

MEDICATION MANAGEMENT

1. Purpose

The Individual is able to maintain good health through receiving medication as prescribed.

2. Standards

- 2.1 The Service has to be delivered in accordance with the Council's medication standards detailed in *ECC Medication Management Standards*. The standards should be used to support the requirements to follow relevant legal and best practice guidance.
- 2.2 There is a requirement that the Service Provider and Staff establish, document and maintain an effective system to ensure that medicines are handled in a safe and secure manner.
- 2.3 The standards document forms part of the Agreement for any organisation or contractor commissioned to provide services which include pharmaceutical or medicines management activities such as purchasing, storing, transporting, prescribing, dispensing, prompting, assisting, administering and disposal of medication.
- 2.4 The Service should enable Adults to administer their own medication unless there are reasons why they should not do so, and assist Adults to take medications where they cannot initiate this themselves.
- 2.5 The Service Provider should liaise with and engage in joint working with health services and other relevant organisations that can meet the needs of the Adult.
- 2.6 The Service Provider will have a clear, written policy and procedure in place which meets statutory requirements and is adhered to by all staff

3. Training

- 3.1 Staff likely to be involved in administering medication will receive appropriate training in the policy, procedures and the administering of medication as part of their induction and on an ongoing basis (minimum 2 yearly updates).
- 3.2 The Service Provider will have a formal procedure to assess whether Staff are sufficiently competent in medication administration before being assigned to an Adult where this is required.

4. Administration of Medicines

- 4.1 Adults will maintain responsibility for their own medication wherever possible. Where the Adult cannot take responsibility for administering their own medication, the Adult, or their representative must consent to have a care/support worker prompt the Adult and/or administer medication.
- 4.2 Administration of medicine may include some or all of the following:
 - (a) When Staff selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid. NB. Administration from original containers is the safest and preferred method;
 - (b) When Staff selects and measures a dose of liquid medication for the service user to take

- (c) When Staff applies a medicated patch/cream/ointment, inserts drops to ear, nose or eye and administers inhaled medication.

5. Risk assessment

A risk assessment around medication should be undertaken taking account of the extent of support and/or assistance that the Adult needs to manage their medication and storage of medicines.

6. Record Keeping

- 6.1 In a service where Staff administer medicines, they must have a Medication Administration Record (MAR chart) to refer to. The MAR chart must detail as a minimum:
 - (a) Which medicines are prescribed for the Individual
 - (b) When they must be given
 - (c) What the dose is
 - (d) Any special information, such as giving the medicines with food, missed doses etc.
- 6.2 When medicines are disposed of a record to show that they were handled properly must be made with the following information:
 - (a) Date of disposal/return to pharmacy
 - (b) Name and strength of medicine
 - (c) Quantity removed
 - (d) Person for whom medication was prescribed or purchased
 - (e) Signature of the member of staff who arranges disposal of the medicines

7. Incidents

- 7.1 The Service Provider must be aware of their responsibility to report medication-related incidents to the appropriate bodies, and also to take appropriate action if there is a possibility of criminal actions. Incidents must be reported in line with CQC and the Council's requirements.
- 7.2 The Service Provider must have a clear incident reporting system which does not ignore errors but encourages a culture that allows Staff to report incidents without the fear of an unjustifiable level of recrimination.
- 7.3 Incidents must be reviewed on a regular basis to identify recurring themes and to inform any policy review.

8. Infection or Contamination

The risk assessment should have identified possible sources of infection or contamination, e.g., clinical waste. Cases of infections must be reported to the Manager, who will seek expert advice. If an Individual self-injects medication (e.g. Insulin), the carer should not handle the used equipment. If this is necessary due to risk to the Individual or others, protective barrier gloves must be worn. Contact with or handling of the needle must be avoided. The equipment must be discarded into sealed 'Sharps Boxes' and not into the household waste. Sharps boxes can now be prescribed. (NOTE: Care should be taken only to discard disposable insulin pens / syringes, some insulin pens are designed for re-use with disposable cartridges. If in doubt you should check with the Individual, community nurse or community pharmacist.)