

Medication Management Policy

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Medication Management Policy

Policy statement

This policy is designed to provide guidance for Your World Recruitment Group Ltd workers who deal with medication administration in care establishments and hospitals.

This policy reflects the Care Standards and regulations, core principles set out by the Royal Pharmaceutical Society of Great Britain, Nursing and Midwifery Standards for Medicine Management and current legislation and sector standards (refer to reference section at the end of the policy).

Purpose

This policy is intended as a statement of best practice within YWRG and as a guide for agency workers who are dealing with medication.

- Qualified nurses must maintain their NMC registration and remain accountable for their own professional practice, adhering to the Nursing and Midwifery Council Code of Conduct. They must also comply with the NMC standards for Medicine Management 2008.
- Only suitably qualified agency staff may administer prescribed medication, including controlled drugs. Any medication must be given as directed by the prescriber and recorded accordingly.

Legislation

The Medicines Act 1968 - governs the control of medicines for human use and for veterinary use, this includes the manufacture and supply of medicines.

The Medicines Act 1971 - often presented as little more than a list of prohibited drugs and of penalties linked to their possession and supply

The Misuse of Drugs (Safe Custody) Regulations 1973 Sin 1973 No 798 as amended by Misuse of Drugs Regulations 2001 - state that all schedule 2 (e.g., opiates) and some schedule 3 (e.g., temazepam) drugs should be stored in a cabinet or safe, locked with a key. The cabinet should be made of metal and fixed to the wall or floor. A designated person at the practice should be nominated as responsible for the CDs and appoint key holders. The keys should be kept in a safe place and no unauthorised members of staff should have access to the keys, e.g., a locum. For home visits doctors should carry CDs in a lockable bag.

The Data Protection Act 1998 – in relation to the protection of service user’s data

The Misuse of Drugs Act 1971

Mental Capacity Act 2005

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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Qualified nurse agency worker professional responsibilities

The worker's role in the management of medication is the safe handling and administration of medicines and the provision to support the patient receiving them. Part of this responsibility is to ensure that the patient understands the reasons for taking medication, the likely outcome and any potential side-effects. Workers must work within local procedures, policies and directives. YWRG expects all workers to follow Nursing and Midwifery Council "Standards for medicines management", 2008. This framework provides the minimum standards by which their practice should be carried out and it is against these standards that their conduct will be measured.

Key points for consideration:

- Understand the therapeutic use of the medication, dosage, side effects, precautions and contra-indications
- Confirm and be certain of the identity of the patient whom they are giving the medication to
- Whenever possible, be based on the patients informed consent and purpose of the treatment
- Have awareness of the patients care plan
- Ensure that the prescription is clear and unambiguous and that the label on the medication is dispensed by a pharmacist
- Have considered the dosage, method of administration, route and timing of the administration in the context of the condition of the patient and co-existing therapies
- Check the expiry date of the medication
- Check that the patient is not allergic to the medication
- Contact the prescriber without delay where contra-indications to the prescribed medication are discovered, where the patient develops a reaction to the medication, or where assessment of the patient indicates that the medicine is no longer suitable
- Make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring that any written entries and the signature are clear and legible
- Ensure that a record is made when delegating the task of administering medicine
- Where supervising a student nurse in the administration of medication clearly countersign the signature of the student nurse

Relevant documentation

YWRG workers should be aware of relevant documentation in relation to the safe administration of medications:

- Managing Medicines in Care Homes – NICE Guidelines
- Standards for Medicine Management - NMC Guidelines
- Better Medicines Management – RCN Guidelines

Training

Workers qualified to administer medications must keep up to date with current legislative changes and best practice. YWRG require all new workers to complete a robust e-learning module which is updated biennially. YWRG also offer an annual clinical training session which all staff are encouraged to attend. Supervision is also carried out on trained staff whilst administering medication in care establishments to check competency.

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Qualified nurse agency worker professional responsibilities

It is imperative that all staff who administer medication should access up to date information about the use of medicines when they do not know or are unsure of the use and benefit of specific medications. The British National Formulary (BNF) should always be available in all care establishments and hospitals. If not available, [click here](#) to be taken to the web page.

YWRG provide 24-hour clinical support for staff. They are encouraged to seek assistance from a member of staff in the establishment they are working within, however can contact the YWRG clinical team for additional guidance.

Administration of medication

Workers qualified to administer medications are responsible and accountable for their own actions. They must know the therapeutic use for the medication, normal dosage and side effects, and any precautions or contra indications. All care establishments should have their own policies and procedures for the safe administration of medication for that particular care setting. 'Safe Administration' is defined as medicines given in such a way as to avoid causing harm to the person taking the medication. Apart from homely remedies, a prescription must always be obtained from a registered medical practitioner or a nurse prescriber, for any medication administered to another person.

Medicines must never be removed from their original containers or bottles in which they are dispensed by the pharmacist. This includes the Monitored Dosage System (MDS) or other compliance aids.

Staff must always follow set procedures within their care settings and adhere to the main principles of safe administration:

- Identify the medication correctly
- Identify the person correctly
- Know the medication you are administering
- Know whether there are any special precautions needed
- The dignity and privacy of the service user must always be preserved
- Check that the prescription or label on medicines dispensed by a pharmacist is clearly written and unambiguous.
- Consider the dosage, method of administration, route and timing of the administration in the context of the condition of the service user and co-existing therapies
- Check the expiry of the medication to be administered
- Check that the service user has no allergy to the medication being administered
- Contact the prescriber without delay where contra-indications to the prescribed medication are discovered, where the service user develops a reaction to the medicine or where assessment of the service user indicates that the medicine is no longer suitable
- Make a clear, accurate and immediate record of all medicines administered, intentionally withheld or refused by service user, ensuring that any written entries and the signature are clear and legible
- If an entry is incorrect, it should be scored out and signed error. It should never be corrected with TIPPEX
- Not all medication is administered by mouth. You should check the prescription carefully to ascertain the route which may be: oral, rectal, parenteral, intradermal, subcutaneous, intramuscular, topical or inhaled
- Medicines for individuals are available when needed. All prescriptions should be ordered on a regular basis to ensure continuous supply. Systems and timing of medication administration should be person centered and not dictated by other organisational needs and timetables

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- Care establishments should foster good relationships with the local pharmacist, whose expertise will assist in providing information and support. Contact details of the local pharmacist should be readily available so that staff can contact the pharmacist as required
- Under no circumstances should medication prescribed for one person be given to another even if they are both on the same medication
- Medication must only be dispensed from its container at the time of administration for the person to whom it is intended. It must never be potted into another container or given to someone at a later time
- Medication can have two names, the generic name based on the medicine's main ingredient like Paracetamol and its trade name e.g. Anadin

Ordering of supplies of medicines

Ordering medication is the responsibility of the establishment. Establishments have different pharmacies that they use and different protocols in relation to the ordering of medication. Workers, will however on occasion need to order emergency medications as prescribed by GP/Doctor and will require to know the procedure to ensure that the prescription is made available as soon as

Receipt of medicines

The receipt of medicines is the responsibility of the Nurse in Charge. Medicines must be checked as per local protocol on receipt, and then locked in the appropriate cabinet or safe.

Storage of medicines

All medication needs to be stored in a clean, lockable, secure facility so that they cannot be mixed up with other people's medication and cannot be stolen.

In a care home, a locked trolley is used and must be secured to the wall within a locked treatment room when not in use. The trolley should be big enough to hold all medication required.

Controlled drugs must be stored in cupboards that comply with the Misuse of Drugs (Safe Custody) Regulations 1972. 'Controlled Drugs cabinets should be reserved for controlled drugs only, holding nothing else – it is not a safe and should not hold jewellery, cigarettes etc.' A separate bound Controlled Drugs Register (CDR) must be kept to record all controlled drugs held. Any stock of stored medications should be audited, rotated and checked for expiry dates on a regular basis.

Self-administration of medication

Self-Administration is the term used to describe the service user storing and administering medicines for their own use. They should be encouraged to self-administer their own medications; however, this is not always possible and at that stage, trained care staff should intervene. Service users still retain their legal right concerning their medication, as any medication prescribed for a particular person remains their personal property.

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All individuals wishing to self-medicate should be assessed as to their capability and understanding of the requirements and risks, considering the following factors:

- State of mental health, the degree of dementia, confusion or other problems
- State of physical health, the degree of frailty which may affect the ability to handle the medicines
- Security and storage
- The wishes of the service user
- The disposal system

Care establishments have a duty of care to all service users and staff and this must be taken into consideration when assessing the competency of a service user to self-medicate. If a dispute occurs regarding competency, the GP/Doctor may be called to advise, or risk assessment updated and further action taken to ensure the safety of the service user and others. The risk assessment should be regularly reviewed and staff should carry out regular compliance checks to ensure the service user is taking their medication as prescribed and offer support if needed to continue to self-medicate.

Administration of medicines via medical devices and enteral feeding tubes

Workers should not use or oversee the use of medical devices unless they are competent on how to operate the device.

Before using a device to administer medication the worker should check the device:

- Will do what is intended
- Has been regularly maintained and no evidence of faults
- Has the correct equipment for use e.g. syringes

The worker should ensure that:

- They are familiar with the device
- They know how to set up and use the device
- They understand the monitoring necessary to check the performance of the device

If there are any problems during administration the device should be stopped. Any adverse incident should be reported to the Medical Devices Agency.

Some service users require an enteral feeding tube to maintain their nutritional requirements and receive their medication, when the oral route is compromised through a medical condition e.g. dysphagia following a stroke, tumour, lack of consciousness. Types of tubes are nasogastric, PEG tubes, gastrostomy and jejunostomy tubes.

When a service user requires medication through an enteral feed tube, the worker must follow the procedure provided by the District Nurse/Community Dietitian or hospital policy. Administering medications directly via the stomach or jejunum can cause problems e.g. gastric irritation, interactions between medications, blockage of the tube. Only medicines prescribed for use via the enteral tube must be given. Tablets as a general rule should never be crushed and are therefore not suitable for administration via this route.

On no account should the worker make any decision to give other medications via this route unless advised by specialists.

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Medication errors/discrepancies/near misses

YWRG advocate a “no blame” policy. Errors occur, when they do, we encourage all workers to report errors immediately. When an error occurs, the policies and procedures for that establishment must be followed immediately and should include the following steps:

- Report immediately to line manager and follow directions given
- Report immediately to GP and follow directions given, if this is out of hours contact NHS24
- If a serious error is made, the service user may need hospital treatment
- Document/record error fully and Datix if appropriate
- Contact the YWRG clinical team to report the incident

Common errors that occur include:

- Under administration
- Over administration
- Incorrect medication
- Incorrect prescription
- Non-administration
- Non-recording
- Administration of wrong medicine to wrong service user
- Administration at wrong time

Any discrepancies noted when administering medication should be notified immediately to the direct line manager. The Dr on call/ RMO should be informed and advice sought.

All incidents should be fully investigated, the results documented and every possible action taken to prevent the incident happening again. The YWRG clinical team will investigate any errors fully with workers.

If serious negligence or an attempt to cover up the mistake is discovered, this will be treated as a disciplinary offence and may result in a referral to the NMC.

Disposal of medicines

Dispensed medication for individual service users in a care establishment can be described as household waste and is covered by the Hazardous Waste Regulations 2005.

There should be a written policy in place which describes the local procedure for recording of unwanted medication to be returned to the pharmacist. All medication should be recorded and signed for by the receiving pharmacist and a copy kept by the organisation. Local policy should be followed for the disposal or destruction of controlled medication.

Record keeping

Medication is the property of the service user for whom they are prescribed, however providers are required to keep records of medicine used by the service user, ensure they are regularly reviewed and a record kept within their care plan.

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All medication should be referenced back to the original prescription and not the previous Medicine Administration Record (MAR) chart. An up to date record of current medication must be maintained. All medication records should be kept together in one place. All records should be legible, in black ink and signed.

Providers need to keep a record of the initials and full signatures of all staff that are in any way involved with the administration of medication.

The main purpose of medication recording is to provide an accurate audit trail from the initial prescription to the final disposal of the medicine.

Homely remedies

Homely remedies refer to medicines that can be obtained without a prescription from a chemist or store e.g. Analgesia, antacids, laxatives, vitamins, cough medicines, antihistamines etc. The GP/Doctor should compile a list of homely remedies that each individual service user can have that will not have any adverse reaction with them, this should then be signed and kept along with their MAR sheet. All homely remedies that are administered should be recorded on the MAR sheet with the reason they were given, and the effect they had on the service user. Homely remedies should never be given if they have not been assessed by the GP/Doctor. If homely remedies are used for more than 48 hours, then a GP must be informed and they must be asked to prescribe the medication. A running total of all homely remedy stock should be kept to ensure there is an audit trail of when and to whom the medications have been given.

Covert medication

People have freedom of choice in relation to their medicines. Individuals must consent to take medication and it is within their rights to refuse to take medication. People with altered mental states may refuse due to their inability to discern their need to take medication. It therefore may be necessary to devise strategies to encourage service users to take their medication as prescribed without resorting to coercion or deception. Any refusal should be recorded and a risk assessment regarding medication done.

A risk assessment should be in place for the use of covert medication. This is when the service user's medication is administered within their food to ensure it is taken. The risk assessment is agreed between the family, care staff and GP and should only be used if there is no other option available and the medication is required. Workers should follow the risk assessment should covert medication be required.

Controlled drugs

Ordering of a controlled drug is done by a Doctor/GP. A controlled drug is a dangerous or otherwise harmful substance which is designated as a controlled drug under the Misuse of Drugs Act 1971. Receipt of controlled medication must be received by the registered nurse on duty and countersigned by another registered nurse or senior carer. It is then their responsibility to check the medication in and record in a Controlled Drugs Register (CDR). All entries must have a date, service user's name, strength and dosage, time of administration, running total of stock and be signed by both appropriately trained staff. They should be stored within the locked CD cupboard as soon as they have been recorded.

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Controlled drugs cupboard keys should never be given to a member of staff who is not permitted to access controlled drugs. The keys must be kept with the designated member of staff at all times and signed for at each shift changeover in a book kept especially for this purpose.

Establishments will have their own policies and procedures that cover the following where controlled drugs are concerned:

- Safe administration
- Storage and security
- Disposal of controlled drugs
- Controlled drugs register

Any discrepancies in the number of controlled drugs must be reported immediately to the person in charge and recorded appropriately. Where a sole nurse is in charge and is required to administer controlled drugs, he/she should refer to their policies. When administering the controlled drugs, a second member of staff should be present to act as a witness. It is best practice that the controlled drugs are checked at handover so there can be no dispute later.

Audit

Care establishments and hospitals are required to undertake audit. Each area will have their own process and audit tool. It is the responsibility of each worker to follow the process indicated by the area they are working within and highlight any issues to a senior member of staff.

Unqualified agency staff – role and responsibilities in medication management

It is very unlikely that a YWRG agency care worker will be required to be involved or participate in medications.

If an agency care worker is required to assist a patient with medication they should clarify the extent of their responsibility with the person in charge and be clear to inform them if they do not feel competent to assist.

All agency care workers involved in medication management should have accredited training to support a patient at either Level 1, 2 or 3.

LEVEL 1: assistance/general support/prompting with medicines

General support is given when the person using the service takes responsibility for her/his own medication.

If a person requires general support with their medication this will be identified at the care assessment stage and specified in the care plan. In these circumstances, the employee will always be working under the direction of the person receiving the care.

For Level 1 support the service user must be able to:

- Understand how to take their medication
- Understand the consequences of not taking the medication or not following the prescriber's instructions
- Identify their medicines i.e. confirm that they have been passed the right drug, dose, strength and form of medicine at the right time
- Make choices and communicate them

The support given may include some, or all, of the following:

- Requesting repeat prescriptions from the GP

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- Collecting medicines from the community pharmacy/dispensing GP surgery
- Disposing of unwanted medicines safely by returning to the supplying pharmacy/dispensing GP surgery (when requested by the person)
- Reminding or prompting the service user to take their medicines. (A persistent need for reminders may indicate that the person does not have the ability to take responsibility for their own medicines and should prompt a review of the care plan)
- Manipulation of a container of prescribed medicine under the direction of the person, e.g. opening a bottle of liquid medication
- Use of assisted technology, where available/appropriate

The service user can retain independence by using compliance aids, including monitored dosage systems (MDS). These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether they have taken their medicines. The MDS should be filled and labelled by the Pharmacist or dispensing GP.

A service user who is assessed at Level 1 may need to have their medication administered during a period of illness e.g. UTI (urinary tract infection), following which it may be appropriate to return to self-administration following re-assessment. Refer to “Administration of Medication” section for details on recording.

Level 2: administering medication

The need for medication to be administered by workers will be identified at the assessment. This support may be required due to impaired cognitive awareness or from a physical disability.

Workers are considered to be providing Level 2 tasks when they are taking responsibility for confirming they have selected the correct medication and that they have followed the 6 rights of administration.

The service user must agree to have the worker administer medication, and consent should be documented in the care plan.

When administering medicines, the employee should always:

- Check the person’s name against the medication labels
- Check that the person is ready to take their medicine
- Gain the person’s consent. If a person is unable to communicate their consent then affirmation of how informed consent was gained must be documented in the care notes
- Check the MAR and care notes to ensure medication has not already been given and whether there have been any changes to their medication
- Check the labels and MAR for any special instructions e.g. not to be taken with food
- Record on the MAR and care notes immediately medication has been taken

In addition to the activities of Level 1 support, Level 2 support may include some or all of the following tasks:

- Selecting and preparing the correct medication for administration
- Administration of oral medication, including tablets, capsules and liquids (including controlled drugs)
- Measuring out doses of liquid ensuring they have measured out the correct amount
- Administering inhaler devices
- Applying external medicated creams/ointments/gels/lotions
- Applying transdermal patches (including controlled drugs)
- Applying medication to the eye, nose or ear (drops, ointments or sprays)

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Staff must be able to identify each individual medication against the MAR and should only administer medication from the original manufacturer filled containers, containers filled by a pharmacy or dispensing GP or tamper free Monitored Dosage System (MDS) where each medicine can be individually identified.

When discharged from hospital the service user may have medication that differs from those retained in the home prior to admission. Where this occurs, there may be an increased risk of error and where there is lack of clarity the worker should seek advice from the pharmacy, prescriber or senior employee.

Level 3: administering by specialised techniques: only for specific situations

In exceptional circumstances and following assessment by an appropriate healthcare professional, a worker may be asked to administer a specific medication by specialist (invasive) technique to a specific service user. This can include the following:

- Warfarin
- Rectal/vaginal administration, e.g. suppositories, pessaries, diazepam
- Administration by injection e.g. insulin, adrenaline
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Buccal administration e.g. midazolam for epileptic seizures
- Assistance with oxygen
- Nebulisers

The above list is not exhaustive. NB: The healthcare professional who provided the training remains responsible for ensuring the worker can safely and effectively administer any medication under specialist technique. Accordingly, on-going supervision arrangements must be agreed and confirmed in writing by the healthcare professional prior to agreeing to undertake administration by specialist technique.

The following may be trained to workers by a recognised trainer who has completed appropriate specialist training and felt confident and competent to cascade train:

- Warfarin
- Inhalers
- Medicated patches
- Dry dressings
- Instilling eye/ear/nose drops

Workers can refuse to administer medications via specialist technique if they do not feel confident in their own competence. Workers administering eye drops should follow the Protocol for Administering Eye Drops, a copy of which should be retained with the service user's MAR.

When administering medicines via a PEG there must be written instruction from the pharmacist on how to do this and how to prepare the medication.

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Useful links

<http://www.legislation.gov.uk/ukpga/1971/38/contents>

<http://www.legislation.gov.uk/uksi/2001/3998/contents/made>

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

<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines>

<http://www.cqc.org.uk/content/regulation-12-safe-care-and-treatment#guidance>

<http://www.legislation.gov.uk/ukpga/2005/9/section/1>

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

<https://www.rcn.org.uk/Professional-Development/Accountability-and-delegation>

<https://www.rcn.org.uk/clinical-topics/Consent-in-England-and-Wales>