

Medication Policy



Xander Medical Medication Policy

September 2026

Medication Policy



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Medication Policy



1. Introduction

This procedure and guidelines focus on the safe handling of medicines by Xander Recruitment Group.

This document identifies the general principles and legislative requirements that guide best practice in the safe handling of medicines and ensures that employees and managers know their responsibilities and limitations that pertains to handling medications in a safe manner. It covers the types of medication and the level of support that relevantly trained competent employees provide. It identifies the practice standards that Xander Recruitment Group employees are required to follow to ensure clients/service users are supported safely and effectively. Guidelines, policies, and procedures cannot cover every eventuality. It may be necessary at times to examine/assess individual circumstances and seek guidance from Managers.

The agreement of the Xander Recruitment Group employees is to undertake responsibility for administering medication will be made in the context of providing a package of care for adults at risk. Close collaboration between all involved agencies is essential. If on occasions the service is not able to provide essential cover, the cover arrangements for administration of medication will be managed in the same way as arranging cover for any other essential task. The Manager has the responsibility for arranging necessary support. This will depend on the individual's circumstances. Where there are concerns about customer capacity this must be reported to a Manager for further assessment and where necessary a Best Interest meeting will be held.

As part of their induction training, all Xander Recruitment Group employees will be trained to support our clients and service users with their medication and be assessed as competent to do so in compliance with this document on an ongoing basis.

All employees within Xander Recruitment Group will be able to access a copy of this Policy from the Xander Recruitment Group website www.xandergroup.co.uk and also in the main office.

A Glossary of Terms can be found in appendix i.

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2. Roles and Responsibilities

All employees must report any concerns directly to their Manager.

It is important that medication issues are included in any overall assessment of the clients/service user needs, and that appropriate support with medication is included in care plans.

Employees may not assist with or administer medication to any clients/service users who fail to consent or directly refuses, this does not mean that some encouragement cannot be offered.

Xander Recruitment Group employees will not be held responsible for any adverse effects experienced by the clients/service users where medicine is given in accordance with the prescriber's written instructions and where procedures have been followed. If a client/service user complains of any pain, nausea, bleeding or feeling unwell etc. in any way this must be reported as soon as possible to a relevant health care professional, for example G.P, Pharmacist, Community Nurse as symptoms could be side effects of medicines. A written record must be made and the Manager informed.

Xander Recruitment Group employees must not discuss or disclose a clients/service users medical history or treatment to a relative or another person. If asked, employees will redirect the questioner to discuss this with the client/service user, or the client/service users medical practitioner. Information can be disclosed to other professionals directly involved with the client/service users care.

Locality Manger

The Manager will ensure procedure is followed, checking that the Medication Authorisation has been gained and the appropriate form signed and placed on the Customers records. The Manager is responsible for the MAR charts to be completed in a monthly format detailing the customer medication, collecting, and checking records and notifying the manager of any concerns and reporting any errors according to procedure.

Records can only be removed from the client/service users home with their consent, copies of records must be made available if clients/service users so request.

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Registered Manager

Where problems arise that cannot be resolved by the Manager these should be referred to the Registered Manager.

The Registered Manager has the responsibility to make correct arrangements for the administration and recordkeeping and to ensure policy and procedure are followed. The Registered Manager must manage any medication related incidents to procedure.

The Registered Manager has a responsibility for ensuring that employees handling medication have received the correct training and are competent, and are familiar with and can complete all associated documentation. The manager will notify the care assessor and the relevant Healthcare Professionals of any changes or concerns. Managers must be satisfied with the competency levels of Managers and carers who are supporting clients/service users with medication and this must be documented formally.

Family Liaison Manager/ Locality Managers

Before any support with medication commences, a written care plan and medication risk assessment must be in place.

The initial assessor must ensure that authorisation has been given and the appropriate form has been signed.

Where a client/service user is unable, through mental or physical impairment, to sign their own authorisation form, and there is no-one else to do so on their behalf, the Manager will decide upon the most appropriate person and ensure that written permission is provided (see section 6).

Health Care Professionals

It is the responsibility of the Prescriber to explain the reason for treatment and the likely effects and potential side effects of any medication prescribed to the client/service user. The client/service user will be given details of any changes to their prescribed medicines. Ideally, the prescriber making the change in medication should inform the Manager.

The Prescriber must assess the client/service users capacity to accept a prescription for medication. If the client/service user lacks the capacity to make this decision, the medication may still be prescribed if the Prescriber believes it to be in the client/service users best interests.

Pharmacist – Community and Hospital

Xander Recruitment Group employees must only take responsibility for the prompting, assisting with or administering medication to clients/service users if the community or hospital pharmacist have given clear instructions and information.



Pharmacy workers are equipped to offer advice on the correct storage and disposal of medicines. They advise clients/service users about medication, the correct dosage, when and how it should be taken etc.

A client/service user discharged from hospital may have medication that differs from what was prescribed prior to admission. A list of current medication should be provided through a copy of the discharge supplied by the hospital.

Verbal consent must be obtained from the client/service user to remove and/or dispose of discontinued or out of date medication. This consent should be recorded on the client/service users record.

If a client/service user attends an **outpatient appointment** they should take the MAR with them. If medication is prescribed at the outpatient appointment the MAR can be updated and then returned to the client/service users home.

General Practitioner

GPs have a responsibility of care to provide general health and medical care or to refer to specialist health or social care for all their listed patients.

They have responsibility for prescribing and monitoring the effectiveness of medication. Medication for the purpose of this procedure includes prescribed products which are taken by the mouth or applied externally.

Community Nurses

Prescribers and Community Nurses can offer help and support with medication related queries.

3. Legal Background

Various Acts, Statutes and regulations apply to the social care sector and the safe handling of medication. Health and Safety legislation requires employees to work safely.

Care Standards Act (2000) and Care Act (2014) require that domiciliary care services meet national minimum standards. Standard 10 requires that the registered person ensures that there is a policy, procedure and guidelines for assisting with medication and health related matters.

Link: <http://www.legislation.gov.uk/ukpga/2000/14/contents>

Human Medicines Regulations (2012)

Link: <http://www.legislation.gov.uk/uksi/2012/1916/contents/made>

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Xander Recruitment Group employees may assist with natural remedies (including herbal supplements, homeopathic medicines) or over the counter (OTC) remedies only if they have been checked by a pharmacist or GP to ensure any active ingredients do not interact adversely with any other medicines. This includes any topical creams or ointments that are not prescribed for the client/service user. Any assistance that is required must be added to the care plan.

5. Training

Formal and ongoing training and assessment of competence must be in place. Xander Recruitment Group are responsible for delivering medicines management training to all employees that they directly employ.

In 'The Administration of Medicines in Domiciliary Care' by CQC it states, and it is good practice that: 'Training requirements for domiciliary care staff must be at least to the same standard as for care workers in a care home because clients/service users in a domiciliary care setting are more vulnerable than those in a care home.'

As such those in a supervisory/assessor capacity should have accredited training in order to be able to check all levels of competency in each element of training. Any training should identify any links to National Vocational Qualification units or to Qualification and Credit Framework 'skills for care' knowledge set for medication.

All employees must:

- Be familiar with this policy document and other medicines management related documents.
- Receive effective training and supervision to ensure they understand and are clear about procedures that are to be followed before supporting anyone with medication
- Understand the principles of person centred care in relation to medication including consent, cultural factors and encouraging independence
- Understand how medicines are used and how to handle them safely
- Know the procedures for supporting clients/service users with medication
- Enable medicines to be administered safely and effectively for clients/service users who are unable to self-administer
- Must be aware of where to access information on potential side effects

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6. Consent

The Medicines Act 1968 states that no medical treatment may be given to any person without written and valid consent. Everyone has the right to determine what happens to their own bodies and respecting this right is a fundamental part of good practice.

Link to Medicines Act: <http://www.legislation.gov.uk/ukpga/1968/67>

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people, who may not be able to make their own decisions.

Link Mental Capacity Act: <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Link: Mental Capacity Act Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

The client/service user will have been assessed and consent will have already been obtained through the care planning process. The care planning process will also decide what happens in the best interest of people who lack capacity and decisions around medication. This must be documented by the Manager.

If a client/service user has capacity and consents but cannot sign a consent form due to physical disability, staff/family can sign the consent form to indicate he/she was present when the client/service user gave permission.

A client/service user can decline/refuse medication or withdraw consent at any point. This must be documented and the Manager informed immediately.

Under **NO** circumstances must any client/service user be forced to take medication.

7. General Principles

The Department of Health publication 'Medicines Matters' (2006) states that: 'Any suitably trained member of staff in health or social care can administer medicines that have been prescribed, by an authorised prescriber, for an individual patient. The medicines can then only be given to that named patient. The principle applies to all registered and non-registered staff at all levels.'

Link:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325

Responsibility for safe and effective medication practice Having a Medication Procedure and Guidelines

- Effectively communicating the Procedure and Guidelines
- Providing effective and ongoing training
- Providing effective and ongoing competency checks
- Ensuring effective monitoring, supervision to support safe practice

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- Providing effective documentation to support the above

If there is more than one provider, or a provider and a family carer involved in dealing with medication, their respective roles and responsibilities should be clearly defined and documented in the care plan and statement of need.

Assessment

- An assessment of the needs of the client/service user must be undertaken by the Family Liaison Manager or the Manager before the commencement of any home care service. This would include documentation of any risk reduction measures and clear procedures will be available for staff to follow.
- Most users of Xander Recruitment Group services will be responsible for holding and taking their own medication so clients/service users should be encouraged to manage their medication if possible. Self-administration helps clients/service users maximise their independence and all possible options to support self-administration should be examined including assistive technology aids.

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- Medication for the purpose of this procedure and guidelines only includes products that are taken by mouth or applied externally in the treatment of the client/service user for example, ear, nose drops and transdermal patches (i.e. those applied directly onto the skin) may only be given after specific training has been completed and competency achieved.
- Medication not on the MAR chart will under normal circumstances be administered by Community Nurses, for example injections, suppositories, enemas and dressings. The exception to this may be only after appropriate training from a health care professional has been given and competency achieved.
- If a client/service user has an acute or unstable condition that requires close management and monitoring and frequent changes of dosages, the appropriateness of assistance will be determined by the Manager or appropriate Manager.

Controlled Drugs

- The Misuse of Drugs Act 1971 controls the availability of drugs that are considered sufficiently 'dangerous' or 'harmful' with a potential for misuse. These drugs are termed Controlled Drugs (CDs). It is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation
- CDs with clear written dose instructions can be administered by Xander Recruitment Group employees after training has been given by a health care professional e.g. Community Nurse and competencies have been achieved

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- There are strict controls for the prescribing, administering, safe custody, dispensing, record keeping and disposal of CDs. Under this policy Oramorph 10mg/5ml (morphine sulphate) liquid, Temazepam and Tramadol will be controlled in the same way.

Liquid Morphine

After receiving appropriate training and once competency has been achieved, employees can select and measure a dose of liquid medication using a medication syringe for the client/service user to take themselves.

Transdermal Patches

After receiving appropriate training and once competency has been achieved Xander Recruitment Group employees may administer patches.

Warfarin/Rivaroxaban

- A customer prescribed warfarin or rivaroxaban should have an accompanying letter clearly stating the dosages
- Support cannot be given without written instruction and Xander Recruitment Group employees must contact their Manager if a letter clearly stating doses is not available
- If a client/service users dosage is not stable or likely to require many dose changes then Xander Recruitment Group employees must not assist. These circumstances are deemed too complex and will be managed by the Manager

8. Levels of Care and Support

General

- Xander Recruitment Group employees may prompt, assist with or administer medication. The level of support needed by a client/service user should be clearly stated in their care plan. This includes prompting, assisting, administering (see Glossary).
- Assistance with nebulisers, inhalers and spacers may be provided only when measured doses are prescribed i.e. capsules or ampoules and appropriate training has been received and competency assessed by Community based Registered Nurses.
- Xander Recruitment Group employees must only assist clients/service users as an agreed part of a care plan and with the specific instruction of their Manager
- Xander Recruitment Group employees can refuse to administer medication if they feel they have not received suitable training to competently assist with/administer. This must be reported to the Manager immediately and further training and support will be made available
- Xander Recruitment Group employees must never make clinical judgments, for example omitting doses, if the medication states '1 or 2 tablets to be given' then the medication should be returned to the GP for a precise dosage.
- Under **No** circumstances must a client/service user be forced to take medication.
- Medication must not be given covertly, for example crushed and hidden in food. It is allowable if the client/service user has been risk assessed using a Multi- Disciplinary Team format including GP, Manager, family/Advocate,

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- Pharmacist, Mental Capacity Act applied and Best Interest Decision made and the assessment has been fully documented on the care plan.
- If a client/service user is experiencing difficulty swallowing any medication, Xander Recruitment Group employees must report it to their Manager who should contact the client/service users GP or Community Pharmacist for further advice. Xander Recruitment Group employees must not crush tablets unless this is specified in the care plan with instructions on the label and they have received specific training and are competent to do so.
- Prompting, assisting with, or administering medication must be undertaken in a person-centred way, considering any cultural or spiritual needs a client/service user might have, for example during Ramadan. Guidance can be obtained from Line Managers/Managers.
- A client/service user may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage, arrangements made to accommodate them with appropriate documentation in place. Examples are:
 - The client/service user is vegetarian and prefers to have medication that does not contain gelatine or other animal products
 - The client/service user prefers to have medicine given to them by a member of the same sex
 - The client/service user observes religious festivals by fasting and prefers not to have medicine given at certain times

Level One – Prompting

This is when the client/service user takes responsibility for their own medication but minimal support may be required with some or all of the following:

- Requesting repeat prescriptions.
- Collecting medicines from the pharmacy or surgery (this would only be done in exceptional circumstances – if the client/service user had no-one who could collect it and it was not able to be delivered). This action must be recorded on the medication profile.
- Disposing of unwanted medicines safely as policy, by returning them to a community pharmacy or surgery.
- Disposing of loose tablets safely as policy.
- A reminder or prompt from employee to the client/service user to take their medicines.

Level Two – Assisting

- Where the client/service user clearly identifies their medication, help with opening, or closing a container or compliance aid or popping a tablet out of a blister pack when the employee has not selected the medication.

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Level Three - Administering

The assessment identifies that the client/service user is unable to take responsibility for their medicines and needs support. The client/service user must agree to having input from Xander Recruitment Group service and consent should be documented in the care plan.

Employees should put medication/tablets into the hands of client/service users for them to take unless there is specific instruction in the care plan/risk assessment that says employees can put tablets/medication into the client/service users mouth (with their consent). If a client/service user is having difficulty putting the tablets/medication in their mouth, for example due to physical impairment, this should be reported to a Manager or Manager for re-assessment.

If the client/service user lacks capacity, no one can sign on their behalf. It must be a Best Interest Decision. The Family Liaison Manager/ Manager must fully document this. Link to Manchester Safeguarding partnership below
<https://www.manchestersafeguardingpartnership.co.uk/>

Administration of Medication may include some or all of the following.

T

he staff member:

- Selects and prepares medicines for immediate administration
- Selects and measures a dose of liquid medication for the customer to take
- Applies cream/ointment, ear, nose or eye drops, apply patches and administers inhaled medication
- Decants medication for the client/service user to take themselves at a later prescribed time to enable their independence. This must be an assessed need that is identified on the care plan

Level Four - Administering by specialised technique

When training has taken place and employees have been assessed as competent, employees may be asked to administer medication by specialist technique, for example

- Rectal administration e.g. suppositories, diazepam
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)

9. Procedure for Handling Medication

The 8 rights

This policy incorporates safeguards for clients/service users and employees and must be followed. It seeks to ensure that medicines are only administered to the

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person for whom they are prescribed, given in the right dose, at the right time by the right method/route.

The procedure promotes the '8 Rights' in the interests of both the customer and member of staff.

- I. Right Person
- II. Right Medicine
- III. Right Time
- IV. Right Dose
- V. Right Route/Method of Administration.
- VI. Right to Decline/refuse.
- VII. Right Procedures Followed.
- VIII. Right Documentation.

After Referral

When the decision has been made to support the client/service user at home, and the inability to self-manage medication has been acknowledged, support with medication will become part of the package of care. The client/service users competence to manage medication will be assessed by the initial assessor.

Notification of Medication to Be Administered

- The dispensing pharmacist must be asked to label each item or MDS box with the name of the drug or drugs. This should include a description of the tablet too, such as shape, colour, letters, numbers, lines etc, where MDS is used, the person for whom it is prescribed and full instructions of the dose and time of administration, together with any special instructions. It is good practice to supply a printed MAR Chart with full information and instructions on; where this does not happen the Manager/Manager will ensure that the MAR chart is correctly completed
- The medication, dose and time of administration must be recorded by the Care Worker on the medication administration record (MAR) chart. The MAR chart is kept in the customer home in an agreed location, and clearly visible
- When a medication is stopped or cancelled then 'Cancelled by Dr' (followed by name and date), should be written across the entry on the MAR chart and also documented in the notes. This should be done by the member of staff who receives the message
- When a medication is stopped or cancelled and the client/service user has an MDS, it must be ascertained from the prescriber if the change is immediate or from the next MDS. If the change is immediate liaise with the patient's GP and Pharmacy to obtain a new supply/MDS/MARS documenting in the notes. If the prescriber deems it able to wait for the next MDS then liaise with the patient's Pharmacy to ensure this will be completed in time for the next delivery. If there are any concerns that the new MDS is incorrect discuss with the Manager immediately

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Dispensing

- The pharmacist is responsible for dispensing medication and consideration should be given to the packaging so that the client/service user is enabled as far as possible to manage their own medication e.g. large print labels, blister packs, monitored dosage system etc
- Monitored Dosage Systems should, be filled and labelled by a pharmacist or doctor who is professionally accountable for ensuring that the device is correctly dispensed and that it is suitable for the client/service users and/or carers
- All employees must never fill MDS
- All employees must only assist with or administer medication from containers dispensed and labelled by a pharmacist or dispensing GP.

Collection of Medication

- Medication will normally be obtained by the client/service user or their agent. In exceptional circumstances and only when the client/service user has no-one else who can collect the prescription and the pharmacy cannot deliver it, employees to assist by taking the prescription to the pharmacist and return the medication to the client/service user. Any collection made by employees should be documented on the medication profile and care plan, to include date, no of items collected and signature of the person collecting.
- When employees are collecting CDs they will be asked to sign for them and will be asked for Identification by the pharmacist. Similar risk reduction measures should be applied like those taken when employees are collecting monies. Amounts should be kept small (28-day supply) and kept out of sight and if appropriate, collection times should vary.

Storage

- All medicines are potentially dangerous if misused and care must be taken with their storage, administration, control and safe disposal.
- The location of medicines must be agreed with the client/service user and documented on the care plan. It should be an accessible place that is dry, cool and out of direct sunlight.
- Any special storage instructions should be followed, for example, needs to be kept in a fridge or only for a short time, and keep out of reach and sight of children.
- Medication must be stored in the original packaging or MDS as supplied by the pharmacist.
- Medicines should not be separated from the pharmacy label. If they are, this must be documented on the care plan by the Customer Liaison Manager /Manager
- Medication should not be placed out of reach of the client/service user except in circumstances of significant risk, for example, the client/service user taking it incorrectly. In such exceptional circumstances, a risk assessment should be undertaken and any decision taken by the Initial Assessor or Registered Healthcare Professional and/or next of kin, should be noted on a care plan.

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Sharps Boxes

Any needles that a client/service user may have used should be disposed of in a Sharps bin. When the box is full, it should be collected by Local Authority Environmental Services, telephone 0161 2344854.

Record Keeping

- There is a statutory requirement to maintain medication records, these must be correctly completed, legible and up to date. All current medication charts and records should be kept in the client/service users file in their home. MAR charts can only be signed by the member of staff who has provided the support
- The records must provide an audit trail so an audit can take place at the end of each episode of care and/or monthly as per Service Specification. This involves checking and ensuring that all medication has been correctly signed for and if appropriate, that the balances of medication are correct and expiry dates are correct and correct procedures for the disposal have been followed. The MARS Chart must be signed by the person doing the check.
- All medication records and charts for adults must be kept for 8 years in the client/service users records by service from the cessation of service.
- Patient information leaflets issued with medicines must be retained
- Documentation that should be kept in the client/service users file in the client/service users home:
 - Medication Authorisation form.
 - Medication Risk Assessment form and care plan (to have been completed by the Assessor, prior to Welcome Independent Living commencing).
 - Medication Administration Record (MAR) chart –which should include the following information:
 - i. The person's name, date of birth, and address
 - ii. The GP's name, address and contact number
 - iii. Medication, dose and route of administration and any special instructions and whether care staff are expected to prompt, assist or administer
 - iv. Contact details for other health professional involved
 - v. Contact details for the client/service users pharmacist
 - vi. Known allergies
 - vii. Daily record of support with medication
- Medication Audit Form (to be completed by a Deputy Manager or Registered Manager and kept at an office base)

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One off Courses of Medication

If a client/service user is prescribed a one-off course of treatment for example antibiotics and employees will be assisting or administering them, then the medication must be entered on the MAR chart.

PRN Medication (as required)

- When a client/service user has been prescribed PRN medication there must be clearly written guidelines from the prescriber that give details of the dose and the maximum daily dose, frequency, and intervals. The medication must be entered on the MAR chart and profile form
- If any PRN medication is prompted, assisted or administered, it must be recorded on the MAR chart. If the PRN medication is not required by the client/service user, this should be recorded on the MAR chart with the relevant symbol/code

Oxygen

Xander Recruitment Group employees will only prompt or assist with the application of masks for clients/service users who are using oxygen; employees must **NOT** alter or set dosages. Under no circumstances will the employees handle or manage NIPPI masks (non-invasive positive pressure mask).

Home from Hospital/Intermediate care/Respite care or other

- Clients/service users discharged from hospital may have different medication from that prior to going into hospital, employees may need additional support from their Manager at this time. When a client/service user returns from hospital etc with new medication, it is the '**take home**' medication that should be managed
- Clear instructions should accompany the client/service user on discharge from hospital
- If there is any uncertainty, then the Manager should be contacted to clarify instructions
- If there are any immediate concerns during the 'out of hours' period, the Out of Hours District Nursing Team should be contacted on 0161 7010886 or the Emergency Duty Pharmacist at the Manchester Royal hospital via switchboard 0161 2761234 or 111 for GP out of hours
- Only under exceptional circumstances, for example when a client/service user has returned from hospital without a copy of the eDischarge may employees accept verbal instructions on changes to medication that was already being taken by the client/service user (that had been previously prescribed by their GP, Pharmacist or Community Nurse). The Manager must be informed of the change, and it must be followed up in writing that or the following day

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10. Incidents

- All employees must report any incidents, even if they feel them to be trivial, so that appropriate action can be taken and the client/service user and member of employee is supported
- If an incident occurs it must be reported on the MAR chart, daily log sheet, the Medication Incident Sheet and referred to in the daily notes
- It must be reported to their Manager as soon as possible. The Manager is responsible for examining the incident and reporting it via the appropriate process. All incidents must be reported on within 24 hours
- If a client/service user spits out the medication or vomits after taking it, it should be recorded and advice sought from the GP or another Registered Healthcare Professional
- If a dose of medication was missed during a missed visit do not encourage a client/service user to take or administer it. Record it on the MAR chart and seek advice from your Manager
- If medication is dropped or spilt or unused medication found, then it should be disposed of as per policy. If any discrepancy is found this should be recorded in the client/service users notes and reported to their Manager

Further Advice

- Customers GP or Health Care Professional E.g. Community Nurse, Pharmacist
- Contact 111 out of hours

11. Death of a Customer

- If a Client/service user dies, involvement with medicines must cease immediately. Medicines and medicines related documentation must be kept untouched in the home for 7 days.
- In the case of an unexpected death the Coroner may wish to see the medication and/or records.

12. Monitoring compliance

- All employees medicines management competencies must be checked periodically according to policy. This should be yearly at appraisal
- Managers should monitor the administration of medicines during the course of their practice
- Medication Incident Reports are reported to Gateway to Care
- Whole systems learning takes place at relevant forums and meetings and should be used to monitor and provide organisational learning

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Glossary

Appendix i

Accredited training

Training provided by an accredited recognised body.

Administer

Taking the medicine from storage, measuring or counting doses, putting the medication into the customer's hand or mouth with consent.

Administration of medication

The way in which medicines are given or used.

Assisting

Help with preparation e.g. shaking the bottle or undoing lid or removing tablet from bottle or Monitored Dosage System where the customer clearly identifies and recognises the medication they require.

Audit trail

A security-relevant chronological record, set of records, and/or destination and source of records that provide documentary evidence of the sequence of activities that have taken place at any time.

Authorised staff

Staff that have been trained and deemed competent to prompt, assist or administer medication.

CDs

Controlled Drugs are classified (by law) based on their benefit when used in medical treatment and their harm if misused. The Misuse of Drugs regulations include five schedules that classify all controlled medicines and drugs. Schedule 1 has the highest level of control, but drugs in this group are virtually never used in medicines. Schedule 5 has a much lower level of control.

Community pharmacist

A pharmacist (chemist) working within the community from a pharmacy (chemist shop).

Community Registered Nurses

Nurses Registered with the Nursing & Midwifery Council who are employed by CHFT to work in the Community.



Medication Policy

Compliance Aids

Compliance aids are devices which may assist patients to administer/take medication. Examples include: autodrop eye drop aids, haleraids for metered dose inhalers.

Competent

Staff that have been suitably trained and can carry out a specified task to an adequate standard every time.

Competency Training

Training provided to our staff by a designated health staff member who is qualified and deemed competent to deliver training in specialist areas.

Covertly

Without the knowledge of the patient, for example medication crushed and hidden in food.

Health Care Professional

Includes Registered GPs, Nurses, Pharmacists etc.

Homely remedies

Non-prescription or “over the counter” medicines for the treatment of minor ailments, e.g. pain, cough etc.

MAR chart

Medication Administration Record Chart.

Monitored Dosage Systems

MDS are devices which may assist medicine taking, indicating the correct tablet and day and time to be taken, and can be filled or used by the customer, relative or carer. Examples include: medidose, medimax, venalink and nomad systems.

PEG (Percutaneous Endoscopic Gastrostomy)

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 and administering medication when oral intake is not adequate or not clinically advised (for example, because of dysphagia or sedation).

PRN

Medication that is taken as required.

Prescribed medicines and treatment

A registered medical practitioner or registered Non-Medical Prescriber has directed that the particular medicine or treatment concerned is to be administered to a specified individual on conditions which are clearly stated.

Procedure

The way in which medication is acquired or received, stored, and handled within a service.

Medication Policy



Prompting - means giving verbal or visual reminders, to assist a customer to self- medicate by enquiring verbally or physically if they have taken their medicine at the specific time.

Responsibility

A duty that staff could be held legally accountable for.

Risk assessment

Identification of hazards, evaluation of the risks involved and identification of suitable controls to make sure risks are reduced.

Self-administration - When customers have been assessed as being capable of taking medicines themselves

Customer - An adult receiving a care package from Welcome Independent Living

Registered Manager- a manager of a Welcome Independent Living responsibility for staff that assist with or administer medication.

Skilled Observation

Examples are taking blood pressure, temperature, pulse. staff must not assist with any medication that depends on upon skilled observations. The exception to this may be staff after appropriate training and competency has been reached.

Storage – a safe and preferably lockable place to keep medication, away from children and other customers.

Specialist Techniques

Administering medication by for example, rectally or via a PEG tube. Under this policy this applies only to Specially Trained staff.

Alex Stockley - Managing Director – XANDER RECRUITMENT GROUP LIMITED



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