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GENERAL POLICY FOR MANAGING SERVICE USERS' MEDICINES

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This Policy defines the principles and standards to be observed to ensure that service users can safely take their medication. This addresses both non-prescribed ("over-the-counter" - OTC) and prescription medicines, including controlled drugs. This Policy is a general overview, and reference is made to the following additional, and more specific, policies as appropriate to circumstances:

Policy No 361	Safe Storage of Medicines in the Service User's Home
Policy No 362	Administration of Medicines to an Adult Service User
Policy No 363	Administration of Medicines to a Child
Policy No 364	Safe Disposal of Unwanted or Out-of-Date Medicines
Policy No 365	Medication Problems & Errors

1. Adult service users are responsible for their own medication, both prescribed and OTC. However, according to the assessed needs of the service user, some level of help or support may be required to enable the service user to take his / her medication safely.
2. At the service user Baseline Assessment stage the following factors must be established and recorded in the service user's Care Plan:
 - 2.1 What medicines the service user is taking. Include prescription medicines AND OTC medicines.
 - 2.2 How each medicine is administered; i.e. orally, topically / transdermally, invasive.
 - 2.3 The quantities and frequency of each dose.
 - 2.4 The arrangements for safe storage and retrieval of the medicines at the service user's home.
 - 2.5 Whether or not the service user is safely able to self-medicate. This should be done through an appropriate Risk Assessment (ref. *Form No 3-30*).
3. Once the Care Plan is established, the Organisation is responsible for the following:
 - 3.1 Agreeing the level of help or support that the service user will need for safe medication (see section 4 of this Policy).
 - 3.2 Maintaining comprehensive and accurate records of all medicines administered to the service user.
 - 3.3 Where the level of support required is high providing care staff with any specialised training that may be required.
4. The permitted duties of the Care Worker will depend upon the perceived level of support that the service user requires. There are 4 levels of support identified, as appropriate to requirements. The Care Worker will ONLY carry out duties within the limits of this specified remit. The 4 levels of support are:
 - 4.1 Level 1 - requires help in ordering and collecting prescriptions
- needs advice on safe storage.
 - 4.2 Level 2 - requires help to open containers and / or reminding to take medication
- requires help in ordering and collecting prescriptions
- needs advice on safe storage.
 - 4.3 Level 3 - requires supervision with self-medication which may include some direct administration.
 - 4.4 Level 4 - high dependency total medication management which may include some direct administration and invasive procedures.

5. For each of these levels of support the Care Worker may undertake the following tasks:

5.1 Level 1:

- Ensuring safe and secure storage of medicines at the service user's home;
- Helping the service user to order prescriptions, prompting where necessary;
- Helping the service user to collect prescriptions, prompting where necessary;
- Ensuring that medicines are taken at the prescribed intervals, and in the correct dosages;
- Note any changes in the service user's ability to manage their medication;
- Noting any out-dated medicines and arranging for these to be returned to the pharmacy.

5.2 Level 2:

- Ensuring safe and secure storage of medicines at the service user's home;
- Helping the service user to order prescriptions, prompting where necessary;
- Helping the service user to collect prescriptions, prompting where necessary;
- Note any changes in the service user's ability to manage their medication;
- Assist the client to take their medication, both physically and / or cognitively;
- Noting any out-dated medicines and arranging for these to be returned to the pharmacy .

5.3 Level 3:

- Ensuring safe and secure storage of medicines at the service user's home;
- Enabling the service user to order prescriptions;
- Organising the collection or delivery of the service user's medicines;
- Note any changes in the service user's ability to manage their medication;
- Supervise self-administration, using direct administration where necessary;
- Record administration of medicines on the Medicines Administration Record Form;
- Noting any out-dated medicines and arranging for these to be returned to the pharmacy .

5.4 Level 4:

- Ensuring safe and secure storage of medicines at the service user's home;
- Enabling the service user to order prescriptions;
- Organising the collection or delivery of the service user's medicines;
- Note any changes in the service user's ability to manage their medication;
- Administering medicines, including specialised techniques (direct and invasive procedures);
- Record administration of medicines on the Medicines Administration Record Form;
- Noting any out-dated medicines and arranging for these to be returned to the pharmacy .

6. In all cases there must be documented consent for the Domiciliary Care Staff to become involved with service user medication, with respect to the perceived level of help and support that will be required. Consent will be required from the service user / advocate / family representative, and in some cases, the service user's GP.
7. The service user's GP is responsible for prescribing medication in the normal way. Medication requirements are documented in the Care Plan, and agreement will be reached with the GP as to how the medication may be obtained for the service user. Wherever possible, prescriptions should be collected from the surgery / health centre by Care Staff and taken to the pharmacy for preparation. Care Staff will then take the medication to the service user for his / her safe keeping and use.
8. Care staff are not authorised to help service users take medicines that have not been prescribed by the GP, or are not listed in the service user's Medicines Management Records.

9. Care staff must not put out individual doses of medication for the service user to take later in the day.
10. It is acknowledged that the service user has the right to refuse medication. In the event that a service user refuses to take their medication it must be explained to the service user / advocate / family representative that the medicines have been prescribed to maintain their health and well-being. If the service user still refuses to take the medication this will be recorded in the service user's notes, and the service user's GP and the Domiciliary Care Services Manager informed immediately.
11. Care staff should perform an accountability check of medicines on a regular basis. This is especially important if the service user self-medicates and has access to the medicines. For example, the quantity of tablets in a container should be noted, and a daily check performed to ensure that the correct dosages have been taken. If it is suspected that too many tablets have been taken this must be reported immediately to the Domiciliary Care Services Supervisor or Manager and the Service User's Notes annotated accordingly.