

OP18 Control of Medication

1. Policy Statement

- 1.1 In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, the intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. It is the policy of Shared Lives South West to recognise the importance of safe and effective medication management and its role in the wider context of meeting the health needs of those it supports.
- 1.2 Shared Lives South West will ensure that Shared Lives carers understand the principles behind the safe handling of medication and follow the procedures laid down by Shared Lives South West for the control, administration, recording, safe keeping, handling and disposal of medicines.
- 1.3 SLSW will ensure best practice is observed in consultation with current guidance provided by the National Institute for Health and Care Excellence (NICE) guidelines and any further supporting information.

2. General Guidance

- 2.1 People living or staying with Shared Lives carers should, wherever possible be encouraged and supported to take responsibility for their own medication if they are able to do so safely in relation to the Mental Capacity Act.
- 2.2 Shared Lives South West must ensure that its carers have the knowledge and skills needed to handle and administer medication safely. All carers are required to complete training at a level proportionate to their role. Training will be refreshed every three years or sooner if needed. In addition, competency is monitored and assessed annually.
- 2.3 Where Shared Lives carers are asked to carry out specific medical procedures for the person they support, they should only do so after having received training in that procedure and under the supervision of an appropriate health professional. A risk assessment will be completed to ensure the safety and wellbeing of the individual.
- 2.4 Shared Lives carers must not administer any non-prescribed externally applied medication or dressing without obtaining guidance from a health professional. The only exception to this would be the application of emergency aid for which the carer has received appropriate training.
- 2.5 Shared Lives carers should consult with a health professional/pharmacist wherever possible for information about any known allergies or contraindications in relation to their prescribed medications, before giving

any non-prescribed remedies (also referred to as homely remedies) to a individual they support e.g. medication for pain. A record should be kept of any remedies given. Shared Lives carers should ensure this information is recorded in the individuals' Shared Lives Plan.

- 2.6 All forms of medication are potentially harmful if misused and care needs to be taken in obtaining, administering, recording, disposing and controlling them. Shared Lives Carers will seek specialist advice and work in partnership with other health professionals around the storage, administration and disposal of medications considered as 'hazardous substances' for example cytotoxic drugs.
- 2.7 Medication, whether self-administered or given with assistance, should be stored safely. Suitable storage should not be affected by moisture or extreme temperatures. Where medication require refrigeration, they should be stored in clearly marked containers on the top shelf of the refrigerator. Medicines dispensed by carers should be kept in their original boxes or containers with the pharmacy label attached and legible. If an individual chooses to store their medication in a different way, a risk assessment should be completed and their reasons documented in their Shared Lives Plan. Best practice requires the account of a medical professional in relation to the risk assessment to be recorded.
- 2.8 All medication administered by a carer or if individual requires support with medication, must be recorded on a MAR sheet.
- 2.9 Controlled medication must be stored in a lockable space.
- 2.10 Patient information leaflets should be kept for every medication that the patient is prescribed.
- 2.11 Medication travelling with a person away from their long-term carers home must remain in the original packaging with the pharmacy label intact and legible. Recording sheets should accompany the medication and wherever possible, these should be formal MAR sheets from the pharmacy or SLSW MAR.

3. Covert Medication

- 3.1 This is generally not accepted but may be considered if the medication is deemed essential.
- 3.2 It must not happen unless there has been a mental capacity assessment and, where an individual is deemed to lack capacity, it has been agreed and recorded as a 'best interest' decision. That decision would involve any people who are involved with the support of that individual and will be

documented in their care plan and be reviewed regularly. In all cases the prescriber must confirm this in writing.

- 3.3 Medications should not be crushed for administration unless this has been authorised by the prescriber. In all cases the prescriber must confirm this in writing.

4. PRN or 'As Required' Medication

- 4.1 People supported, carers, SLSW and any supporting professionals must clearly record and communicate all PRN arrangements, including proportionate risk assessment.
- 4.2 'As Required' medications are prescribed and intended to be taken when needed, rather than at specific times, for example pain relief or indigestion remedies. Some prescribed medications may have a variable rather than a fixed dose, for example 1 or 2 tablets.
- 4.3 Shared Lives carers should not administer any 'As required' medications which may have a sedative or other behaviour controlling effect unless:
- Agreed by Shared Lives South West AND
 - The supporting health professional has provided a written protocol specific to the person for whom the medication is prescribed. The protocol must detail the circumstances in which the 'As Required' medication should be used.
- 4.4 The carer will record the reason for administering any 'As Required' variable dose medications and the dosage given on the MAR sheet each time.
- 4.5 If any PRN medication that intentionally effects behaviour or is considered a rescue medication is given then the carer must submit an incident form to Shared Lives South West.
- 4.6 Carers will contact the individual's GP, prescribing pharmacy or NHS 111 helpline for advice if they are unsure about:
- When to give 'As Required' medication
 - What the dose should be
 - The effects of the medication

5. Consent

- 5.1 A patient has the right under common law to give or withhold their consent to medical examination or treatment. They are entitled to receive sufficient information in a way they can understand about proposed treatments,

possible alternatives and any substantial risks to them so that they can make a balanced judgement.

- 5.2 The law states that no medical treatment may be given to any person without valid consent. Whilst not a legal requirement this should be recorded in writing wherever possible. Non-consent to medical treatments can include advance directives and DNARs. These should be updated when significant changes occur or, at a minimum, on an annual basis.
- 5.3 Where consent is given a copy should be placed on the individuals' file. In cases where consent is refused the matter must be recorded, Shared Lives South West must be informed as well as the GP.
- 5.4 Where consent cannot be given because of the severe nature of an individuals' medical condition or learning disability, a capacity assessment would need to be undertaken and a 'best interest' meeting held as appropriate.
- 5.5 A Shared Lives Carer cannot give consent to medical treatment on behalf of the people they support.
- 5.6 A doctor can lawfully operate on or give other treatment to adult patients who are incapable, for one reason or another, of giving consent, provided that the operation or treatment concerned is in the best interests of the patient e.g. the treatment is carried out to save their life, or to ensure improvement or prevent deterioration in their physical or mental health. A 'best interest' decision making process as described in the Mental Capacity Act must precede any medical intervention where the individual has been assessed as lacking the capacity to consent to the procedure.
- 5.7 In situations where a legal decision is made by a Court overruling an individual's decision to withhold consent, the procedures to be followed should be clearly recorded in their Shared Lives Plan.
- 5.8 Where it is considered that refusal of consent is not made of an individual's own free will, the carer should refer to the Safeguarding guidelines and discuss with their Shared Lives Coordinator.

6. Medical Emergencies

- 6.1 In any incident that appears to be life threatening, normal emergency aid procedures should be followed and appropriate medical assistance summoned as a matter of urgency.
- 6.2 Give details of any other parties responsible for developing, deploying or monitoring aspects of the policy.

7. Confidentiality

- 7.1 Shared Lives Carers should ensure that the health details and arrangements relating to the administration of medication should only be discussed with those who need to know i.e. SLCs, health and social care professionals.
- 7.2 Relatives should only be informed with the agreement of the individual receiving medication or treatment. Where they are unable to give informed consent then consideration should be given to the use of an independent advocate and 'best interest' guidance inline with the Mental Capacity Act.

8. Review

- 8.1 This policy will be reviewed every two years, or earlier if required.

9. Responsibilities

- 9.1 The Registered Manager has overall responsibility for the implementation of this policy.
- 9.2 All operational staff and Shared Lives Carers are responsible for understanding and applying this policy in their work.