g. Diabetic, Parkinson's, Epilepsy)?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Do you have any infections we should know about (e.g. MRSA, Blood Borne Virus)?				
How and where do you usually dispose of medication?				
Do you have a preferred pharmacy for your medication?				
Does your medication get delivered or do you/someone collect it?				
Who orders your medication?				
Does Service User know and understand what medicines they should be taking & why?				
Is Service User aware of date, day, time				
Does the Service User always want to take their medication?				
Does the Service User usually remember to take their medication at the right time?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Can the Service User read the labels on medication packaging?				
Can the Service User remove tablets/capsules from the container themselves?				
Is the Service User able to swallow their tablets/capsules?				
Can the Service User pick up a bottle and pour out a dose of liquid medicine accurately?				
If applicable, does the Service User describe any problems using inhalers?				
If applicable, does the Service User have, or will they have any problems putting in eye drops?				
If applicable, does the Service User have, or would they have any problems putting in ear drops?				
If applicable, does the Service User have, or would they have any problems applying creams?				
If applicable, does the Service User have, or would they have any problems administering medication via PEG?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Is there any known medical reason why self-administration of medication should not be agreed?				
Has the Service User administered their own medication prior to commencement of care service?				
Will the Service User be able to give valid consent?				
Have monitoring arrangements/review dates been set and agreed?				

Details of any Medication Support Provided by Family or Others

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Details of any Medication Support to be Given by Staff

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Outcome of Assessment dated: _____ Circle / Delete as appropriate	
The Service User fully manages their own medication (no support required)	YES / NO
The Service User requires physical assistance as detailed in medication policy	YES / NO
The Service User requires verbal reminders as detailed in medication policy	YES / NO
Staff will need to administer medication	YES / NO
Staff will need to administer medication by specialised technique	YES / NO