

Title of Document	Medication Management (UK - Wales)
Name of Department	Quality Assurance

What type of document is this?	Standard Operating Procedure (SOP)	This sets out instructions for how a procedure in Helping Hands is to be routinely carried out	
Which Helping Hands policy/SOP does this document relate to?	N/A	Index number of policy/SOP	NA

Which Operational Priority/Priorities does this document link to?	Governance Framework	Superior Client Care	People, Performance & Culture	Business Growth

Custodian of document	Quality Director	Committee responsible for this document	Quality & Governance Committee
Approval date and committee chairperson signature	19.09.23	When is its next scheduled review?	19.09.26

Who does it apply to?	All staff working with customers.					
	Does it apply to bank workers?	Yes	Does it apply to agency staff?	NA	Does it apply to third party contractors?	Yes
Purpose of the SOP	To give clear direction and clarity for the safe management and administration of medications within Helping Hands for all care staff and customers					

## Helping Hands Medication Standard Operating Procedure 2022

This standard operating procedure is intended to establish principles of safe practice in the management and administration of medication for everyone receiving care or support from Helping Hands.

Our aim is to encourage customers to be as independent as possible when managing and administering their own medication. However as, and when assistance is required, it will be delivered in line with this standard operating procedure. Helping Hands aim to provide personalised support which acknowledges a customer's rights, respects their dignity, and encourages choice and independence.

This document will guide our employees on their responsibilities for the safe management, administration and recording of medications within the customer's home. It will establish standards and safe systems of work which protect the safety and well-being of customers and provide safeguards for everyone involved.

Helping Hands will meet current legislation, guidance, and relevant standards in relation to medication management and training of staff. This will ensure that the best possible outcomes are achieved for customers receiving support with medication administration. Where there is a local authority policy in relation to medication administration, that policy will supersede all others.

### Standards & Guidelines

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: ensuring customers will have their medications at the times they need them and in a safe way. Wherever possible they or others acting on their behalf, will have information about the relevant medications.
- CQC's fundamental standard "Safe Care and Treatment" (Regulation 12) includes the requirement that providers must ensure 'the proper and safe management of medicines.' However, all the standards must be applied to all aspects of care including the administration of medication.
- NICE Guidelines Managing Medicines for adults receiving social care in the community 2018
- The Eight Principles for 'Safe Handling of Medicines' Royal Pharmaceutical Society of Great Britain guidance (RPSGB) 2007 and Codes of Practice.
- 'Professional guidance on the administration of medicines in healthcare settings' Royal Pharmaceutical Society and The Royal College of Nursing 2019.
- Mental Welfare Commission, Covert Medication, Legal and Practical Guidance 2006, Scotland.

### Legislation & Regulations

- Health & Safety at Work Act 1974
- Human Rights Act 1998
- Medicines Act 1968
- Misuse of drugs Act 1971
- Mental Capacity Act 2005 & Mental Capacity Act code of conduct
- Adults with Incapacity (Scotland) Act 2000
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Domiciliary Care agencies (Wales) Regulations 2004
- Social Services Well-Being (Wales) Act 2014
- Regulation and Inspection of Social care (Wales) Act 2016
- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Act 2016
- National Health & Social Care Standards (Scotland)
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Regulation of Care (Scotland) Act 2001

## References and Definition

<b>BCM</b>	Branch Care Manager
<b>LICM</b>	Live in Care Manager
<b>CQC</b>	Care Quality Commission
<b>GP</b>	General Practitioner
<b>DN</b>	District Nurse
<b>GSL</b>	General Sales List
<b>eMAR</b>	Electronic Medication Administration Record
<b>MDS</b>	Monitored dosage system
<b>NICE</b>	National Institute for Health and Care Excellence
<b>OTC</b>	Over the Counter
<b>POA</b>	Power of Attorney
<b>PRN</b>	Pro Re Nata (Latin for as required / needed)
<b>DSCR</b>	Digital Social Care Record System

### 1.1 Governance for Managing Medicines Safely and Effectively

#### Roles & Responsibilities

Role	Responsibility
<b>Regional Care Directors</b>	Overall responsibility for the provision and direction of resources to enable this policy to be met. Overall accountability for monitoring compliance and responding to trends that arise.
<b>Senior Managers:</b> <ul style="list-style-type: none"> <li>Area Care Managers</li> <li>Area Care Live-In Managers</li> </ul>	Overall responsibility for monitoring and reviewing the implementation of this policy, responding to addressing any areas of non-compliance.
<b>Operational Managers:</b> <ul style="list-style-type: none"> <li>Branch Care Managers</li> <li>Live-In Care Managers</li> </ul>	Overall accountability for ensuring that this policy is implemented, and any non-compliance is reported and addressed. Also responsible for reporting errors internally and externally to regulator.
<b>Compliance Team:</b>	Monitor all medication errors in an effective way and advise accordingly.
<b>Employees</b>	When providing support with medicines on any level always adhere to the standard operating procedure, reporting any concerns or changes to their direct line manager.

**Our Medication Standard Operating Procedure is aligned with the eight principles of Safe Handling of Medicines in Social Care, which are as follows:**

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medications.  
Our main aim is to give the customer the choice to self-medicate if they wish to do so. Care workers will prompt medication with the customers consent and will ensure that a customer's personal preferences are always considered.
2. Care staff know which medicines each person has, and the social care service keeps a complete account of medicines.  
We complete a record for all customers of what medication they are taking and how and when it should be taken. This is reviewed as and when required or at a minimum six monthly.
3. Care staff who help people with their medications are competent.  
All our care workers undertake our Medication Awareness and Administration of Medication Training, which is mandatory. For all specialist medication administration, our care workers will undertake specialist training and competency sign off with a Regional Clinical Lead or a registered healthcare professional.
4. Medications are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medications to them.  
This document sets out the safe procedures for reminding and administering medication. This is followed through with training and competency checks. All staff are trained and reminded to ensure that customers have their dignity and privacy respected.
5. Medications are available when the customer needs them, and the care provider makes sure that unwanted medications are disposed of safely.  
During the initial needs assessment, the assessor will clarify with the customer, or their representative or carer who will be responsible for requesting repeat prescriptions or renewing medication when it is running out. All care staff work in close collaboration with the customer's GP, DN, or Pharmacist for advice on administration, storage, disposal, and handling of medication.
6. Medications are stored safely.  
Our care workers are trained in the safe and correct practices for storing medications. Our risk assessments will identify any specific storage needs and consider any risks posed by the customer to the safe storage of medicines.
7. The social care service has access to advice from a pharmacist.  
Our care workers will seek advice from a pharmacist when required to do so.
8. Medications are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour  
Our care workers are trained to respect all customers and to use medications as directed by the Prescriber and not to use medications to punish or control behaviour. Where there are issues, they shall know how to report this to keep people safe.

## Principles & Expectations

Care workers can expect the following principles to be applied in all cases:

- Not to be asked to administer medication until suitably trained and signed off as competent.
- To receive training in accordance with the Medication SOP as part of the induction process.
- That their line manager identifies, at least annually through the development process, whether a refresher or medication training update is required.
- To comply with the Medication SOP all medications should be in suitably labelled and pharmacy prepared containers.
- To be supported by colleagues, customers, customer's advocates, and managers when they administer medications by creating an environment which enables our staff to assist with medication safely.
- To receive updates accordingly regarding any changes to a customers' health and welfare which may aid the safe administration of medication.

It is the expectation of Helping Hands that care workers will:

- Ensure that medication is only administered or prompted from the blister pack or original packaging in which they were dispensed with adherence to the pharmacist instructions on the label.
- To complete the eMAR accurately.
- To record any incident or non-compliance with any aspect of this SOP and report to the BCM or LICM.
- To record and report any instance where a customer may refuse any of their medication, which is their right to do.
- The task of administering medication should be prioritised above all other duties where possible.
- To report to the BCM or LICM any excessive stock of medications in a customers' home.
- To report any medication incident or medication error to the BCM or LICM. Any medication incident must be reported during or upon immediate departure from the customers' home.
- Assist the BCM or LICM with the completion of a medication incident report when needed.
- Discuss their medication training needs during their supervision.
- Unless suitably trained and feel competent in medication administration care staff should not be supporting customers with their medication.
- Consider appropriate handwashing techniques and infection prevention measures when supporting with medications.

The Branch Care Manager and Live in Care Manager will:

- Ensure this standard operating procedure is implemented and adhered to in their service.
- Ensure they take responsibility for maintaining their own competence in the administration of medication and be responsible for following a formal training process to ensure the competence of staff who administer medication.
- Ensure that staff receive appropriate medication training and/or refresher training as needed.
- Ensure that all staff feel confident about their role and responsibilities.
- Ensure that the eMARs are audited regularly in line with this SOP and processes and systems are reviewed for trends and practices that may contribute to errors.
- Ensure that procedures, policies and training are given in a supportive training environment.
- Ensure that incidents and errors are reported. Failure to do so could result in serious health consequences for the customer and could result in disciplinary or police investigation.
- Ensure that care staff who report errors are supported.
- Develop a 'duty of candour' environment where care staff are actively encouraged to report incidents and errors

## 1.2 Assessing and Reviewing a Customer's Medication Support Needs

### 1.2a Assessment

The purpose of this procedure is to ensure that medication is managed in a safe manner with the customer's independence always promoted. For Helping Hands staff to support with medication as part of the activities of daily living, prompting medication and other health related activities must be identified within an agreed care plan and forms part of a risk assessment.

Helping Hands will engage with individuals in receipt of care and support (and their family members, appointed representative, or carers if this has been agreed with the individual) when assessing a customer's medication support needs. This will focus on promoting independence and outline how the individual can be supported to manage their own medications, considering:

- The customers' needs (including their social, cultural, emotional, religious, and spiritual needs).
- The customers' preferences regarding medication.
- How consent for decisions about medicines will be sought.
- The customers' expectations for confidentiality and advance care planning.
- The customers' understanding of why they are taking their medications.
- What the customer can do for themselves and what support is needed, for example, reading medication labels, using inhalers, or applying creams.
- How the customer currently manages their medications, for example, how they order, store, and take their medications.
- Whether the customer has any problems taking their medications, particularly if they are taking multiple medications.
- Whether the individual has nutritional, and hydration needs, including the need for prescribed nutritional supplements or parenteral nutrition.
- Who to contact about their medications, ideally the person themselves if they are able, or a family member, appointed representative or carer?
- The time and resources likely to be needed to ensure safe administration of medications.
- Ascertain who needs to be responsible for ordering, collecting, and disposing of medications.

If the customer needs medication support, then the following information will be recorded in the care plan:

- The customers' needs (including their social, cultural, emotional, religious, and spiritual needs)
- All prescribed and non-prescribed medications, including dosage, frequency, directions for use and the rationale for taking them.
- The customers' preferences regarding medication.
- All known allergies.
- The customers' expectations for confidentiality and advance care planning.
- How consent for decisions about medication will be sought.
- Details of who to contact about their medication (the person or a named contact).
- What support is needed for each medication.
- How the medication support will be given.
- Who will be responsible for providing medication support, particularly when it is agreed that more than one care provider is involved?
- What to do if the customer is having a meal or sleeping at the time that medication is due.
- What to do if the customer is going to be away for a short time, e.g., visiting family.
- Detail around any time sensitive or when required medication.
- Detail around any non-prescribed medications.
- When the medications support will be reviewed, for example, after 6 weeks.

Risk assessments are used to identify any specific storage needs and consider any risks posed by the customer to the safe storage of medications.

Care workers will always place/return medication to an identified safe place which is known and accessible to the customer or, unless agreed following a risk assessment it is deemed not appropriate for the customer to have access, with access only for relatives and other carers, health personnel and care workers.

Care workers should record, with a customer's permission, any observation of the customer taking medication and any assistance given, including dosage and time of medication on the record of the care visit and eMAR. Where there needs to be additional information recorded, this will be written clearly in the Communication visit notes.

Any advice to the customer to see or call in their GP or other health care professional must also be recorded. All records should be documented clearly, be factual and accurate.

Where the service delivery is contracted with a local authority or CCG then the medication policy and procedure of the contracting authority must be adhered to.

Where delivery of care involves multiple agencies, an agreement should be made that one agency must lead on the administration and therefore the responsibility sits with them.

All customers will be asked for details of what medications they take prescribed or non-prescribed and whether they require support/assistance with their medication from Helping Hands or not.

This is to fully understand the customer's needs and risks that may be associated with them or their medications and to be fully equipped with as much information as possible in the event of an emergency.

We would expect customers or their family members or representatives to advise Helping Hands of any changes to the medications they take. Outside of this, for customers' receiving medication support we will update any changes as they happen or as soon as we are made aware otherwise this will be reviewed six monthly as part of the care needs review process.

Medication information should be recorded on a medication list form where helping hands are NOT instructed to support with medicines.

Customers have the right to refuse to provide details of their medicines if helping hands do not support with medication support but understand that this information is being requested to ensure helping hands can be aware of any risks and allows them to act quickly in the event of an emergency.

Customers are expected to keep helping hands updated with any changes with their medication, however helping hands staff will review a customers medication list six monthly as part of the care needs review process.

Care workers must not support with any medication unless it is documented that this task should be completed as part of the support plan. At any point a care worker is asked to provide support that differs they must contact their direct line manager.

If the individual goes into hospital or concerns are raised that their needs may have changed before the next review is due, we will bring this forward to ensure we are able to deliver the very best possible support.



## 1.2b Medication Support

As above it is important to ascertain and understand what level of ability a customer has to be able to manage their own medication. Wherever possible Helping Hands will look for ways of promoting independence. Administering medication for a customer will only be considered if all other avenues of support have been considered. This could include:

- Using assisted technology
- Consultation with GP/Pharmacist to understand if medicines can be dispensed in a more manageable way.
- Referring the customer for support with medication aids which enable them to maintain self-administration.
- Considering if anyone else is involved.
- Encourage routine.

Where a customer is identified as requiring support with the administration of medication, care workers must follow the 'no touch technique'. This will avoid cross contamination and requires the care worker to remove the medication from its packaging and place it directly into a medicine pot or where this is not available a similar receptacle such as an egg cup or teaspoon for the customer to take.

The care worker should never touch the medications with their hands or fingers. If this cannot be avoided, gloves should be worn. Examples include administration via the eyes, nose, vagina and rectum, administration of creams and cytotoxic drugs such as Methotrexate.

Helping Hands operates four levels of assistance and limits of responsibility for care workers, these levels are fully explained below (National Guiding Principles for Medicines Support in the Domiciliary Care Sector (Wales) and NICE 2017):

### Level 0 or (Level A Wales) – Self Administration

- **Independent** - No Medication support is required; the individual can manage their own medication independently with no support from others. This will be clearly recorded within the support plan and care workers must not support the individual in any way. Where it is identified that the individual is potentially starting to have trouble managing their own medicine the care worker must record this within their daily communication visit notes and report this to their direct line manager. Helping Hands will with consent inform the relevant professional, family member or representative to seek support and an assessment of their needs will be completed. No eMAR is required as there is no requirement for care staff to record any details. Regular clinical medicines review by GP practices and Medicines Use Reviews by community pharmacy should be undertaken to identify and to reduce the risk of potential problems arising in the future.

### Level 1 or (Level B Wales)– General Support or Assistance

- **Remind** - This level of intervention should be the first level offered where the Individual is forgetting (or getting confused) to take their medicines regularly, even with medicines aids and following a medication review.
  - At this level the responsibility of the care worker is to remind/prompt the person to take their own medicines. The Individual themselves is still responsible for their own medicines, and they have the right to decline medicines.
  - If it is found that the Individual does not take their medicines following this reminder, it should be recorded in the individual's daily communication visit notes and eMAR, and if happening with regularity a medication review must be considered to understand the reasons the customer is



- declining, requirement to seek support from GP's / pharmacists may be required, it may also be required to review the level of medication support.
  - This support should be delivered using original packs of medicines or Pharmacy prepared MDS, an eMAR is required with this level of support and all medicines that are supported with must be clearly documented.
  - Care workers are required to record on the eMAR the support given and if the customer has taken their medication. There is no requirement to report this to Care Inspectorate Wales (CIW).
- **Physical Assistance** – This should be the first level of intervention where it is identified that the person is having difficulty accessing their medicines, even with medicines aids.
  - At this level the responsibility of the care worker is to assist the person in taking their medicines (may be retrieving medicines from a cupboard or opening packaging), the person is still responsible for their own medicines and should be directing the care worker in this activity.
  - The Individual has the right to decline medicines. If it is found that the person is not taking their medicines with assistance (i.e., forgetting certain medicines or unable to swallow due to form), it should be recorded within the individual's daily communication visit notes and MAR and if happening with regularity the person should be referred for medications review with a health care professional. It maybe that other support/intervention is required.
  - This support should be delivered using original packs of medicines or Pharmacy prepared MDS, an eMAR is required with this level of support and all medicines that are supported with must be clearly documented. Care workers are required to record on the MAR the support given and if the customer has taken their medication. There is no requirement to report this to CIW.
- **Remind and Physical Assistance** – This step may be required where an individual can still retain responsibility for their medicines and knows what they need to take but may need reminding and assistance as above.
  - At this level the responsibility of the care worker is to remind / prompt and support the person with any physical assistance needed to take their medicines. The person is still responsible for their own medicines, and they have the right to decline medicines.
  - If it is found the person has not taken their medicines following this intervention, it should be recorded in the individual's daily communication visit notes and eMAR, and if happening with regularity the level of medicines support should be reviewed. Care workers are required to record. This support should be delivered using original packs of medicines or Pharmacy prepared MDS, an eMAR is required with this level of support and all medicines that are supported with must be clearly documented.

## **Level 2 or Level C (Wales) – Administration of Medication**

- **Administer** – This should only be implemented as support for any individual where every other avenue of support to promote independence and enable individuals to manage their own medication safely has been exhausted.
  - The person is not aware of and is unable understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment. This level covers selection, stock management and administration of the individual's medicines and can only be undertaken by care workers with appropriate training.
  - The care worker has responsibility for selecting the right medicines at the right time, getting consent from the person, and recording what has been administered (and why if not). This support should be delivered using original packs of medicines or Pharmacy prepared MDS and a eMAR so that a clear audit trail exists of what has happened to the person's medicines.

- The person still has the right to decline their medicines which should also be documented. If the person is declining with regularity this should be discussed with an appropriate health care professional to decide further action. Care workers are required to record on the eMAR the support given and if the customer has taken their medication. Declining of medicines does not require reporting to CIW.

### Level 3 – Specialised Techniques / Enhanced Support

- **Specialised** - In exceptional circumstances a care worker may be asked to administer medication by a specialist technique. Specialised techniques/enhanced support must only be completed when a qualified healthcare professional has instructed this to be completed in line with the customer's care and support plan and these tasks are delegated from the qualified healthcare professional to the care worker following full training and competency assessment which is under regular review.

Examples of this are:

- rectal administration, e.g., suppositories
- administration through a Percutaneous Endoscopic Gastrostomy (PEG) tube.
- Any care worker asked to carry out any such procedure must agree to doing so and be properly trained in that procedure with specialist supervision also provided.
- The person still has the right to decline their medicines which should also be documented. If the person is declining with regularity this should be discussed with an appropriate health care professional to decide further action.

This support should be delivered using original packs of medicines or Pharmacy prepared MDS, an eMAR is required with this level of support and all medicines that are supported with must be clearly documented.

Level	Term	Support required
<b>Level 0 or Level A – Self Administration</b>	<b>Independent</b>	None
<b>Level 1 or Level B – General support or assistance</b>  <b>‘The person is aware of and can understand their medicines routine and retains responsibility for their medicines but may have difficulties with undertaking the task.’</b>  <b>‘The Customer retains sole</b>	<b>1.1 Remind</b>	<p>The person should only require a simple reminder to initiate the task and is then able to self-administer without physical assistance.</p> <ul style="list-style-type: none"> <li>✓ Must only be for medication which has been pharmacy prepared or from original packaging in which the medication was dispensed.</li> <li>✓ Reminding/Prompting a customer to take their medications e.g., ‘asking the customer if they have taken their medication?’</li> <li>✓ Customer has the right to decline (if regular should be reported for further intervention)</li> <li>✓ Recording and reporting medication concerns, errors, or incidents to the Branch Care Manager/Live in Care Manager</li> <li>✓ Record the support given and if the customer took their medication in the daily communication notes and on the eMAR</li> </ul>

<p><b>responsibility for their medicine's management &amp; administration'</b></p> <p><b>'Only competent and confident staff should be assigned to people who require help with their medicines.'</b></p> <p><b>'This is to ensure that the independence of people who lack manual dexterity (such as Parkinson's disease, arthritis) are not being compromised when they otherwise would be able to self-administer. People with a physical impairment should not be disadvantaged and elevated to level 2/C when they are competent.'</b></p>	<p><b>1.2 Physical assistance</b></p>	<p>The person manages their own medications but has difficulty with dexterity and or mobility and may ask the care worker to help.</p> <ul style="list-style-type: none"> <li>✓ Must only be for medication which has been pharmacy prepared or from original packaging in which the medication was dispensed.</li> <li>✓ The customer must direct which package/bottle/topical medications they require assistance with and direct the task</li> <li>✓ Retrieving medications from cupboards and handing over to customer following direction from the customer</li> <li>✓ Opening packaging following direction from the customer</li> <li>✓ Removing medications from original packaging following direction from the customer</li> <li>✓ Customer has the right to decline (if regular occurrence this should be reported for further review)</li> <li>✓ Recording and reporting medication concerns, errors, or incidents to the Branch Care Manager or Live in Care Manager</li> <li>✓ Record the support given and if the customer took their medication in the daily communication notes and on the eMAR</li> </ul>
	<p><b>1.3 Remind &amp; Physical Assistance</b></p>	<p>This step may be required when a customer can still retain responsibility for their medications and knows what they need to take but may need reminding to take their medication and assistance as above.</p> <ul style="list-style-type: none"> <li>✓ Must only be for medication which has been pharmacy prepared or from original packaging in which the medication was dispensed</li> <li>✓ Reminding/Prompting a customer to take their medications, e.g., 'asking the customer if they have taken their medication'</li> <li>✓ The customer must direct which package/bottle/topical medications they require assistance with and direct the task</li> <li>✓ Retrieving medications from cupboards and handing over to customer following direction from the customer</li> <li>✓ Opening packaging following direction from the customer</li> <li>✓ Removing medications from original packaging following direction from the customer</li> <li>✓ Customer has the right to decline (if regular occurrence this should be reported for further review)</li> <li>✓ Recording and reporting medication concerns, errors, or incidents to the Branch Care Manager or Live in Care Manager</li> </ul>

		<ul style="list-style-type: none"> <li>✓ Record the support given and if the customer took their medication in the daily communication notes and on the eMAR</li> </ul>
<p><b>Level 2 or Level c – Administering Medicines</b></p> <p>‘The customer is not aware of and is unable to understand the medications routine, cannot retain responsibility for the medications and cannot self-administer.’</p> <p>‘The care worker, NOT the individual / customer, is responsible for the medicine’s management and administration’</p>	<p><b>2.1 Administer</b></p>	<p>Where no other appointed representative is available to take responsibility for medications, a care worker will have the responsibility of preparing medication from the pharmacy packaging for administration to the customer after gaining consent.</p> <ul style="list-style-type: none"> <li>✓ Must only be for medication which has been pharmacy prepared or from original packaging in which the medication was dispensed</li> <li>✓ Preparing medications for administration only from pharmacy prepared packaging</li> <li>✓ Removing medications from pharmacy prepared containers ready for administration</li> <li>✓ To include any oral, topical, inhaled medications buccal and transdermal patches.</li> <li>✓ Checking the medications that are due to be given are correct with by cross-checking against the prescription</li> <li>✓ Gain consent for medications administration</li> <li>✓ Customer has the right to decline (if regular occurrence should be reported for further review)</li> <li>✓ Ordering &amp; collecting medications</li> <li>✓ Recording and reporting medication concerns, errors, or incidents to the Branch Care Manager or Live in Care Manager</li> <li>✓ Record the support given and if the customer took their medication in the daily communication notes and on the eMAR</li> </ul>
<p><b>Level 3 - Specialised techniques / Enhanced support</b></p> <p>The Individual / customer is not able to complete these tasks and where a healthcare professional has delegated these tasks under supervision following assessed competency</p>	<p><b>3.1 – Specialised</b></p>	<p>In exceptional circumstances a care worker may be asked to administer medication by a specialist technique. This would usually be completed by a healthcare professional, however with full training and demonstrated competency a care worker may be asked to administer medication via a more clinical route:</p> <ul style="list-style-type: none"> <li>✓ Must only be for medication which has been pharmacy prepared or from original packaging in which the medication was dispensed</li> <li>✓ Preparing medications for administration only from pharmacy prepared packaging</li> <li>✓ Removing medications from pharmacy prepared containers ready for administration</li> <li>✓ To include rectal administration, e.g., suppositories or administration through a Percutaneous Endoscopic Gastrostomy (PEG).</li> <li>✓ Checking the medications about to be given are correct with the prescription.</li> <li>✓ Gain consent for medications administration</li> </ul>

<p><b>‘The care worker, NOT the individual / customer, is responsible for the medication’s management and administration’</b></p>		<ul style="list-style-type: none"> <li>✓ Customer has the right to decline (if regular occurrence this should be reported for further intervention)</li> <li>✓ Ordering &amp; collecting medications</li> <li>✓ Recording and reporting medication concerns, errors, or incidents to the Branch Care Manager or Live in Care Manager</li> <li>✓ Record the support given and if the customer took their medication in the daily communication notes and on the eMAR</li> </ul>
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### Joint Working between Health & Social Care

Helping Hands believe that good medication management requires effective communication between all those involved in the customer’s care.

A GP, District Nurse or Pharmacist all have an important role to play in ensuring a customer’s medication needs are fully met. It is important that the relevant party are informed of any problems encountered with management of a customer’s medication or any changes to the customer’s condition or needs so that medication can be reviewed as necessary.

Where Helping Hands are involved in the support of medication for a customer, we will inform the customer’s GP and supplying pharmacy of our contact details to enable them to keep us updated with any changes.

Where staff feel the need to seek support & guidance regarding a customer’s medication or detail around symptoms or side effects, they should do so by referring to the Patient Information Leaflet for each medication or contacting the customers supplying pharmacy or nominated GP.

Helping Hands staff should actively communicate with other health & social care professionals to ensure they are able to meet the needs of the customer, this may involve referring the individual to other services where necessary or requesting the involvement of a specialised team.

Staff should consult with the Prescriber or supplying pharmacist or NHS 111 where any medication error or incident has occurred to ascertain if the customer maybe at risk, if medical attention is required, or to understand if any side effects may present. Staff should seek guidance regarding the next steps in relation to the medicine where it may have been given incorrectly e.g., do we need to amend the next dose etc.

When specific skills are needed to give a medication (for example, using a percutaneous endoscopic gastrostomy [PEG] tube), health professionals should only delegate the task of giving the medication to a care worker when:

- there is local agreement between health and social care that this support will be provided by a care worker, this will usually be documented by means of a shared care plan.
- the person (or their advocate i.e., power of attorney for health and welfare) has given their consent
- the responsibilities of each person are agreed and recorded
- the care worker is trained and assessed as competent (see also the section on training and competency).

## **Sharing Information about a Person's Medication.**

As part of a customer's care needs assessment consideration will be given to consent and how this will be obtained. Details of who will be providing consent and in what way will be clearly documented within the customer's support plan.

Details will also be taken from the customer regarding anyone they wish to support them in making decisions or who they would like to be consulted or communicated with.

The support plan will take into consideration all the customer's needs, views, beliefs, and preferences around consent, sharing information and decision making and specifically in relation to medications.

All individuals will be assumed to have full capacity to make informed decisions about their needs including their medication support unless staff have reasonable cause to review this. If staff suspect that an individual may lack capacity to make informed decisions an assessment of capacity will be completed by involving individuals who know the person best alongside professionals involved in their care.

If the customer is deemed to lack capacity, consent will be sought from the individual's legal representative i.e., POA for health and welfare. If there is no one involved the person or persons who have partaken in the 'best interests' decision should be documented.

Where a customer has capacity to make informed decisions consent will be obtained as either written with a confirmational signature or verbally witnessed by a Helping Hands representative. However, verbal consent should only take place if the customer cannot physically hold a pen.

Helping Hands will seek assurances from the person giving consent that they are happy for information to be shared with other professionals in the customer's best interests.

Upon Helping Hands becoming involved in the support of medication for a customer we will inform the customer's GP and supplying pharmacy of our contact details to enable them to keep us updated with any changes. Helping Hands will seek confirmation from the customer's GP or supplying pharmacist to confirm any changes or amendments to an individual's medicines to ensure that these can be administered safely and on time.

## **Ensuring that records are accurate and up to date**

### **1.3a Recording Medication support**

Details of a customer's medication requirements are documented within their support plan at the point Helping Hands start to support a customer with medication. A customer's medication support is reviewed 6 monthly or sooner. If staff identify changes or we are informed of events which may indicate a change, care staff need to complete a review to ensure that we are meeting the individual needs of the customer. These may include:

- What medication support is required
- Who is responsible for administration?
- Any special considerations or risks associated with the medications
- List of all known allergies
- How consent should be obtained
- What medications the individual is prescribed
- Details of any non-prescribed medication
- How the individual likes to take their medication
- Dosage and form of each medication
- How often and when each medication should be taken (considering medication which are time sensitive)



- Details and protocols of any variable dose medication or those which are to be taken 'as required' (PRN)
- Details of the individual's GP and supplying pharmacy
- Who is responsible for ordering and collecting medications and when?
- Who is responsible for returning any unused medication and how?

Where medication support is required, each individual customer will have an electronic Medication Administration Record (eMAR) which documents each medication including prescribed and non-prescribed drugs by generic name, the dosage and preparation including how and when it is to be administered and the rationale for taking.

The medication Administration record (eMAR) will be automatically transcribed following a helping hands staff member inputting medication information into the access care planning system as a planned activity. Medication information must be taken directly from a document prepared by the supplying pharmacy and be confirmed as the most recent medication list prescribed to that customer. Copies of prescriptions can be safely uploaded to the care planning documents section and used for future reference. This is to be sure that the medicines due for

administration and transcribed on the Medication Administration Record (eMAR) are accurate, up to date and safe to be administered to the customer as they are confirmed as the customer's most recent prescription.

The date and time of each administration must be recorded against each medication entry signed on the eMAR by the care worker, only after the medication has been taken and not when it has been removed from the packaging. If a customer refuses to take the medication this will be noted on the eMAR.

For customers who do not require medication support and are independent in taking their own medications Helping Hands will ask at the initial assessment and regularly thereafter, what medications they take to understand if there are any risks associated which may impact the support we provide. This information can be documented on the 'Medication Risk Assessment' on Access Care Planning.

Helping Hands care workers are asked to report any changes, errors, or concerns they may have regarding a customer's medication. Care workers are to contact their Branch staff or LICM immediately to inform them. Following this care workers must record any action in the communication log and where applicable complete the appropriate medications management form on Access Care Planning. Helping Hands staff will when required liaise with relevant others such as GPs, DNs pharmacists or NHS 111 to seek professional advice, support and direction regarding any changes, errors, or concerns and this will be documented within the communication notes for the customer and on the relevant medications management form.

Care workers must complete a 'Customer Notification form' where they have identified, or they have been notified of a change to a customer's medication. This form allows the staff member to document what changes they have been made aware of and take a picture of the new prescription label on the medication and send directly through to the Branch staff or the LICM using the digital social care record system (DSCR). Office staff should then make the relevant changes on the customers medication records.

Helping Hands will liaise and communicate proactively with customers, advocates, and relevant professionals to ensure the most up to date information is received, maintained, and recorded regarding all customers medication and required support. Relevant conversations will be recorded in the customer's communication notes and any relevant changes will be updated and recorded in the medication risk assessment, support plan, and eMAR.

Helping Hands use a Digital Social Care Record System (DSCR) to record and communicate information between care workers, customers and their representatives, and Branch or live-in care staff. This allows information to be



shared confidentially in 'real time' which enables us to provide a safe and effective service. EMAR are electronic records and hold information as follows:

- A customer's personal identifiable information (name, date of birth etc.)
- Details of each medication (name, formulation, dose)
- Information regarding the frequency that each medication should be taken (time & how often)
- Any special considerations (e.g., take before or after food)
- The rationale for taking the medication
- GP details
- Start, end and review dates of medications

Details should be discussed and documented regarding the level of support which is required daily in relation to medication and if there are occasions or times when another person i.e., family member will be responsible for supporting with the customer's medication (for example, during a day out) it must be agreed how this will be recorded and the details of the agreement must be recorded within the communication notes and support plan.

### **1.3b Auditing Medication Records**

As a quality-led organisation Helping Hands has arrangements in place to ensure that medication procedures are effectively communicated, are clearly understood by all staff, and are being followed consistently. A robust auditing process must be carried out monthly to ensure we are supporting the safe administration of medication.

Audits are expected to be completed via the Access Care Planning system which is our in house Digital Social Care Record System (DSCR). Any concerns or errors should be reported and recorded and the BCM or LICM must ensure that these are reviewed and actioned by implementing steps to prevent or reduce reoccurrence. Trends are required to be analysed to allow for wider learning and measures to be introduced where applicable on a whole team basis.

### **1.4a Managing Concerns about Medications**

When supporting with medication it is vital that care workers are proactive in reporting concerns where medication cannot be administered as per the support plan. Information to support care workers with this will be documented within the support plan as everyone will have different needs and ways of being supported.

### **1.5a Identifying Concerns or Side Effects from Medications**

Care workers must advise customers seek professional advice or support from a health care practitioner (e.g., GP or pharmacist) if they have questions about their medications.

Helping Hands staff should encourage and support customers to raise concerns about their medications where appropriate. Helping Hands should ensure that wherever possible they guide and support customers if they wish to make a complaint, including who to complain to and the role of the advocacy services (if needed) and ensure this information is recorded in the customer's support plan.

Care workers must look out for known adverse effects (which can be found in the Patient Information Leaflet) which may occur after administration and report and record these immediately. Where a customer or their advocate communicates to the care worker that they are experiencing an adverse effect from a medication this must be reported to the Branch staff or the LICM. Medical attention or advice must be sought and all information documented.

Helping Hands staff are to be aware of The MHRA Yellow Card scheme, which collects and monitors information on suspected safety concerns involving a healthcare product, like a side effect with a medication or an adverse

medical device incident. The scheme relies on voluntary reporting of problems relating to a healthcare product by the public (including patients, advocates, and carer givers) as well as from healthcare professionals. The scheme also collects suspected safety concerns involving defective (not of an acceptable quality), falsified or a fake healthcare product. Further information can be found at <https://yellowcard.mhra.gov.uk/information>

### 1.6a Medication Changes

Customers may experience changes with the medications that they take. Care workers are to inform their Branch staff or LICM at any time they are made aware that there have been any changes to

- the name
- dose
- preparation
- frequency of medications.

Helping Hands staff have access to a 'Customer Notification form' via the Access care planning app which can be completed and sent directly to the Helping Hands branch or LICM for any changes to be made to the customer's support plan, risk assessments or eMAR.

Customers or their advocates, along with relevant healthcare professionals are also advised and encouraged to communicate changes directly via the Helping Hands Branch or LICM to ensure that changes can be made to a customer's records and support plan as quickly as possible.

Care workers are trained to identify, and report concerns regarding medication directly to their Branch staff or LICM whilst communicating with the customer or their representatives and documenting any action.

These concerns may include:

- Information regarding a customer declining to take their medications
- Medications not being taken in accordance with the prescriber's instructions
- Possible adverse effects
- Stockpiling medication
- Medication errors
- Medication near misses
- Possible misuse or diversion of medications
- The person's mental capacity to make decisions about their medications
- Changes to the person's physical or mental health
- Missing signatures for medications administered previously
- Missing medication

Care workers should always communicate as above, but also report and record all relevant details. Helping Hands use an electronic system called Access Care Planning. Care workers have access to this via an app during each visit where information relating to incidents including those of a medication matter should be documented. There is a specific incident form which can be completed to record the details of the incident/ concern.

However, we would expect that staff members always make a phone call to their line manager to seek advice/support including details of the next steps.

Managers and branch staff must decide swiftly on the appropriate action to take when a medication error has occurred. Consideration to the following must be given:

- Understand exactly what has happened
- Seeking medical attention where appropriate
- Seeking advice and guidance regarding adverse side effects

- Understanding if any doses should now be amended, where clarification has been sought from the prescriber
- Consider safeguarding notification
- Amend/update support plan
- Review risk assessments
- Investigate, understand root cause and learning outcomes
- Preventative actions for the future
- Re-training & support

All medication related incidents must be recorded and investigated by the responsible Manager.

Each medication incident/error should be recorded via the access care planning system. This system allows for details of the full investigation including outcomes along with root cause analysis, learning outcomes and actions taken to prevent reoccurrence.

The Manager is responsible for ensuring that medication incidents are reviewed regularly to identify and address any trends.

This can be completed monthly using 'HHH-F134 Branch Compliance Governance template' Where trends are identified the manager must identify and implement actions to reduce or mitigate the risk of reoccurrence.

## **1.7 Supporting People to take their Medications**

### **1.7a Medication Support**

Any individual who requires support with medicines will be identified through the initial assessment process or following a care needs review.

All information regarding a customer's level of medication support will be clearly documented in the support plan which care workers have access to prior and during any care visit electronically. Specific information regarding a

customer's support with medications will also be documented in detail, such as instructions of what to do if a customer is having a meal or sleeping at the time the medication is due.

Information regarding what arrangements should be in place for customers who will be away from home for a short period of time e.g., on holiday or visiting family. Where medication may require individual protocols for administration such as specific formulations, patches, creams, inhalers, eye drops etc., this information will also be found in the customer's support plan.

All Customer's in receipt of medication support will have activities set up via the Access Care Planning app for care staff to understand exactly what level of support is required and when. All Customers receiving medication support will have an eMAR in place for the care worker to record exactly what support has been given, what medication and at what time.

Care workers are trained in supporting, assisting, and administering with medication and directed to do so in line with the instructions within the customer's support plan. When care workers are administering medications, they must check that the medication to be administered is in date and ask the customer if they have already taken any, as well as gaining consent and ensure they follow the 6 Rights for administration:

- Right customer
- Right medication
- Right dose
- Right route
- Right time

- Right to refuse

This may include:

- When the care worker selects and prepares medication for immediate administration, including selection from a monitored dosage system.
- Administration of oral medication including tablets, capsules, and liquids
- Measuring out doses of liquid medication (where care staff are responsible for ensuring they have measured out the correct dose)
- Only administering inhalers using a spacer
- Applying external prescribed medicated creams/ointments/gels/lotions etc. (including those applied to intimate areas)
- Applying medication cream, drops or sprays to the eye, nose, or ear
- Manipulation of a container e.g., opening a bottle of liquid medication or removing tablets out of a blister pack
- Applying transdermal patches
- Administering medication via a PEG

Care workers are only permitted to support with medication when appropriate training has been completed. Care workers must not administer or support with any medication which is not documented within the customer's

support plan or risk assessed, and they should always seek support and report any anomalies or concerns to the office without delay.

### **1.7b Secondary Administration**

Under no circumstances should any care worker administer secondary decanted medication i.e., medication administered from a family filled Dossett box or similar device. Care workers are only permitted to administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems.

### **1.7c Leaving out Medication**

Helping Hands believe in promoting independence whilst respecting choice and control, therefore supporting a customer with full administration of medications should be a pathway used as a last resort.

Every effort should be made to find alternative support for an individual to manage their own medications independently for as long as possible.

Where a customer may have the capability and mental capacity to manage their own medications (e.g., understand what medicines they take and at what times including any special considerations for administration), but a physical disability may prevent them from removing the medication from the container every effort must be taken to find ways for the customer to remove their medications independently.

For example

- pill puncher
- pill dispenser.

Helping Hands do not permit care workers to remove medication from containers and leave out for a customer to take later, where a customer is receiving administration support at other times of the day.

If it has been identified and risk assessed that a customer is not able to manage their medication independently due to not having the mental capacity to understand what medication to take, why they are taking them, remembering when to take them and understanding what side effects may occur.

This includes any special considerations which may result in non-compliance with medication. Therefore, support is required, and medication must not under any circumstances be left out.

If a customer who has mental capacity, requests for medication to be left out because they are unable to remove medication from its packaging, medication aids should be explored i.e., Pivotal aid. If all other options have been tried without success, then a discussion with a Regional Clinical Lead should be sought and a risk assessment completed.

Clinical support can be obtained by contacting the team via email [clinicalcare@helpinghands.co.uk](mailto:clinicalcare@helpinghands.co.uk)

**Wales - it is not permitted to leave medication out for a customer to take later.**

**1.7d Time Sensitive Medications**

A medicine that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the dose may lead to serious patient harm.

Some medications need to be given at a certain time to make sure they are safe or work effectively. Some medications also need sufficient gaps between each dose.

Examples of these include:

- Medications that should be given before or after food
- Bisphosphonates for osteoporosis
- Medications prescribed to help symptom control for Parkinson's disease.
- Before or after food

The stomach or intestinal contents can affect the absorption of some medications. Some medication needs to be taken on an empty stomach. These medications need to be absorbed before food enters the stomach. Other medication need food in the stomach. Where there is a consideration needed around food, this advice will be specified on the medication dispensing label. Examples include:

- take with or just after food, or a meal
- take 30 to 60 minutes before food
- take this medicine when your stomach is empty. (This means an hour before food or two hours after food)

Helping Hands staff should include planning meals around times of medication administration. Medication care plans should reflect people's differing mealtime routines and sleeping patterns.

➤ **Bisphosphonates for Osteoporosis**

Examples of bisphosphonates include Alendronic Acid, Risedronate and Ibandronic Acid. These medications have very specific dose requirements relating to food and the time of administration. These medications should be administered according to the prescriber instructions. Refer to the Patient Information Leaflet for more information.

➤ **Medications requiring a minimum time gap between administration**

This includes all prescribed medications that have a direction to give once, twice, three or four or more times a day. For example, once in the morning would require a 24hr gap until the next dose can be given, twice a day requires a 12hr gap. A dose of medication will reach a peak, or maximum, level in the blood 30 minutes to 4 or 6 hours after it is taken. The peak time varies for different drugs.

### 1.7e Time Critical Medicines

- Transdermal patches

Transdermal patches are patches that adhere to the skin to deliver drugs. They provide a specific, predetermined dose of medication which is absorbed through the skin and into the bloodstream. A prescribed patch will have a specific timeframe of when it should be changed. Care workers must ensure that the date and time it was applied to the skin is documented and that it is not left in situ longer than prescribed. If the time has lapsed when a patch was due to be removed and reapplied, do this as soon as possible. Do not apply extra patches to make up for missed dose.

- Treating symptoms of Parkinson's disease

People with Parkinson's disease classically present with symptoms such as:

- bradykinesia (slow movements)
- rigidity
- rest tremor (shaking)
- postural instability (loss of balance)

Medications are often prescribed to improve quality of life. People with Parkinson's disease may experience the 'on-off' effect during treatment. During the "on" phase, the medication is working to decrease symptoms. In the "off" phase, the medication is wearing off and symptoms become poorly controlled. Medication should be given at the prescribed time to maintain symptom control.

Times of individual visits for care and support should be planned to suit the times of when the medication is due to be given if they are time sensitive. Helping Hands should be able to prioritise visits for people who need support with medications which are time sensitive.

### 1.7f PRN Medicines

PRN (Pro Re Nata) medication should be administered 'when required', usually when the customer has indicating symptoms.

In some circumstances, according to the customer's support plan, the care worker may be required to decide about the appropriate administration of a PRN medication. 'As required' medication is managed differently to

normal monthly cycle medication. It is to be administered when the individual requires it, so it should be offered and available outside of these times. PRN medications could be prescribed for, but are not limited to –

- Pain relief
- Emergency rescue medications
- Anti-sickness
- Respiratory aids/treatment
- Anxiety
- Insomnia
- Indigestion

As Part of Helping Hands PRN Protocol, Policies and Procedures, all PRN medication that has been administered is required to be documented and signed for on the appropriate electronic Medication Administration Record.

- With details of the required dose and instructions - if the dose is variable
- With the maximum dose to be given within 24 hours
- With the required amount of time between each dose and any further instructions
- Reason for administration should be documented on the electronic Medication Administration Record
- notes.

Care workers will ensure that following the administration of any PRN medications, they are signed for, and the time of administration is documented in the daily notes, with the dose given.



**Please note if PRN is documented on the eMAR and is not given 'NR' should be recorded on the eMAR. If the customer does not require their PRN medication it should not be recorded as a 'Refused' but as 'Not Required' and a comment should be recorded on the reason why.**

For any customer requiring PRN medications there will be a protocol in addition to the customer support plan in place to clearly direct the care workers.

This is the PRN protocol on the Access Care Planning customer file.

Helping Hands will undertake monthly medication audits and act appropriately for any errors and/or concerns. A customer's support plan will detail specific instructions regarding how PRN and Variable Dose medication are to be managed for everyone. These will be administered in line with the PRN protocol.

PRN Medication should be monitored by the service and if any prescribed PRN medication is regularly not being requested by the customer or alternatively if the customer is requiring the prescribed PRN medication regularly the GP should be contacted to review this customer's prescription as it may be likely that medications may need to be stopped or amended to suit the needs of the individual.

### **1.7g Non-Prescription Medication (Homely remedies) and Over the Counter (OTC) Products**

Customers who require any level of support to manage their medication can be supported where required to take OTC products or non-prescription medication. Where this is requested, this should be done following the process outlined in this policy and in consultation with the GP or the customer's dispensing pharmacist. Should support be required by the customer the Branch Care Manager or Live in Care Manager must consider the following:

- The customer's other medication must be communicated with their dispensing pharmacist to ensure that there are no medication contraindications.
- Which medications may be offered and for which symptom's
- The dose of the medication that should be given as well as how often
- The maximum dose of the medication that can be taken each day
- How long the medication should be given for before a GP reviewed is required.
- The support plan should be robust and outline the support required.

All non-prescribed and OTC medications must be fully documented on the eMAR.

- Paracetamol

Where the GP advises the customer to purchase paracetamol to take as a PRN medication, which was previously included within the customers repeat prescription, administration details must be sought from the prescribing GP.

- Aspirin

Some customers may take OTC Aspirin daily as a prophylactic measure to reduce the risk of heart disease or stroke with their GP agreement. This will need to be recorded on the Medications risk assessment and the eMAR.

### **1.7h Variable Dose Medication & Anticoagulants**

Due to the risks of administering a preparation of variable dosage, it is the responsibility of the Branch Care Manager or Live in Care Manager that all care workers are trained before they undertake this task.

Customers who are prescribed Warfarin must have an 'Oral Anticoagulant Therapy Pack' (sometimes called 'the yellow book'). This is used by their clinician to record the INR (International Normalized Ratio) blood test result and dosage instructions.

Where the 'Oral Anticoagulant Therapy Pack' ('the yellow book') is not available, a communication from the GP Surgery or Anticoagulant clinic (email or fax) may be accepted. Where neither of these communications are



available, under no circumstances must a care worker administer any anticoagulant drug. Care workers can seek emergency direction from a Doctor via NHS 111 or A&E if out of hours advice is needed. (If out of hours support is given the GP should be informed the next day by the manager. Direction can be taken from Dr via NHS111 or

A&E if out of hours advice is needed. If OOH advice is given the GP should be informed by the Branch staff or LICM as soon as possible.

When a care worker is required to administer an anticoagulant; the current dose should be followed according to the yellow anticoagulant record book or patient record card issued by the prescribing clinician.

A separate Medication Risk Assessment needs to be carried out to determine potential risks to the customer if they receive the wrong dose and the actions taken to mitigate any risks including their implications and any actions need to be taken. This must be clearly recorded.

The Medication Administration Record needs to be updated with clear directions on the dose of Warfarin to be administered to enable the care worker to take on the task of administering Warfarin as part of the customer's care.

Variable dose medications may have differing doses from day to day, and it is important that care workers are trained and understand their responsibilities in relation to this medication.

Care workers are to ensure that they check the current day/date and cross reference with the 'Oral Anticoagulant Therapy Pack' ('the yellow book') to be clear on what dose is required for that day.

The different colours of Warfarin tablets denote different doses, and this should be entered on to the eMAR in addition to the dose i.e., brown tablet = 1mg.

Anticoagulant drugs such as Warfarin, Rivaroxaban, Apixaban and Endoxaban increase the risk of bleeding as they slow down the process of blood clot formation, which is an expected reaction if blood vessels become damaged.

Customers who take anticoagulant drugs must have a risk assessment and mitigation for the increased risk of bleeding, particularly if they are at risk of falls. A falls risk assessment must also be completed if there is a history or risk of falls. This also applies for customers who are taking antiplatelet medications such as Aspirin or Clopidogrel as they too have an increased risk of bleeding.

The risk assessment for increased risk of bleeding should be embedded in the Medications Risk Assessment on the customer's file on Access Care Planning. Any customer taking anticoagulants or antiplatelet drugs must be escalated to emergency care via 999 if they sustain a head injury or trauma injury to exclude cerebral bleeding or significant internal bleeding. The care worker must report all episodes to the Branch staff or LICM as soon as they are able to and fully document the event in the communication log. An 'Accident and Incident' form must be completed by the Manager.

### **1.7i Controlled Drugs**

Strict legal controls are needed for certain medications. This is because they may cause serious problems such as dependency and harm if they are not used properly. Sometimes people use these medications illegally for reasons that are not medical (drug misuse), and so extra safety measures are needed to make sure they are prescribed, supplied, used, and stored safely and legally. Controlled medications include strong painkillers, such as morphine, tranquillisers, and stimulants. Medications that help with addiction, such as Methadone, are also controlled.

The government publish and update a list of most encountered drugs currently controlled under the misuse of drugs legislation.

The list can be found here <https://www.gov.uk/government/publications/controlled-drugs-list--2>

Branch Care Managers and care staff should know which medications are classed as controlled drugs and be trained and competent to administer and store them safely. It must be documented within the customer's

support plan if a customer is prescribed controlled drugs and a medication risk assessment be used to identify and manage the risks if Helping Hands support with the administration of medications.

All medication belongs to the customer and is stored with their own home, therefore, there are no requirements for additional records or procedures around administration of controlled drugs, unless the procedure falls within Delegated Tasks.

Wherever possible it should be the responsibility of the customer or their representatives to order and collect prescriptions for controlled drugs or that the medications be couriered or delivered to the customers home to avoid the risks which may be presented by transporting controlled drugs.

If care workers are responsible for ordering and collecting controlled drugs, this should be agreed as a last resort and a risk assessment should have been completed to also consider what happens if staff are not going straight from the supplying pharmacy to the customer's home.

For example, if there are other support visits to make in between. Arrangements and processes should be put in place for the safe transport of controlled drugs or prescriptions for controlled drugs such as using couriers, taxis, or equivalent services.

When collecting medications which are deemed to be controlled consideration needs to be given to the supplying pharmacy as identification will be required to support the care worker's authorisation to collect these on behalf of a customer. It should also be considered that there will usually be prescribed no more than 30 days' worth of medication at one time. If the pharmacist cannot give you all the medication that the individual has been prescribed, you should pick up the rest within 28 days of the date on the prescription.

All prescribed medications should never be taken by anyone other than the person that they are prescribed for. If there are concerns regarding the safe storage of medications this should be assessed, and an agreed decision made to mitigate any risks. (See section 1.10b Safe Storage of Medicines).

It is important that controlled medications are disposed of safely. (See section 1.10c disposal of medicines).

### **1.7j Transdermal Patches**

Transdermal patches deliver drugs topically, where they are absorbed through the skin and into the bloodstream. They provide a continuous delivery of small amounts of a drug into the blood stream over a long period of time. The length of wear time and the amount of drug delivered differs depending on the drug.

Care workers should document the date the patch is applied and details of where it has been applied (e.g., upper left arm). Care workers should wear disposable gloves during application to avoid secondary absorption through

their own skin. The patch should stay in situ and the site of application rotated according to the prescribed directions i.e., every three days, place new patch on alternate upper arm.

When removing and discarding transdermal patches care workers should fold the patch in half, pressing the adhesive sides together and dispose of it into a bin. Take care to ensure that the discarded patch remains out of the reach of children and pets, as some patches may still contain active drugs.

### 1.7k Emollients & Paraffin based Creams

- Emollients are an important and effective treatment for chronic dry skin conditions and people should continue to use these products. However, careful consideration must be given to the fire risks associated:
- Build-up of residue on clothing and bedding and can take action to minimise the risk.
- When applying emollient products to customers, advise them not to smoke or go near naked flames because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite.
- There is a fire risk with all paraffin-containing emollients, regardless of paraffin concentration, and it also cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days.
- Be aware that washing clothing or fabric at a high temperature may reduce emollient build-up but not totally remove it. Warnings, including an alert symbol, should be clear on packaging to provide a visual reminder to individual's and those caring for them about the fire hazard

All customers who are prescribed emollients & Paraffin based creams must have a risk assessment in place to clearly identify and manage those risks associated with these medicines.

### 1.7l Delegated & Clinical Tasks

In some circumstances, registered healthcare professionals such as Community Nurses or Clinical Specialist Nurses may delegate certain tasks to Helping Hands care staff.

These tasks have traditionally been seen as nursing/clinical tasks but can be carried out by Helping Hands staff where extra training and competency checks are in place before undertaking these tasks.

The delegating registered healthcare professional must assess that the care worker is competent and trained and provide supporting evidence including the name of the healthcare professional and the date that the training occurred.

Training and competency assessment can be delivered by a Helping Hands Regional Clinical Lead to Branch staff and LICMs for cascading training of delegated interventions to care workers.

This does not usually include specialist administration of medications.

Clinical tasks such as administering suppositories or enemas or delivery of medications via PEG must be trained, and competency sign off given by a Regional Clinical Lead or registered healthcare professional and cannot be cascade trained by Branch staff or LICMs to care workers.

### 1.7m Refusal of Medicines

A customer has the right to refuse medication.

When a customer declines to take a medication, care workers should consider waiting a short while before offering it again.

They should ask about other factors that may cause the person to decline their medication, such as being in pain or discomfort.

- A customer's GP will be consulted with consent, or in line with duty of care if there is a persistent refusal to accept medication. In respect of refusal of medication Helping Hands considers 'persistent' to be period of three consecutive occasions.

- When the medication support is reviewed at monthly audit, the responsible person should review where PRN (As required) medication has been consistently refused. Where appropriate this should be referred to the customer's GP for review to assess whether the medication is still required.
- Where PRN medication is being used consistently this should be referred to the GP to review whether the medication is being overused or if the prescription should be amended to routine medication. A record of this should be made on the medication audit.

### 1.7n Non-Permitted Tasks

#### Dressings

Care workers are not permitted to administer wound dressings. If a wound dressing becomes detached or is leaking or heavily soiled advice must be sought from the District Nursing team.

Under no circumstances must adhesive tape, dressings or plasters be used due to the risk of allergy or further injury to fragile skin. Medical attention should always be sought in this case.

#### Blood Glucose Monitoring and Insulin

Helping Hands care workers are not permitted to check customers blood glucose levels.

Should this be required, and the customer is unable to do this independently the customer or their advocate need to make alternative arrangements i.e., District Nursing team.

Helping Hands care workers must not administer insulin. This must be administered by the District Nursing team or a suitably trained and competent person with the agreement of the customer or their advocate.

Customers who are required to test their blood glucose levels and/or insulin administration should have a risk assessment for needlestick injury as well as hypo/hyperglycaemia included in their support plan.

This is to safeguard the customer and the care worker. There is an acknowledged risk of discarded sharps with diabetic customers who are self-managing as well as blood glucose instability. All needlestick injuries involving care workers must be immediately reported to the Branch staff or LICM and an 'Accident and Incident' form must be completed.

All concerns regarding the customer's ability to safely manage their diabetes must be immediately reported to their GP and fully documented in the communication log.

### 1.7o Procedure for Administration

Care workers must follow the written directions of the prescriber, normally available on the medication dispensing label, and the information recorded on the electronic medication record (eMAR) when assisting with medication.

When assisting with a customer's medication care workers must, in all settings, follow the steps as outlined below:

- 1) Wash their hands thoroughly and put on appropriate PPE.
- 2) Check the eMAR to clarify the medication required, including the time it is due, dosage, route, and any other notes, i.e., take with or before food.
- 3) Select the medication required and make sure it has not already administered to the customer.
- 4) Check the medication is for the customer by cross checking their name and address (this is imperative when there is more than one customer in the same household).
- 5) Ensure the medication dispensing label corresponds with medication records.
- 6) Dispense the correct number of tablets/capsules or amount of medication into a medicine pot or onto a spoon or clean dish. If measuring liquids this must be done on a flat, level surface into a medicine pot then checked at eye level. Care workers must avoid handling medication directly and must protect themselves, the customer, and the medication from contamination.

- 7) Ensure the customer has a drink available and assist them with their medication.
- 8) Record that the customer's medication has been administered by completing the appropriate sections of the customer's eMAR.
- 9) Dispose of any waste appropriately and clean any equipment used.

If you have any concerns **DO NOT GIVE**, the medication and immediately consult with your line manager or the Pharmacist or the customer's GP as appropriate. For out of hours advice contact NHS 111. Causes for concern may include incorrect or unclear dispensing labels or out of date medication.

When giving medications **DO**:

- Only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems and compliance aids
- Only administer medications at the time it is to be given

When giving medications **DO NOT**:

- Give medications from unlabelled or illegibly labelled bottles, blister packs or containers
- Transfer medication from their original containers
- Prepare medications or drugs in advance of administration. Once prepared they must be used immediately or discarded
- Leave medications unattended for customers to take later
- Handle medication directly when administering as far as is practicable
- Give discoloured solutions, disfigured tablets, substances etc. These must be stored safely and returned to the pharmacist
- Crush tablets or open capsules as this is an 'off licence' use of the medication without the written consent of the pharmacist or GP

When dispensing liquids from the original bottle:

- Shake the bottle by gently turning it upside down several times (unless directed otherwise on the dispensing label).
- When pouring, hold the bottle with the label on top so that the liquid falls away from the label, this will prevent the label from becoming stained and illegible through use
- Pour into a measured dosage container to ensure the correct dose placing onto a flat level surface first, then hold the container at eye level to check the amount is correct.

### 1.7p Adverse Reactions

If a care worker is concerned about a customer's health or suspects that a customer is suffering side effects due to their medication, the care worker should contact their manager and/or the customer's GP surgery or NHS 111 immediately. Emergency services should be called via 999 if symptoms appear to be life threatening.

No further medication should be administered or supervised until guidance has been received from an appropriate healthcare professional on the day the concerns have been reported.

This should then be recorded as a medication incident and investigated accordingly.

## 1.8 Giving medicines to people without their knowledge (Covert Administration)

### 1.8a Covert medication

This is the administration of medication without the knowledge or consent of a customer e.g. disguising a medication or hiding it in food or drink or giving through a feeding tube.

A customer has the right to decide whether they take a medication or not and we must respect that choice. At each administration time, where possible, the consent of a customer will be sought before medication is administered.

Covert medication must be the least restrictive option after trying all other options. Where there is a requirement to administer medication covertly it will be done in accordance with the requirements of the Mental Capacity Act 2005 and good practice frameworks (Mental Capacity Act 2005: Code of Practice) to protect both our customers and care workers.

The process for any customer who may require medication to be administered covertly will have involved the following:

- Understanding who should be involved and is responsible for decision making
- Evidence of a Mental Capacity Assessment
- Evidence of advice being sought from GP/supplying pharmacist as to whether the medicine could be stopped or given in a different way
- Evidence of Best Interests meetings which details discussions around the decision to give medicine covertly
- Evidence of decisions made and who has been involved
- The need for each covert medication to be administered must be identified.
- Each time a new medication is prescribed, or the dose of any existing medication is changed, the need must be identified again and a further 'best interests' decision meeting held and recorded. This is to ensure that the treatment continues to be in the customer's best interest.
- Full clear protocols in writing of how and who will be involved in administering medication covertly
- Clear documentation and instruction to care staff of their responsibilities regarding covert medications for customers
- Ensuring all staff involved in covert administration are trained and assessed as competent to administer medications covertly
- Documentation of any review dates that are applicable
- Covert administration should be used for as short a time as possible, and regular formal reviews should be held to confirm if it is still needed. All reviews must be recorded and include assessments of mental capacity.

Where covert administration is required the customer's file will contain a protocol that will clearly outline the procedure to be followed as well as written evidence this has been authorised by a GP. To ensure that care

workers can safely administer medication covertly and that they are trained and assessed to be competent to give the medicine covertly, this must be reviewed at each medication competency update.

Care workers must not under any circumstances administer medication covertly unless there is clearly documented authorisation and instructions in the customer's care plan.

### **1.8b Customers with Swallowing Difficulties**

Where a specific request has been made to take a medication with food (for example in a spoon of yoghurt) to address swallowing difficulties, this will be only done following healthcare professional advice.

Authorisation must be obtained and documented in writing; the specific arrangements being clearly recorded in the customer's support plan. Giving medication this way is not covert administration if the customer knows that the medication is there.



If medication is being provided via a tube (e.g., PEG) this is covered under the Delegated and Clinical Task Procedure (section 1.7j). Where customers require support with crushing of tablets for them to swallow medication, written consent must be obtained from the GP and the task must only be completed with a pill crusher.

Care workers must not under any circumstances, break or crush tablets with their hands or any other devices and most definitely not without prior authorisation from a GP.

Where a customer requires a tablet to be halved as they struggle to swallow it whole, Helping Hands should try and seek an alternative form for the medication from the GP or supplying pharmacist.

If the customer requires a half of a tablet to receive the required dose, Helping Hands should request that the GP or supplying pharmacist prescribe the required dose in a different preparation where possible.

If this is not possible, a pill splitter should be always used and a protocol and risk assessment in place for competent staff to follow.

## **1.9 Ordering and Supplying Medicines**

### **1.9a Responsibilities and Record Keeping**

Medications are the property of the customer and the responsibility for ordering, collecting, and returning medications will usually be the customer's responsibility. Therefore, Helping Hands staff will usually have no role to play in this task.

It must be documented within the customers support plan who is responsible for ordering, supplying, collecting, and returning unwanted medication to allow us to understand a customer's needs, communicate effectively and raise concerns if there are any issues relating to the ordering, supply, collection and return of medications. This includes documenting the individual's supplying pharmacy.

In some cases, the customer, or their representative may request that Helping Hands staff be responsible for ordering, collecting, and returning medications as part of the service offered. It may also be following a review or risk assessment where it is identified that the customer or representative can no longer complete this task. This information should be documented clearly within the customer's support plan and an Access Care Planner activity be set up for care staff to identify what level of support is required.

The supply of medications to customers will be according to the prescription issued by the prescriber (doctor, dentist, or nurse) unless the medication is an over-the-counter item. (See section 1.7f for OTC/non-prescription drugs).

Medication received from the dispensing pharmacist will vary, some pharmacies use MDS whilst others use individual bottles or containers.

In all cases the packaging will clearly state the name of the customer, name of the medication, the strength of the medication and give clear directions for the required dose and directions for administration.

Where Helping Hands are responsible for ordering and collecting medications, adequate time and clear instruction must be given to ensure that customers always have the appropriate amount of medication available and receive new stock on time.

Non-urgent repeat prescriptions usually require at least two working days from the time of ordering to collection. Helping Hands staff who are involved in ordering and collecting medications on behalf of a customer must be allocated enough time to make the appropriate checks and complete the task effectively to ensure that the



customer always has the correct amount of stock available. Staff must also be trained and assessed as competent within this task.

Helping Hands staff who are involved in ordering and collecting medications must be able to identify errors or discrepancies between the medicines ordered and supplied and understand what action to take.

### 1.9b Handling medications

All medications will only be handled in accordance with the instructions on the packaging i.e., original pharmacy packaging or medication dosage systems issued by a pharmacist.

Helping Hands will not under any circumstances agree to any form of secondary dispensing. This is the removal of medications from the packaging it was received in from the dispensing pharmacy and placed into another prior to administration. Examples include boxes, syringes, or any unlabelled compliance aid.

Helping Hands will not administer any medication, whether prescribed or OTC if it is past its expiry date. Any requests made of care workers to do so, will be politely refused and the carer will report this to the appropriate manager.

All medications must have clear and legible labelling. Medication must not be administered if the carer is unable to clearly read the instructions given by the dispensing pharmacist. In these circumstances, Helping Hands will seek the authorisation of the customer and/or their representative to contact the pharmacist to have the medication re-issued with the correct labelling.

Helping Hands encourages all customers to return any unused or out of date medication to the pharmacist for safe disposal and will, if necessary, facilitate this on behalf of the customer, where agreed in the Support Plan.

Below are recommended expiry dates for medication. Care Workers must always check the expiry date for each product as some specific products will vary from these dates.

It is recommended that:

- When you open a container, mark the date of opening on the label or container.
- If containers are unopened, follow manufacturer's expiry date.
- Always store medication according to the manufacturer's instructions.
- Room temperatures where medications are stored should be checked to ensure that medications are not stored above room temperature (25 degrees C) for prolonged periods of time.

Medication		Recommended Expiry Date
Tablets and capsules	Original pack of tablets	Manufacturer's expiry date
	Loose tablets in pharmacy bottle	Seek community pharmacy advice if not stated on label
	Monitored Dosage Systems and blister packs	8 weeks from dispensing date
Liquids and elixirs	Original bottles of liquid	6 months once opened unless manufacturer advises otherwise.
	Liquids decanted into pharmacy bottle	Seek Community Pharmacy advice if not stated on label

	Antibiotics	Usually, 7 or 14 days once reconstituted. Check pharmacy label. Check if needs to be stored in fridge (2-6 degrees centigrade)
<b>Topical creams and ointments</b>	Tubs	1 month once opened
	Pump Dispensers	Manufacturer's expiry date
	Tubes	3 months once opened unless manufacturer advises otherwise.
	Liquids/lotions	6 months once opened unless manufacturer advises otherwise.
<b>Drops or sprays</b>	Eye/ear/nose drops or ointments	28 days once opened unless manufacturer advises otherwise.
<b>Insulin</b>	Insulin vials or pre-filled pens	Store in the fridge if unopened (2-6 degrees centigrade). Once in use, keep at room temperature (average temp 25 degrees centigrade) then discard after 1 month.
<b>Inhalers</b>	Inhalers	Manufacturer's expiry date.

Manufacturer's expiry dates	What does it mean?
'Use by'	Use by the end of the month (e.g., Use by January 2022 = use by 31st Jan 2022).
'Use before'	Use before the beginning of the month (e.g., Use before January 2022 = use before 1st Jan 2022).
'Expiry date'	Expires at the end of the month (e.g., Expiry date January 2022 = expires 31st January 2022).

## 1.10 Transporting, Storing, and Disposing of Medications

### 1.10a Transporting Medication

Helping Hands must agree with the customer or their representative any arrangement for transporting medications outside of the home. If Helping Hands staff are responsible or involved this must be documented and managed within the medication risk assessment. (Also consider what happens if staff are not going straight from the supplying pharmacy to the customer's home. For example, if there are other support visits to make in between).

### 1.10b Safe Storage of Medications

The location for safe storage of a customer's medication will be clearly stated within the customer's support plan. This will be in a secure location that is not subject to extremes of temperature. Where medication is to be safely stored, this will be supported by the consent of the customer, POA for Health and Welfare or through a Best Interests decision, and a clear record of this will be kept on the customer file - Mental Capacity and Consent.

Where a customer is assessed to be at risk because of unsecured access to their medications, Helping Hands will liaise with the customer and their representatives to ensure an agreement is made which allows secure home storage and that this is deemed to be in the best interests of the customer. For example, a locked box or cupboard.

Medications must always be stored in line with the directions given on the medication label which has been supplied by the pharmacy.

### **1.10c Disposal of Medications**

Customers are always encouraged to take ownership and responsibility for the safe disposal of their medications or with support from an advocate.

If Helping Hands is responsible for the management of a customer's medication, all medications will be returned to the named pharmacy if they are no longer required, have not been used for 3 months, or have reached their

expiry date. Discontinued medications should be returned to the named pharmacy as soon as possible to reduce the risk of error.

Where appropriate the customer or lead representative will be asked to consent to the return of all medication. On return of the medication to the pharmacist a written record will be made and maintained by the pharmacist.

Care workers are to complete the Return of Medication Form (Appendix 6). Controlled drugs receipt should be obtained for controlled drugs.

If a customer dies unexpectedly, medications should be kept in the customer's home until all investigations have been completed and authority for disposal has been given by the investigating officer. A record should be kept of where the medication was disposed to and by whom. Please refer to the Helping Hands Sudden Death statement of purpose.

Where medications cannot be administered due to an error such as refusal of medications after it has been removed from the packaging or a tablet accidentally being dropped before administration, care workers must enclose the medication within an unused glove and document the customer's name and current date and return to a nearby pharmacy. Medications should not be discarded into the bin or down the sink as it could lead to them being taken by others (children or pets for example) or pose a risk to the environment.

## **1.11 Training and Competency**

### **1.11a Training**

Care workers are only permitted to support with medication when appropriate training has been completed. Care workers must also complete an assessment of competency before administering any medication unsupervised to customers requiring medication support. Medication competency should be a regular and ongoing process.

All Helping Hands care workers and anyone else likely to be supporting with medication must first complete classroom-based medication training; this is usually delivered during the assessment days for visiting or live in

care workers and must be refreshed regularly thereafter. If there becomes any indication that competency needs to be reviewed, then refreshed training will be offered sooner than scheduled.

Medication training must be detailed, thorough and deliver content which is covered within the Helping Hands Medication Policy and in line with current legislation and guidance referenced at the beginning of this policy. Helping Hands medication training is delivered in conjunction with The Care Certificate and more specifically Standard 13: Health & Safety – Care workers as a minimum, must be able to: describe the agreed ways of working in relation to medication.

Following successful completion of induction training, care workers are also expected to shadow an experienced member of staff as they support customers with medication administration. This strengthens the training provided and offers support and guidance in 'real life' situations.

There may be a requirement for further development and training to be offered to enable staff to expand their knowledge and meet the individual needs of customers. For example, we offer ACID training (Assessing Clinical Interventions Delegated) to all branch staff and LICMs as an extended learning programme. This provides knowledge to staff around clinical interventions such as catheter and stoma. Staff are required to be signed off by a Regional Clinical Lead before they can cascade training to care workers to provide support to customers with these specific needs.

Helping Hands believe that working closely with other professionals can be a huge benefit to the people we support. Specialist teams and the support and guidance they can provide to us as a service can have a positive impact for our staff and the service we provide.

We will continue to seek additional training and guidance where required for specialist conditions.

### 1.11b Competency Checks & Direct Observations

All staff must be assessed as competent before they are permitted to provide support to customers who require medication support.

Medication competency is checked by a senior member of Helping Hands branch staff or the LICM twice yearly, and a direct observation of their overall skills and practices is also completed twice yearly.

Feedback from these assessments is provided during regular supervisions or 1-1 discussions. Where concerns are identified around competency, refresher training and reassessment of competency will be requested.

## Related Documents

### Related Policies and Procedures:

- HHH-POL-033 Mental Capacity and Consent Policy
- GOV-030 No Response and Care Refusal Policy – Under Review
- HHH-SOP-005 Infection Control Policy
- OPS-005 Disposal of Waste at Customer's Home Procedure
- HHH-POL-058 Use of Disposable Protective Clothing Procedure

## TRAINING

Is training required?	Yes
Details of training	Medication Training via the Learning Management System. One to one training may be required via the Clinical Team and Quality Assurance Business Partners
Are Competency Checks Required	Yes
Details	Competency checks to be completed at start of employment and 6-monthly thereafter.

## COMPLIANCE

<b>How is compliance with the SOP going to be monitored</b>	Errors will be monitored via the Compliance team to identify trends where required. The policy and implementation will be monitored via the Policy Committee and the Compliance Business Partners.
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## EQUALITY IMPACT ASSESSMENT AND PROCEDURAL INFORMATION

	Yes / No	Comments
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• age?	Y	
• disability?	Y	
• gender reassignment?	N	
• pregnancy and maternity (which includes breastfeeding)?	Y	
• married or civil partnership	N	
• race (including nationality, ethnic or national origins or colour)?	N	
• religion or belief?	Y	
• sex?	N	
• sexual orientation?	N	
If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?	Y	The purpose of this SOP is to ensure the correct and safe management in a positive manner to all Helping Hands customers
If the impact on one of the above groups is likely to be negative:		
• Can the impact be avoided?	Y	
• What alternatives are there to achieving the document's aim without the impact?	NA	
• Can the impact be reduced by taking different action?	NA	
• Is there an impact on staff, client or someone else's privacy?	N	Although individual medication requirements will be monitored by the support plan

<b>What was the previous version number of this document</b>	04	
<b>Changes since previous version</b>	Amendment to number formatting, changed 'Medication Change form' to Customer Notification form'.	
<b>Author of the document</b>	Senior Quality Assurance Business Partner & Clinical Manager	
<b>Who was involved in developing/reviewing /amending the SOP?</b>	Clinical team	
<b>How confidential is this document</b>	Public	Can be shared freely within and outside of Helping Hands
<b>References</b>	<p>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>NICE Guidelines Managing Medicines for adults receiving social care in the community 2018</p> <p>The Regulated Services (Service Providers and Responsible Individuals) (Wales) Act 2016</p> <p>The Eight Principles for 'Safe Handling of Medicines' Royal Pharmaceutical Society of Great Britain guidance (RPSGB) 2007 and Codes of Practice.</p> <p>Professional guidance on the administration of medicines in healthcare settings' Royal Pharmaceutical Society and The Royal College of Nursing 2019.</p>	

	Mental Welfare Commission, Covert Medication, Legal and Practical Guidance 2006, Scotland.
<b>Associated Documents</b>	All medication related forms are now in e-format within the Access System

Controlled Document