



Medcom Personnel Ltd

Holywell Lodge, 41 Holywell Hill , St. Albans, AL1 1HE



Review Sheet



Last Reviewed
15 May '24



Last Amended
15 May '24



Next Planned Review in 12 months, or
sooner as required.

Business 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 will support staff who are administering medication for Service Users. It has been reviewed and updated with additional sections 5.19 Medication Errors and 5.30 Governance, as well as additional information included in several existing sections. References and further reading have been checked and updated.

Relevant legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- 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
- Data Protection Act 2018
- UK GDPR



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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: Sara Lister, Justine Hofland and Hayley Grafton, (2020), <i>The Royal Marsden Manual of Clinical Nursing Procedures, Professional Edition</i>. [Online] Available from: [Accessed:]• Author: CQC, (2023), <i>Delegating Medicines Administration</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/delegating-medicines-administration [Accessed: 15/5/2024]• Author: CQC, (2023), <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#homecare [Accessed: 15/5/2024]• Author: National Institute of Health and Care Excellence, (2018), <i>Decision-making and mental capacity</i>. [Online] Available from: https://www.nice.org.uk/guidance/ng108 [Accessed: 15/5/2024]• Author: Care Quality Commission, (2022), <i>Managing medicines: home care providers</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-medicines-home-care-providers [Accessed: 15/5/2024]• Author: National institute for Health and care excellence, (2018), <i>Medicines management for people receiving social care in the community - Quality Standards QS171</i>. [Online] Available from: https://www.nice.org.uk/guidance/qs171/chapter/Quality-statement-2-Communicating-that-medicines-support-has-started [Accessed: 15/5/2024]• Author: National Institute for Health and Care Excellence, (2017), <i>Managing medicines for adults receiving social care in the community - NICE Guideline [NG67]</i>. [Online] Available from: https://www.nice.org.uk/guidance/ng67 [Accessed: 15/5/2024]• Author: Royal Pharmaceutical Society of Great Britain, (2019), <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: 15/5/2024]
<p>Suggested action:</p>	<ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App• Ensure relevant staff are aware of the content of the whole policy
<p>Equality Impact Assessment:</p>	<p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p>



1. Purpose

1.1 To ensure that Service Users are safeguarded by the systems put in place regarding the administration of medication and to set minimum standards of practice that are adopted by all staff involved in the administration of medication.

1.2 This policy must be read with the **Overarching Medication Policy and Procedure** and the complete suite of Medcom Personnel Ltd medication management policies. They should also support and complement any locally required policies and procedures.

1.3 To support Medcom Personnel Ltd in meeting the following Key Lines of Enquiry/Quality Statements (New):

Key Question	Key Lines of Enquiry	Quality Statements (New)
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?	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?	QSE6: Consent to care and treatment
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?	QSR1: Person-centred care
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?	QSS3: Safeguarding
SAFE	S4: How does the provider ensure the proper and safe use of medicines?	QSS8: Medicines optimisation
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?	QSW5: Governance, management and sustainability

1.4 To meet the legal requirements of the regulated activities that Medcom Personnel Ltd is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | 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
- | Data Protection Act 2018
- | UK GDPR



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



3. Objectives

3.1 Following assessment, Service Users receive appropriate support and encouragement to manage their own medication as independently as possible, if they wish, without putting themselves or others at risk.

3.2 All Service Users who require medication, receive their medication safely. Administration is based on evidence-based best practice and national recommendations, delivered by competent and confident staff who understand their responsibilities and follow best practice, reducing the risk of medication errors and incidents.

3.3 Staff adopt a person-centred approach by engaging with the Service Users or their advocate in decisions about their medicines. This encourages Service Users to take their medicines as prescribed.



4. Policy

4.1 Policy Statement

- Medcom Personnel Ltd aims to provide safe and reliable care in relation to medication administration that maximises the Service Users's choice and independence
- Service Userss are treated as individuals and, at all times, due consideration is given to their age, beliefs, opinions, experience, ability, cultural needs and any other factors important to them
- Medcom Personnel Ltd recognises the importance of staff training and supervision and ensures that all employees involved in the administration of medication are well trained, competent and confident to perform the activities within the remit of their roles
- Service Userss are fully involved in the management and administration of their medication
- Service Userss are fully involved in decisions regarding their individual medication, and its purpose, and will have shared with them, using a method which promotes their understanding, the medication patient leaflet information provided by the dispensing pharmacist
- Medcom Personnel Ltd ensures regular official monitoring of staff administering medication in the form of onsite direct Medication Competencies

4.2 Self Administration and Medication Support

Care Workers at Medcom Personnel Ltd should assume that a Service Users can take and look after their medicines themselves (self administer) unless a risk assessment has indicated otherwise.

Self Administration:

- Can improve Service Users satisfaction
- Encourages independence and self care
- Can prepare Service Userss for discharge

Medcom Personnel Ltd is responsible for assessing and agreeing on the level of medication support required as detailed in the Overarching Medication Policy and Procedure and ensuring that the appropriate record keeping and training needs are met.

Staff should refer to the Overarching Medication Policy and Procedure at Medcom Personnel Ltd for further information on self medication.

4.3 Safe Administration of Medicines / The 'RIGHTS'

All Care Workers who administer medication must be familiar with the Professional Guidance on the Administration of Medicines in Healthcare Settings from the Royal Pharmaceutical Society (RPS) 2019. Care Workers administering medication should have a sound knowledge of the medicines they are administering, including:

- Therapeutic use
- Usual dose
- Side effects
- Precautions
- Contraindications

If they do not have this knowledge, they should not administer and should seek advice from a senior staff member at Medcom Personnel Ltd.

There are a number of 'Rights of Administration' associated with medicines administration; the 5 rights, 6 rights, 7 rights, 8 rights, 9 rights and 10 rights.

They all outline the key principles for administration of medicines.

For this policy we will use the 6 rights of administration as outlined by the National Institute for Health and Care Excellence (2014) and referred to by CQC (2022).

- Right Service Users
- Right medicine
- Right route
- Right dose
- Right time

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- | Service Users's Right to refuse

Details of the other rights of administration can be found in the further reading section of this policy.

4.4 Routes of Administration

- | The oral route is the most frequently used route for medication administration, however other routes are used for various reasons
- | It is the responsibility of Medcom Personnel Ltd to ensure that Care Workers who administer medication are trained and competent to administer medication via the routes prescribed
- | The most recent version of the Royal Marsden Manual of Clinical Nursing Procedures should be available for staff to ensure that evidence based clinical procedures are followed for administration of medication via different routes

4.5 Medication Administration by Care Workers

- | Care Workers administering medication at Medcom Personnel Ltd must be appropriately trained, assessed as competent and meet relevant professional and regulatory standards and guidance
- | Care Workers should only administer medicines that they have been trained to give. The Department of Health (2016) state this will generally include:
 - | Oral Route - tablets capsules, liquids
 - | Creams and ointments
 - | Inserting drops into eyes, ears, nose
 - | Inhaled medicines
- | Care Workers should refer to the Training and Competency on Medications Policy and Procedure at Medcom Personnel Ltd
- | Any Care Workers accepting the task of administering medication must take responsibility for ensuring their actions are carried out carefully, safely and correctly

Delegation of a Specialised Technique:

Both CQC and the Department of Health describe the administration of medicines by invasive or specialised techniques, such as injections (including Insulin) or medication via a feeding tube as clinical tasks and normally the role of a Registered Nurse.

However a Registered Nurse can delegate the administration of these medicines to a suitably trained and competent senior Care Workers as long as it has been deemed in the best interest of the Service Users.

- | Care Workers will:
 - | Need extra and more specific training and competency checks before undertaking these routes of administration
 - | Receive supervision and support
 - | Understand the delegated task fully
 - | Understand their limitations
 - | Know when and how to seek help and escalate concerns
 - | Be comfortable in carrying out the tasks safely and correctly
 - | Know what to do if the Service Users refuses their medicine
 - | Be monitored to ensure required standards are met
- | One senior Care Worker is not authorised to delegate to other senior Care Worker

Medcom Personnel Ltd understands that within its duty of care, as a provider, Medcom Personnel Ltd may only accept this responsibility when they have, and can evidence that they have, sufficient numbers of staff trained in the way described above to meet the Service Userss requirements for all days of the year and with all applicable visits.

4.6 Consent

- | Before medication is administered to any Service Users, formal consent must be obtained
- | Where a Service Users is unable to give valid consent due to mental incapacity, best interest meetings will take place and, where it is agreed that it is the best interest of the person, including their medical interests, that the medication is administered, then formal authorisation for medication administration will be obtained and evidenced in the Service Users's Care Plan and medication records
- | Medication must not be used as a form of restraint to sedate people for the convenience of the staff.

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This is abuse and a breach of human rights

- | This policy should be read in conjunction with the Deprivation of Liberty in Community Settings Policy and Procedure. This will ensure that consideration is given to mental capacity and whether the medication may constitute a deprivation of liberty
- | Medcom Personnel Ltd will ensure that staff do not administer medicines to a Service Users without their knowledge (covert administration), if the Service Users has capacity to make decisions about their treatment and care. Staff should follow the Covert Medication Policy and Procedure

4.7 Timing for Administering Medications

The Registered Manager, health professional prescribing the medicine and pharmacist should agree with the Service Users the best time for the Service Users to take their prescribed medicines.

4.8 Medicine Supply Systems

The two widely used systems to provide medicines to Service Users are:

- | Original packs
- | Monitored dosage systems (which may be single-dose or multi-dose)

The Royal Pharmaceutical Society (RPS) and National Institute for Health and Care Excellence (NICE) have both said that multi-compartment compliance aid (MCAs) sometimes referred to as a monitored dosage system (MDS) should not be the first-choice to help people manage their medicines.

They recommend the original packs of medicines as the preferred choice for the supply of medicines in the absence of a specific need for a Monitored Dosage System.

Care Workers administering medication must be trained and competent to use systems adopted at Medcom Personnel Ltd for medicines.

4.9 Medicines Administration Records

Medcom Personnel Ltd is required to keep appropriate records of all medicines prescribed and administered to Service Users. This is required under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines administration records, also known as MARs or EMARs are for recording the administration and non-administration of medicines. This includes all prescribed medications for the Service Users, such as tablets, dressings, creams and medical devices.

Medication administration records can be:

- | Paper-based
- | Electronic

Pharmacies supplying medicines to Service Users should produce medicines administration records wherever possible. (NICE 2014)

If Medcom Personnel Ltd produces its own medicines administration records, there should be a process in place to check that the details are correct for all entries made on the record and signed by a second medication trained and competent staff member before use.

Where electronic MAR are used, these must comply with data protection regulations, and clearly demonstrate which staff member has made the entry.

Staff should refer to the Ordering and Collecting Prescriptions Policy and Procedure.

Care Workers should ensure that all information included on the Service Users's MAR is up-to-date and accurate. Where appropriate, staff should contact the Service Users's GP or supplying pharmacist to do this.

Medication administration records should be retained by Medcom Personnel Ltd for at least 8 years after the Service Users's care ended with Medcom Personnel Ltd.

4.10 Controlled Drugs

The administration of controlled drugs (CD's) is covered in the Controlled Drugs Policy and Procedure.

4.11 Oxygen

The administration of oxygen is covered the in Oxygen Use Policy and Procedure.

4.12 Care Workers should be able to access up-to-date information about medicines, including:

- | Medicines and Healthcare products Regulatory Agency
- | NHS choices
- | Patient.co.uk
- | British National Formulary (BNF)

4.13 Registered Manager



Mrs Irene Mtisi will keep an up to date list of all Care Workers who are trained and assessed as competent to administer medicines. This list should be easily accessible.



5. Procedure

5.1 Index

- 5.2 Routes of Administration
- 5.3 Medication Administration Records - (EMAR or MAR)
- 5.4 Pharmacy Labels
- 5.5 The 6 Rights of Administration
- 5.6 Reducing Risk
- 5.7 Equipment
- 5.8 Preparing to Administer Medication
- 5.9 Procedure for Administering Medication
- 5.10 Expiry Dates/Use By Dates
- 5.11 Time Sensitive Medication
- 5.12 Variable Dose Medication
- 5.13 As and When Required/PRN Medication
- 5.14 Splitting Tablets
- 5.15 Crushing Medication
- 5.16 If medication is dropped or spat out
- 5.17 Declining Medication
- 5.18 Non Administration of Medicines - Missed or Delayed Doses
- 5.19 Medication Errors
- 5.20 Do's and Don'ts
- 5.21 Additional Records
- 5.22 Changes to the Service Users's Medication
- 5.23 MAR Times
- 5.24 MAR Omissions
- 5.25 Verbal Orders
- 5.26 Adverse Effects
- 5.27 Swallowing Difficulties
- 5.28 Fire Risk Associated With Emollient Creams
- 5.29 Visiting Health Professionals
- 5.30 Governance

5.2 Routes of Administration

There are different routes available to administer medication, these include:

- | Oral Route - Tablets, capsules, liquids
- | Sublingual / Buccal:
 - | Sublingual - The tablet or spray is placed under the tongue
 - | Buccal - Placed between gums and the inner lining of the cheek
- | Topical Route:
 - | Creams, ointments
 - | Transdermal - Patch
 - | Inhalation Route - Inhalers, nebulisers
 - | Injections - Subcutaneous
 - | Rectal - Suppository or liquid (enema)
 - | Vaginal - Pessaries
 - | Via enteral feeding tubes (Administration of medication via a PEG is covered in the Enteral Feeds and PEG Support Policy and Procedure)

Care Workers should only administer medicines via the routes that they have been trained and demonstrated competency to give.

The Department of Health (2016) state this will generally include:

- | Administering tablets, capsules, oral mixtures

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- | Applying a cream/ointment
- | Inserting drops to ears, nose or eyes
- | Administering inhaled medicines

Procedures for administering medication via various routes other than oral can be found in The Royal Marsden Manual of Clinical Nursing Procedures.

5.3 Medicine Administration Records - (EMAR or MAR)

Medcom Personnel Ltd should ensure that MARs include:

- | A section with the Service Users's full name, date of birth, GP and allergies
- | Details of any medicines the Service Users is taking, including the name of the medicine and its strength, form, dose, how often it is given and route it is given
- | Known allergies and reactions to medicines or their ingredients, and the type of reaction experienced
- | When the medicine should be reviewed / monitored / stopped
- | Any special instructions about how the medicine should be taken (such as before, with or after food)
- | A copy of an example paper **MAR chart** can be found in the Forms section of this policy

A front page or section with the Service Users's full name, date of birth and weight (where appropriate, for example, frail older Service Users), a photo for identification and any instructions, such as how the Service Users likes to take medication, is good practice. A sample **MAR Front Sheet** can be found in the forms section of this policy.

Medicines administration records should:

- | Be legible and written in black ink (if not using EMARs)
- | Be signed by the staff
- | Be clear and accurate
- | Be factual
- | Have the correct date and time
- | Be completed as soon as possible after administration
- | Avoid jargon and abbreviations
- | Be easily understood
- | Be treated as confidential and stored as such
- | Have any mistake corrected with a single line through the text, accompanied by a signature, date and time, never use correction fluid (if paper)

Good practice is to have as much supportive information as possible on the MAR in relation to administration, such as:

- | Medicines at specific times of day, for example, for time-critical medicines
- | Medicines on specific days or dates, for example, medicines for weekly or monthly administration
- | Accurate description of medicines if supplied in a monitored dosage system
- | Maximum doses of medicines prescribed 'when required' or 'as directed', including indication for use
- | Special handling requirements of medicines, for example, cytotoxic medicines
- | Duration of treatment, if appropriate

Some medicines may also require a separate administration record:

- | Warfarin or Insulin Administration Chart, (where a variable dose can be recorded)
- | Emollient or other topical cream record chart
- | Transdermal Patch Application Record

When a medicine has a separate administration record, staff should add a cross-reference to the MAR for example, 'see warfarin administration record'.

Staff Signature Sheet:

If using paper MARs, Mrs Irene Mtisi should ensure there is a **Specimen Signature Sheet** completed by all staff who are trained to administer medication. An example can be found in the Forms section of this policy.

5.4 Pharmacy Labels



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The Service Users's medication supplied by the pharmacy will have a pharmacy label attached, this label should contain the following information:

- | Service Users's name
- | Pharmacy name and address
- | Date of dispensing the medication
- | Medication name and strength
- | Medication dose and frequency
- | Any special instructions

Staff that administer medication must ensure it is administered according to the pharmacy label. Staff should not administer medication if the label is illegible or the instructions are not clear.

5.5 The 6 Rights of Medication Administration

Care Workers administering medication to Service Users must follow the 6 Rights of Medication Administration:

RIGHT Service Users:

- | Medicines must only be administered to the Service Users they have been prescribed for
- | The identity of the Service Users must be confirmed and checked with the name on the MAR and by asking the Service Users to confirm their name
- | A photograph not less than 6 months old must be on the MAR

RIGHT Medicine:

- | Check the name of the medicine is the same on the pharmacy label of the medication and on the MAR
- | Check the form and strength of the medication is the same on the pharmacy label of the medication and on the MAR
- | Care Workers should be aware of medicines that can be confused with others, as the name may sound or look alike
- | Double checking when administering is important

RIGHT Dose:

- | The dose of the medicine will be on the MAR and the medicine label, check these are the same
- | If there is any discrepancy between the dose on the MAR and that stated on the label, advice must be obtained from the GP before the medication is given
- | Care Workers must ensure they measure the correct dose before administration to the Service Users

RIGHT Route:

- | Some medicines can be administered via multiple routes
- | The correct route must be checked on the MAR and pharmacy label before administration

RIGHT Time:

- | Medication should be given at the time indicated on the MAR
- | If medication is administered more than one hour either side of the time stated, advice may need to be sought from the Registered Manager/GP before administering
- | Care Workers must check if the medicine has to be taken before or after food
- | Right day; some medicines are prescribed alternate days or weekly
- | Consideration must also be given to times of previous doses administered

RIGHT to Decline:

- | Service Users must consent to take their medication
- | Care Workers must not force Service Users to take medication
- | Care Workers must not covertly administer medication without assessment of the Service Users's mental capacity and the relevant best interest decisions, involving the multidisciplinary team
- | Staff should refer to the **Covert Medication Policy and Procedure** at Medcom Personnel Ltd

Care Workers should also consider the:

RIGHT Record:

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- | MARs are the formal record of administration of medicine, they should document what is:
 - | Received
 - | Currently prescribed
 - | Given
 - | Disposed of

RIGHT Result:

- | After administering the medicine watch for any adverse reactions
- | Is the medicine working the way it should

5.6 Reducing Risk

In order to reduce the risk for medication errors as the result of distractions, Mrs Irene Mtisi should ensure that Care Workers receive thorough support and guidance that highlights the importance of carrying out medication related tasks slowly, thoroughly and at a suitable time during the visit with a Service Users.

5.7 Equipment**Medication Pots:**

In community settings the pharmacy will often provide reusable medication pots.

- | They should be decontaminated and dried after each use. Either in a dishwasher, or with washing up liquid and hot water
- | Medicine pots must be dried immediately after cleaning, and must not be stored wet or damp. Paper towels can be used for this purpose, but not a fabric towel
- | After cleaning and drying, the medicine pots must be stored in a clean cupboard
- | Medicine pots will be discarded if they start to show signs of wear and tear

Medicine Spoons:

- | Plastic, single use
- | 5 ml or 5/2.5ml

Oral Syringes:

- | These are purple in colour
- | Should be used with a stopper

5.8 Preparing to Administer Medication

Staff must refer to the Service Users's Care Plan for specific detail regarding medication administration for each Service Users.

Check where the Service Users's medication is stored before starting medication administration.

Staff should not remove medication that requires refrigeration from the fridge until immediately prior to administration (unless it needs to reach room temperature prior to administration).

Wash hands with soap and water at beginning and end of medication administration.

Equipment:

- | Medicine pots, medicine spoons, tablet cutter
- | Gloves
- | Clinical waste bag (if applicable)
- | Paper and pen
- | MAR
- | Water

5.9 Procedure for Administering Medication

Medcom Personnel Ltd will ensure that all staff are trained to record what they do when they do it. As medicines are administered, if verbal reminders or physical assistance is provided it must be recorded immediately and signed for by the person providing the medication support.

If providing physical administration support with medication

- | Wash your hands
- | Check the MAR front record for Service Users's identity, allergy status and special instructions
- | Check how the Service Users likes to take or have their medication administered:
 - | From the pot

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- | From a spoon
- | From a syringe (liquid)
- | Tipped into their hand (tablets, capsules)
- | Check the Service Users consents to have their medication. Where a Service Users lacks capacity, check that a best interest decision is in place
- | Position the Service Users comfortably so they can swallow the medication if required
- | Check the MAR:
 - | Date and time of the dose due and the previous dose
 - | Medicine name, dose, form and route of administration
 - | Duration/frequency of therapy
 - | Prescribed dose has not already been given and signed for
 - | Maximum dose of a variable 'as-required' prescription is not exceeded
 - | Medication has not been changed

Check any additional charts for administration:

- | Warfarin
- | Topical application charts (creams and patches)
- | If there are any concerns regarding the MAR, if it is unclear DO NOT GIVE, seek advice from the Registered Manager or GP
- | Select the correct medicine for administration
- | Check the medication due on the MAR against the medication label or MDS following the Rights of Administration
- | If boxed medication, check the strip inside the box also matches against the MAR
- | If the medicines label and MAR do not appear to match, then advice should be sought from Registered Manager before administration
- | Check the expiry date
- | Check any special instructions on the dispensing label
- | If running stock balance is recorded:
 - | Count the medication in the box, check this against the previous day/dose balance. If it is not correct, seek a medication trained staff member to double check, report possible medication error to the Registered Manager
- | Check the required dose due
- | Select, prepare / pot the medication due, avoid touching oral medication:
 - | Liquid medication should be prepared in separate pots or syringes, you should never mix different liquid medication together in the same pot or syringe
- | If the medicine requires preparation (e.g. reconstitution or dilution), the Care Worker must ensure that they are aware of the correct method of preparation, that appropriate diluents are used and that the expiry dates of prepared products are considered

Multi-compartment Compliance Aid

For Service Users who have their medication issued from the pharmacist in a multi-compartment compliance aid, the Care Worker must ensure that the medicines match the descriptions outlined on the pack. It is good practice to write the date and time of day the pack was started to ensure that all staff are aware how many slots should remain. Care Workers should not tip the medicines out from the box to avoid losing medication from another slot that could be loose, instead they should use a spoon to remove the medication from the slot.

Administering Medicine to the Service Users:

- | For oral medication, ensure the Service Users is sitting upright
- | Oral medicines should be swallowed with plenty of water, at least half a glass
- | Support the Service Users with taking the medication
- | Check that the medication has been taken

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- | Administer any other medications (creams, eye drops, inhalers)
- | Medicines must never be left with the Service Users to take later
- | Dispose of used equipment in clinical waste bag if appropriate
- | Dispose of the medicine pots, syringes according to local policy
- | Clean your hands

Documentation:

Care Workers should record the medicines support given to each Service Users, whether this be prompting or reminding people to take their medicines, helping remove medicines from packaging or administering some or all of the Service Users's medicines.

- | Immediately after administering the medication, Care Workers must sign the MAR to record that the medicine has been given and taken by the Service Users
- | Refer to section 5.17 for more information on the refusal of medication process at Medcom Personnel Ltd
- | Running Stock Balance where appropriate:
 - | Recording a running stock balance on the MAR aids in the audit trail
 - | If recording a running stock balance, staff must count the medication to record an accurate balance
 - | Staff must not just deduct the amount given from the previous balance documented, this can lead to incorrect recording

5.10 Expiry Dates / Use By Dates

Staff should check expiry or use by dates on all medications before use.

If a pharmacist has given any other instructions about using or disposing of the medicine, staff should also follow these. For example, "discard 7 days after opening".

The expiry date of medicines can change once opened, e.g. eye drops, ear drops, creams:

- | The medication may state, "Use within one month of opening" or "Discard 7 days after opening"
- | Some medicines show an expiry symbol
- | Staff must record the date opened and the calculated expiry on the medicine package/label
- | The pharmacy may be able to supply 'date opened' labels
- | Some packaging does not allow for the pharmacy label to be placed on the product, e.g. eye drops. In these instances, the outer packaging should be marked with the date of opening. The medication must remain in the outer packaging throughout duration of the treatment
- | Highlight any short expiry date(s) as a reminder to all staff

Suggested Expiry of Products from Date of Opening, can be found in the Forms section of this policy.

5.11 Time Sensitive Medication

Prescribers, supplying pharmacists and dispensing doctors must provide clear written directions on the prescription and dispensing label as to how each prescribed medicine will be taken or given.

For time sensitive medicines this includes:

- | What the medicine is for
- | What dose must be taken
- | What time the dose must be taken, as agreed with the Service Users
- | Some medicines need to be given before or after food
- | It is important to know if the medication is required to be taken a specified number of hours apart, as taking some medications too closely together can result in toxicity
- | Medication errors related to the time given often occur during busy periods especially taking on extra workload due to staff sickness. It is important to document clearly that medications have been given
- | Staff responsible for the administration of medication should be made aware of any time-sensitive medication, examples include:
 - | Bisphosphonates for osteoporosis, refer to the pharmacy instructions (take 30 minutes before first food or drink of the day, do not eat until 30 minutes after taking and do not lie down until after first food of the day)

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- Medications for Parkinson's Disease may need to be given every few hours, to manage symptoms
- The Registered Manager is responsible for ensuring a system is put in place to remind medication administrators when these medications are due

- Medcom Personnel Ltd will ensure that Care Workers are able to prioritise their visits for Service Users who need support with time-sensitive medicines

Medcom Personnel Ltd will record any additional information to help manage time sensitive medication in the Care Plan.

5.12 Variable Dose

Variable dose medication is prescribed with a dose that can change, for example give 1 or 2 tablets. The dose to be given depends on the Service Users's need. This could be a pain killer, or a laxative.

- Where dosage is variable, Care Workers must record the amount administered as well as signing the MAR
- Where considered necessary for clarity, a supplementary recording sheet may be used

A variable dose medication may also be dependent on results of a blood test:

- Warfarin - [High risk medicines: anticoagulants - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/resources/high_risk_medicines_anticoagulants)
- Lithium - [High risk medicines: lithium - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/resources/high_risk_medicines_lithium)

Staff should ensure that:

- The Service Users is having blood tests at the required frequency
- The blood test results and required dosage have been updated in the Service Users record book, and signed and dated by a healthcare professional

5.13 As and When Required / PRN Medication

Some medicines are prescribed for the Service Users to take when they require them, not at set times. When required is often used when prescribing medication for nausea, vomiting, pain, indigestion, anxiety and insomnia.

All PRN medication must have details on the medication label and MAR detailing the maximum dose (how much) of the medication that can be given as well as the maximum frequency (how often) that it can be given. It must clearly state "as required" or "as necessary".

When required medication should be kept in their original packaging, this allows checking of expiry dates. They should be held in suitable quantities.

Each PRN medication a Service Users is prescribed should have a separate protocol or Care Plan. A **PRN Protocol** can be found in the forms section of this policy. It should be kept with the MAR, and should include:

- The reasons for giving the 'when required' medicine, what condition the medicine is for
- What the medicine is expected to do
- Dose instructions:
 - Maximum amount to take in a day
 - Minimum interval between doses
 - Should be clear as to what dose should be given
- Signs or symptoms to look out for and when to offer the medicine. Include if the Service Users can ask for the medicine or if they need prompting or observing for signs of need. For example, non-verbal cues
- How the medicine will be offered to the Service Users when they are experiencing the symptoms
- Appropriate alternative support. It should also include interventions to use before medicines
- Where more than one when required medicine is available for the same condition, it should state how and in what order they will be administered
- When to review the medicine and how long the Service Users should expect to take it. For example, what to do if the medicine is taken regularly or not used for a long period of time
- What records to make (see Recording Administration below)

All staff should read the 'when required' medicine protocol before administration, and also check when the medication was last given to ensure it is safe to administer at that time.

The medicine should be offered when needed by the Service Users and not just during 'medication



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rounds'. The Service Users response to the 'when required' medication should be recorded.

Recording Administration of a 'When Required' Medication:

- | It is recommended that only administration is recorded on the MAR
- | Staff should record:
 - | The quantity given if variable dose, e.g. 1 or 2
 - | The time given (It is essential that the time is documented to allow the correct interval between doses to be calculated)
 - | The reason for administration, e.g. pain
 - | Signature
 - | Any other relevant supporting information regarding the administration
 - | For paper MAR charts, the reverse can be used to document additional information
- | If a Service Users is assessed by staff as requiring the 'when required' medicine, and subsequently refuses to take it, this should be marked as a refusal on the MAR

Medicines Used to Manage Behaviour:

Where staff support Service Users who have a learning disability or autism (or both), they must follow the recommended guidance from NHS England in relation to reducing the reliance and need for psychotropic medication. Staff should know how to support a Service Users in a different way before using a medicine to support behaviour. This should be detailed in the Service Users's Care Plan.

Staff should be aware of and follow the STOMP guidance:

- | [STOMP](#) (stopping overmedication of Service Users with a learning disability, autism or both)

These medicines should be prescribed for as short a period as possible. Their use should be recorded and reviewed. If staff have any concerns about overuse, they should contact the Service Users's GP for advice. Overuse may need to be reported as a safeguarding incident.

Staff will:

- | Encourage Service Users to have regular check-ups about their medicines
- | Ensure that Service Users and their families are involved fully in any decisions made about their medication
- | Have considered, implemented and sought advice from other healthcare professionals as to the non-drug therapies that are available to reduce the need for medication

Further information and guidance can be found via the [NHS England website](#).

5.14 Splitting Tablets

- | Where it is necessary to split a tablet to provide the required prescribed dose, the supplying pharmacy should be asked to supply the medication as split tablets in an appropriate container
- | Where the pharmacist refuses to supply split medication, a tablet cutter should be used
- | Where the tablet is provided in a manufacturer's blister pack, after splitting, the remaining tablet must be disposed of because it cannot be stored correctly until the next required dose
- | Disposal should be in line with the Safe Disposal of Medication Policy and Procedure
- | Staff responsible for collecting medication should ensure sufficient quantities of medication
- | Staff should be aware that splitting medication is a last resort as splitting can result in differences in medication fragments altering the therapeutic dose
- | Medcom Personnel Ltd will obtain written confirmation from the GP and pharmacist that this is the only suitable option for the Service Users

5.15 Crushing Medication

- | Crushing medication may alter the way in which a medicine is absorbed and its effect on the body
- | Crushing medication invalidates a product licence so should always be authorised by the prescriber
- | Where it has been assessed with the prescriber that crushing medication is in the Service Users's best interest, advice from a pharmacist should be sought
- | Other alternatives such as the availability of liquids or other forms of medicines should be discussed
- | **Written authorisation** from the prescriber for each medicine that needs to be crushed, and the period the authorisation applies, must be recorded and retained with the Service Users's medication

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records

- | A pill crusher should be used

5.16 If Medication is Dropped or Spat Out

There may be instances where medication may be dropped during preparation, or a Service Users may spit it out. In these circumstances, this medication must be disposed of appropriately.

Medication that has been dropped must not be given to the Service Users under any circumstances as it has become contaminated. New medication must be dispensed and given to the Service Users and recorded on the MAR.

The incident must be recorded on the MAR using the appropriate code.

An additional stock of medication may need to be ordered to ensure the Service Users has enough for the whole cycle.

5.17 Declining Medication

In supporting a Service Users with their medication, Medcom Personnel Ltd recognises that there will be times when a Service Users declines to take their medication for a variety of reasons. In these instances Care Workers will:

- | Allow the Service Users time to reflect on their decision and repeat the request to administer their medication
- | Never force a Service Users to take medication
- | Where the Service Users continues to decline the medication, record the refusal on the MAR and within the daily log, stating the reason for the refusal. If the MAR has a code for non-administration, this can be used
- | Report the refusal to the Registered Manager immediately
- | State the reason for the refusal to the Registered Manager; it may be that there are clear reasons for the refusal (such as the Service Users experiencing swallowing difficulties, fear or anxiety)
- | Where refusal of medication relates to critical or time-sensitive medication, such as diabetic medication, seek urgent medical advice from the GP or 111
- | Document in the Service Users's Care Plan
- | Tell the Service Users's GP or prescribing health professional about any ongoing refusal and inform the supplying pharmacy, to prevent further supply to Service Users
- | Where medicines have been removed from a container for administration, do not return them to the container; they should be disposed of according to the Safe Disposal of Medications Policy and Procedure at Medcom Personnel Ltd
- | Where a Service Users lacks capacity and is declining to take medication, report to their GP immediately and a best interest decision will be made in relation to their administration of medication
- | Follow the instructions from the GP and update the Service Users's Care Plan accordingly

5.18 Non Administration of Medicines - Missed or Delayed Doses

Every effort should be made to administer prescribed medicines, as omission of certain medicines, or a delay in dosing, can be detrimental to a Service Users's well-being.

Where Medcom Personnel Ltd is supporting with medication and finds that a Service Users's medication is missing, the Care Worker must report this immediately to the Registered Manager. The Registered Manager will investigate to determine, where possible, the reason for the missing medication; such as misuse of medication by the Service Users or staff member, or the medication being misplaced or lost. All staff associated with the administration of medication will be spoken to and the incident recorded in line with the Accident and Incident Reporting Policy and Procedure.

Where it is determined that a Service Users is misusing medication, Medcom Personnel Ltd will liaise with the relevant external bodies and inform relevant professionals where required. Care for the Service Users will be reviewed and a risk assessment conducted to determine the care needs of the Service Users.

Medication may be required to be stored in line with the Storage of Medication Policy and Procedure and away from high risk Service Users. Following the incident, a review of Service Users's medication may be required and the Care Plan updated in line with any new requirements.

Where staff are found to have contributed to the missing medication, the relevant HR policies and procedures at Medcom Personnel Ltd will be followed.

All incidents will be reported to the relevant authorities where required and a root cause analysis meeting



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undertaken for future learning from the incident.

Missed Dose:

- | Where a missed dose relates to critical or time-sensitive medication, such as diabetic medication, the Care Worker must seek urgent support from the GP or 111
- | They must also report the non-administration to the Registered Manager immediately
- | Decisions regarding giving the missed dose will depend on how often the medication is taken, and should be based on advice from the GP or 111

No Stock:

- | Where medicines are unavailable, every effort must be made to obtain the medicine without delay so that the dose can be administered
- | For critical or time-sensitive medication, the Care Worker must seek urgent support from the GP or 111 to obtain the medication
- | The Care Worker must record the non-administration on the MAR and within the daily log, stating the reason

5.19 Medication Errors

If at any point during medication administration, staff become aware that a medication error has occurred, they will report to Mrs Irene Mtisi , and follow the Medication Errors and Near Misses Policy and Procedure.

5.20 Administration Do's and Don'ts**Do's**

- | **Do** only administer medication if you have been trained and assessed as competent and are confident to do so
- | **Do** always check the medication and MAR, **don't** rely on memory
- | **Do** make sure that medication is given at the time agreed on the Care Plan and MAR. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the Medication Administration Record
- | **Do** always follow the 6 Rights of Administration
- | **Do** follow infection control procedures as required for different routes of administration
- | **Do** make sure that medicines are given only to the Service Users for whom they are prescribed, following the prescription instructions
- | **Do** give medicines from the container in which they are supplied. Medication doses will not be put out in advance (potted up) as this can lead to errors and accidents
- | **Do** check where the Service Users's medication is stored before starting medication administration. You will find this information on the Care Plan. It may be in the refrigerator or separate jars or tubs
- | **Do** always ask the Service Users if they want to take their medication before removing it from the pack. If they decline to take the medication try again a little later. The refusal must be documented, and the GP or Pharmacist/111 telephoned for advice
- | **Do** transfer the medication from the bottle or pack into a medication pot and give this directly to the Service Users
- | **Do** mark any medication that has a short shelf life after opening with the date after which it will not be used on the container
- | **Do** hand over all information regarding changes to medications administration to relevant staff and ensure that they have received and understood the message
- | **Do** ensure that you return the medication to the same location as you found it. This is especially important if it is kept in a locked medisafe
- | **Do** ensure that there is sufficient medication available in case of emergencies and that Service Users's medicine is available in the necessary quantities at all times. This includes when people manage their own medicines
- | **Do** label the front of a multi-compartment compliance aid when you start the pack. Clearly state the day, date and at which visit it was first used.

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Do Not's

- | **Do not** prepare medication from its original container and give it to another member of staff to give to the Service Users, as the person preparing the medication must administer witness the Service Users taking the medication
- | **Do not** prepare medicines in advance for administration and leave out for the Service Users to take at a later time unless this has been risked assessed as safe with the particular Service Users - for example if they have capacity but are physically unable to remove from the packet themselves
- | **Do not** rush
- | **Do not** be distracted
- | **Do not** handle medication but transfer to the medication pot in a non-handling, clean method. A small clean teaspoon or coffee spoon is useful. Do not be tempted to tip the entire monitored dosage pack/blister pack over in case another one of the sections is loose
- | **Do not** use part-used medication that has been dispensed for one Service Users, and is no longer required, for any other Service Users

5.21 Additional Records

Topical Administration Record (TMAR) is best practice, for administration of creams and emollients, they should:

- | Identify the area the cream or emollient is to be applied to using a body map
- | Detail the frequency of application
- | Detail method of application and amount

An example of a **TMAR** can be found in the Forms section of this policy.

Transdermal Patch Application Record Chart:

There should be a system in place at Medcom Personnel Ltd for recording patch application to:

- | Ensure different sites are used
- | Check it is still in place after application
- | Ensure removal

An example of a **Transdermal Patch Application Record Chart** can be found in the Forms section of this policy.

5.22 Changes to the Service Users's Medication

Staff at Medcom Personnel Ltd must update the Service Users's MAR to ensure they contain accurate information about any changes to medicines.

Any changes made on the Service Users's MAR must:

- | Be by a medication trained and competent staff member, dated and signed
- | Be checked and signed by a second medication trained and competent staff member

Discontinued Medication:

Where possible, the prescriber should document on the MAR themselves that the medication has been discontinued. Where a prescriber is not able to make changes to the MAR, this should be confirmed via email, and the Registered Manager will ensure that Care Workers will document at the property.

The medication must be recorded as discontinued on the MAR:

- | For paper MAR charts:
 - | Draw a vertical line through the remaining recording boxes left after the time the medication is discontinued
 - | Draw a diagonal line through the medication details box (Name, dose, etc.)
- | Record the reason for discontinuing, such as "stopped by Dr Jones, see over"
- | Sign and date
- | Get a second staff member to check and sign
- | If the prescriber gives a verbal instruction to discontinue, this should be followed up by email as soon as possible
- | Notify the pharmacy, and dispose of remaining stock as per policy at Medcom Personnel Ltd

Change of Dose or Frequency:

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Changes to the dose or frequency of the Service Users's medication may result in the receipt of a new paper MAR chart from the pharmacy, as new medication may be required. Staff should discontinue the original instruction (as above).

If the change does require the receipt of a new paper MAR, and for an EMAR, the Care Worker should:

- | Discontinue the original instruction and start a new one
- | Get a second member of staff to check and sign
- | Not change the original entry and continue to use
- | Ensure the change is confirmed by email
- | If the prescriber gives a verbal instruction at the property, this should be followed up by email as soon as possible

Copies of emails, texts and transcripts of phone messages regarding changes to the Service Users's medication should be kept with the Service Users's medication Care Plan.

The Registered Manager must ensure that everyone involved in medication administration knows when a Service Users's medicines have been started, stopped or changed.

There should be a robust process in place at Medcom Personnel Ltd for recording medicines information during shift handovers.

5.23 MAR Times

Where specific times are not detailed on the pre-printed MAR but printed as 'morning', 'lunch', 'tea-time', 'bed-time' (or suitable abbreviations), Medcom Personnel Ltd will check with each individual Service Users what this means and obtain guidance from the GP if required.

For example:

- | Morning means 7:00 - 10:00
- | Lunch means 12:00 - 14:00
- | Teatime means 16:30 - 18:30
- | Bedtime means 21:00 - 23:00

The time bands can be individualised for each Service Users and the information kept alongside their medication records, beside their medication storage or within their Care Plan. Care will be taken to ensure that the times between doses is sufficient.

5.24 MAR Omissions

- | If a Care Worker realises at any time that they have omitted to complete the MAR once they have left the Service Users's home, they must contact Medcom Personnel Ltd for advice. The Care Worker must not retrospectively initial the medication as given
- | Medcom Personnel Ltd will ensure that a mark is made in the relevant box with a margin note, e.g. 'see entry on notes page, date and initial', then an entry on the notes page detailing confirmation of the time, dose and Care Worker identity
- | If the MAR entry has not been completed on a previous visit and the Care Worker is unclear if medication has been administered, they must check with the Service Users, if they have capacity, whether medication has been administered. If the Service Users is unsure, the Care Worker must contact Medcom Personnel Ltd for guidance. Medcom Personnel Ltd will need to contact the GP or 111, if out of hours, for further guidance
- | An investigation will be started, and consideration must be given depending on the medication and the impact on the Service Users's health and wellbeing as to whether a safeguarding notification needs to be raised
- | Any trends in errors or omission will be tracked to identify any administration or recording issues

5.25 Verbal Orders

Taking verbal orders to change a Service Users's prescribed medication over the phone is potentially unsafe and not recommended.

Staff at Medcom Personnel Ltd should encourage any change to a Service Users's medication to be confirmed via email.

In an **emergency** situation, telephone instructions should be witnessed by 2 members of medication trained staff, and repeated back to the GP to ensure correct, it should be followed up in writing as soon as possible. Ensure that a record of the conversation is clearly documented on the Service Users notes.



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A new prescription should be issued as soon as possible and a new MAR commenced.

5.26 Adverse Effects

Service Users should report all suspected adverse effects from medicines to the Registered Manager who will inform the GP or health professional who prescribed the medicine as soon as possible, or the out-of-hours service.

Staff should record the details in the Service Users's Care Plan and the supplying pharmacy should be informed.

The GP or pharmacist should report to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme.

5.27 Swallowing Difficulties

If a Service Users is experiencing difficulty in swallowing some or all of their oral medications, staff should contact the Service Users's GP and pharmacy.

There are various options available, such as:

- 1 Does the medication, if tablet, come in a different form, liquid, dispersible, patch
- 1 Can the tablet be safely crushed or capsule safely opened (only to be done if agreed by the pharmacist)
- 1 Is it safe to give the medication with soft food (only if agreed by pharmacist and with Service Users knowledge, this is not covert administration)
- 1 Does the Service Users need assessment by a Speech and Language Therapist

5.28 Fire Risk Associated With Emollient Creams

Staff must be aware of the fire risk associated with emollient creams, and a risk assessment must be completed where it is identified that a product has the potential to be a fire risk. This should also include an individual risk assessment where a Service Users smokes.

[Issue 3: Fire risk from use of emollient creams - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

Emollients can transfer from Service Users's skin onto clothing, bedding, soft furnishing and bandages.

In the presence of an ignition source, fabric with emollient dried on it can catch fire much more quickly and burn hotter than clean fabric, causing severe and fatal burns.

The risk increases with:

- 1 Use of greater amounts of emollient
- 1 More frequent application
- 1 Greater surface area of application

Staff must be aware of the potential danger and how to keep Service Users safe when using these products.

Staff must discuss the risks with the Service Users and/or their family.

Staff should:

- 1 Inform the Service Users's GP if the Service Users smokes, so an alternative to an emollient can be considered
- 1 Take care of the Service Users's soft furnishings like cushions and chairs for build up of emollients
- 1 Change and wash the Service Users's clothes and bedding frequently (preferably daily). Washing clothes at the highest temperature recommended by the manufacturer might reduce the build-up of emollient on them but does not remove it completely and the danger may remain

Service Users prescribed emollients:

- 1 Should not smoke, cook or go near to any naked flames or heat sources such as gas, halogen, electric bar or open fires whilst wearing clothing or dressings that have been in contact with emollient-treated skin
- 1 Should not go near anyone smoking or using naked flames

Staff must be aware of the fire risk associated with emollient creams, and a risk assessment must be completed where it is identified that a product has the potential to be a fire risk, this should also include an individual risk assessment where the Service Users smokes.

Staff should refer to the Generic Risk Assessment Template in the Resource Centre.

Further information can be found in the CQC Issue: Fire Risk from use of emollient creams and the MHRA

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safety alerts and resources, links can be found in the Underpinning Knowledge section of this policy.

Staff must report any fire incidents with emollients or other skin care products to the MHRA Yellow Card Scheme.

5.29 Visiting Health Professionals

Health professionals who are visiting to administer a medicine(s) to Service Users should make their record of administration available to staff.

Staff should keep a record of medicines administered by visiting health professionals on the Service Users's MAR.

5.30 Governance

Mrs Irene Mtisi is responsible for ensuring that the administration of medicines at Medcom Personnel Ltd is regularly audited as part of the medication audit process.

Staff should refer to the Auditing and Monitoring of Medication Policy and Procedure at Medcom Personnel Ltd.

**6. Definitions****6.1 Covert Administration**

- | This is the term used when medications are hidden and given without the consent of the Service Users

6.2 Personal Protective Equipment (PPE)

- | Equipment that will protect the user against health or safety risks at work. It can include items such as gloves, eye protection, disposable aprons

6.3 Medicine's Administration

- | 'To give a medicine either by introduction into the body, whether orally, by injection or by introduction into the body in any other way, or by external application, whether by direct contact with the body or not.' - The Medicines Act 1968 (section 130) definition of medicines administration

6.4 Enteral Feeding

- | Service Users who either are unable to take any nutrition orally, or who are unable to take sufficient nutrition orally, but in whom the gastrointestinal tract is functioning, may be fed enterally
- | This implies feeding into the gastrointestinal tract using a tube

6.5 Expiry Date/Use By Date

- | The expiry date means that the medicine should not be taken after the date or end of the month given. For example, if the expiry date is July 2025, the medicine should not be taken or used after 31 July 2025
- | If the medicine has a use by or use before date instead of an expiry date, this means that the medicine should not be taken or used after the end of the previous month. For example, if the use by date is July 2025, the medicine should not be taken or used after 30 June 2025



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 must 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
- | Staff must ensure that consent is obtained before administering any medication
- | Service Users should be supported to self-manage medication wherever possible
- | Where a Service User does not have capacity, medication must always be administered as formally agreed to be in their 'best interests'
- | Staff must only administer medication via the routes they have been trained and assessed as competent in
- | There should be a protocol in place to support the use of each PRN medication for a Service User
- | The nominated pharmacy will provide printed MARs for each Service User where possible



Key Facts - People affected by the service

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

- | You have the right to choose to manage your own medicines if you want to, with appropriate support from Medcom Personnel Ltd
- | You should expect to have support with your medication from staff who are trained and competent with medication administration
- | You have a right to refuse medication or treatment
- | We will share with you if we make any errors or omissions with your medication



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:

NHS Digital - Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care:

<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care>

NHS England - Stopping over medication of people with a disability, autism or both (STOMP):

<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

NHS Health Education England - The Oliver McGowan Mandatory Training in Learning Disability and Autism:

<https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>

NICE: Managing Medicines in Care Homes (although tailored to care homes it is a useful resource to review):

<https://www.nice.org.uk/guidance/sc1>

CQC - Electronic Medicines Administration Records (EMar) In Adult Social Care:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/electronic-medicines-administration-records>

CQC - Multi-compartment compliance Aids in Adult Social Care:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/multi-compartment-compliance-aids-mcas-adult-social-care>



Outstanding Practice

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

- 1 Service Users are regularly assessed for capacity, and assessments are made for individual medications as opposed to 'blanket' decisions
- 1 Written evidence is in place where pharmacist advice was sought where medicine administration involved crushing tablets, mixing the contents of a capsule with drink and food and, where necessary, medication was given via a PEG
- 1 There is paper evidence of an MDT meeting taking place (including GP, family member, pharmacist) before covert administration is considered. Paperwork must be in date, signed by members of the MDT and include a review date
- 1 There is evidence that staff have a good working knowledge of STOMP and other best practice initiatives in relation to medication
- 1 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
Specimen Signature Sheet - CM34	To record signatures of those staff assessed as competent to administer medication.	QCS
Expiry Dates for Medication - CM34	To check suggested expiry dates of products once opened.	NHS Frimley CCG 2022
Protocol for As Required (PRN) Medication - CM34	For each PRN medication prescribed.	QCS
Topical Medication Allocation Record (TMAR) - CM34	For each topical medication prescribed.	QCS
Transdermal Patch Application Record - CM34	To record application and monitor patches in place.	QCS
MAR Front Cover - CM34	At the front of each Service Users MAR charts.	QCS
MAR (Medication Administration Record) - CM34	For recording the administration and non-administration of medicines.	QCS

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Specimen Signature Sheet				
Name	Position/ Qualification	Date of Last Competency Assessment	Specimen Signature	Specimen Initials



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Suggested Expiry of Products from Date of Opening	
Formulation Type	Recommended Expiry
Tablets and capsules – in original boxes (blister/foil packed), e.g. PRN medicines	Manufacturer's expiry date. Do not mix batches. Only order when necessary.
Tablets and capsules – loose, i.e. put into a bottle by the pharmacy	6 months from the dispensing date or manufacturer's expiry date if provided by the community pharmacy.
Oral liquids (in original manufacturer's packaging or amber bottles)	6 months from date of opening or manufacturer's recommendation where shorter – mark date of opening on container. Antibiotic liquids have a shorter expiry date once reconstituted. Check with community pharmacist if unsure.
External liquids (e.g. shampoos, scrubs)	6 months from date of opening or manufacturer's recommendation where shorter – mark date of opening on container.
Creams/Ointments in tubes	3 months from date of opening or manufacturer's recommendations if shorter. For unopened tubes follow the manufacturer's expiry date.
Creams/Ointments in pots, tubs or jars	1 month from date of opening or expiry date provided by pharmacy. For unopened, tubs follow the manufacturer's expiry date.
Creams/Ointments in pump dispensers	6 months from date of opening or manufacturer's recommendations if shorter. For unopened pump dispensers, follow the manufacturer's expiry date.
Sterile Eye/Ear/Nose drops/Ointments	28 days from date of opening. Some drops may need to be stored in the fridge.
Inhalers/Sprays	Manufacturer's expiry date or refer to dose counter if available.
Tablets and capsules packed into Multi-Compartment Compliance Aid (MCCA) or Monitored Dosing System (MDS)	8 weeks from date of dispensing.

Good Practice Guidance for Care Homes: Expiry dates for medication: NHS Frimley CCG 2022

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Protocol for As Required (PRN) Medication	
This form is to be completed to provide information to guide and support decisions to administer medicines prescribed to be taken "when required" or as a variable dose. A separate form should be completed for each relevant medicine and copies held with the Medicine Administration Record (MAR) chart for reference.	
Service Users Name:	Service Users No:
Name of Medication:	Form:
Route of Medication:	Strength:
Reasons for Administration: (When it should be given, signs and symptoms)	
How does the Service Users express or indicate need for this medication? (Verbal / nonverbal)	
Dosage (If variable, define circumstances under which the dose is required, consider lowest dose first)	
How and when the dose can be repeated?	
Maximum number of doses in 24 hours	
Special Instructions (with food)	
Expected/desired outcome	
Other medicines being taken to be aware of (possible interactions)	
Review date:	
Name of person completing this form:	Date:
Checked by:	Date:

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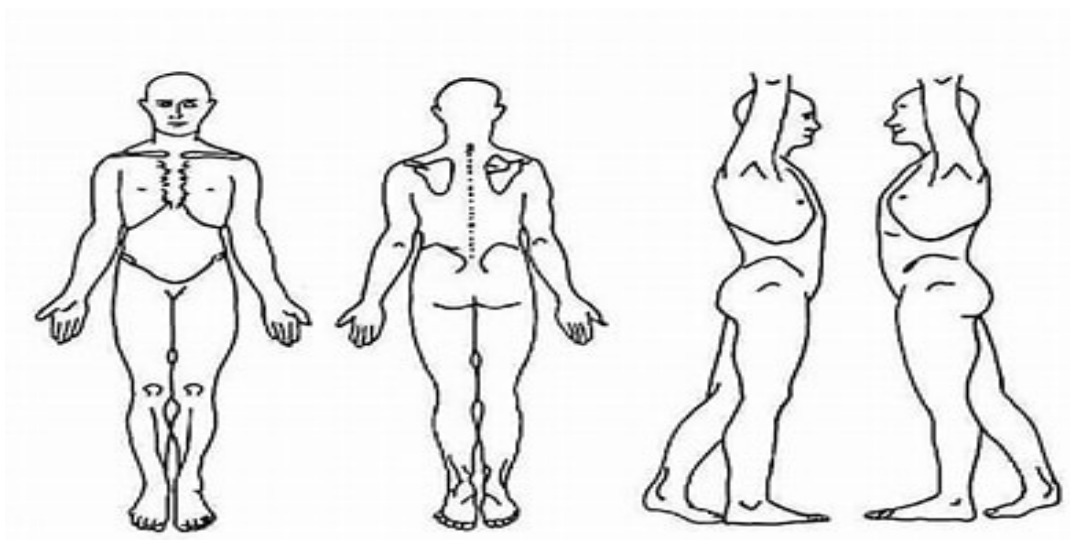
Topical Medication Allocation Record (TMAR)			
When using this chart, write 'see Topical Application Record Chart' on main MAR.			
Service Users Name:		Service Users No:	
Name of product:		Frequency of application:	
Instructions as per MAR:???????			
Chart produced by:		Chart checked by:	

One chart per medication. 28 day cycle record to correspond with MAR.
 Record of application:

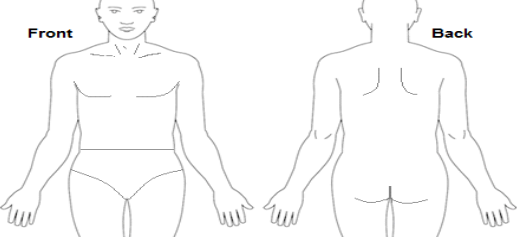
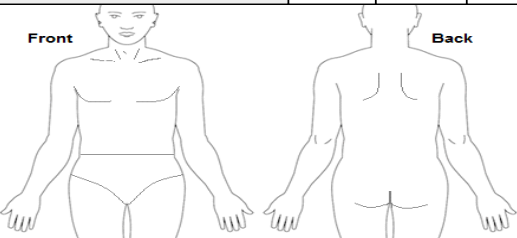
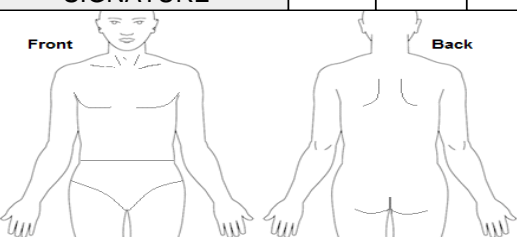
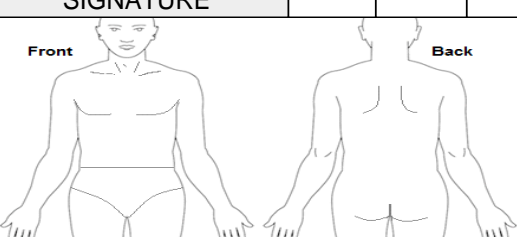
	Month:													
	Date													
Time	1	2												

	Date													
Time	1	2												

Shade area (s) for application.



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Transdermal Patch Application Record												
When using this chart, write 'see Transdermal Patch Application Record' on MAR chart.												
Service Users Name:								Service Users No:				
Name of Product:								Frequency of Application:				
See MAR for Instructions												
Chart produced by:								Date:				
Special Instruction: Record with a "X" where the patch is placed, It must be placed on to a cool, clean, dry non hairy area/part of the body.												
Always remove old patch before applying a new patch. (Fold old patch in half (sticky sides together) and dispose of appropriately)												
						Date and time applied:						
						Signature:						
						Date removed and disposed:						
						Signature:						
						Comments:						
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW												
DATE												
SIGNATURE												
						Date and time applied:						
						Signature:						
						Date removed and disposed:						
						Signature:						
						Comments:						
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW												
DATE												
SIGNATURE												
						Date and time applied:						
						Signature:						
						Date removed and disposed:						
						Signature:						
						Comments:						
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW												
DATE												
SIGNATURE												
						Date and time applied:						
						Signature:						
						Date removed and disposed:						
						Signature:						
						Comments:						
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW												
DATE												
SIGNATURE												

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Medicine Administration Record (MAR) Front Cover			
Service Users Name:			
Date of Birth:		Service Users No:	
GP Name:		Supplying Pharmacy:	
Allergies:			
Photo:	Date of photo:		
Details of special administration requirements: (how Service Users likes to take medicines / swallowing difficulties / covert medication)			
Completed by:		Date completed:	

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Name:		Sheet		Of		Start date:												
Address:		Date of Birth:		NHS No.														
GP Name:				Surgery:														
Allergies:																		
Medication Details		Date:	Week 1				Week 2				Week 3				Week 4			
		Time																
Completed by:	Approved by:	Quantity received:				Carried forward:				Returned:								
		Sign	Date		Sign	Date		Sign	Date									
Completed by:	Approved by:	Quantity received:				Carried forward:				Returned:								
		Sign	Date		Sign	Date		Sign	Date									
Completed by:	Approved by:	Quantity received:				Carried forward:				Returned:								
		Sign	Date		Sign	Date		Sign	Date									
Completed by:	Approved by:	Quantity received:				Carried forward:				Returned:								
		Sign	Date		Sign	Date		Sign	Date									

KEY: R = Refused & Destroyed, H = Hospital, V = Vomit/Nausea, S = Social Leave, N = No Stock, O = Other (see notes)

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Date	Time	Detail of Notes	Name	Sign