

Medication Policy

The Blueberry Academy aims to encourage and support customers to self-medicate and independently manage their own medication. Assessments regarding ability to self-medicate will be promoted as best practice. The aim of The Blueberry Academy is to equip all trainees and students with appropriate work skills and all best practice will aim for all trainees and students to maximize their independence and self medicate (or work towards) wherever possible.

This policy has been developed as best practice and considers the Medicines Act 1968 and subsidiary regulations made under that Act and Article 3 of the Human Rights Act 1998, the right not to be subjected to torture or to inhuman or degrading treatment or punishment. It also embodies the principles of the Misuse of Drugs Act 1971 and associated regulations, the NHS Community Care Act 1990, Care Standards Act 2000 and subsequent guidance provided by the Care Quality Commission and the National Service Framework for Older People 2001.

Aged under 18 years of age

Although trainees or students that have not yet reached their eighteenth birthday are legally considered as children or minors, the issue of consent around medication is more flexible. As children become older they are expected to become more involved with decisions that affect them. In typical circumstances once children reach 16 they are able to consent to examination and treatment without parental consent. All medication will be administered by the wishes of parents/carers (as long as this is legal and agreed by The Blueberry Academy Director). Once the trainee or student reaches their eighteenth birthday, all steps will be taken for the trainee or student to communicate their decisions around medication unless the person has been assessed as 'lacking mental capacity'. This information is attached to all application material.

A person's mental capacity to give consent must always be considered.

For customers over 18 years old who are unable to communicate consent, this is taken to mean that they lack mental capacity. Every possible step should be taken to assist the customer to make a decision and to communicate that decision. This may require the use of other communication tools and methods. If the customer still cannot communicate their decision, the prescriber(s) must document this through an assessment of the person's

mental capacity and then establish that the treatment is in the best interests of the customer.

The Care Manager / EHCP should provide The Blueberry Academy with a medication plan. The Blueberry Academy will complete a Medication Information Form to identify what support is required in aiding the individual to take their medication and to ensure that the customer and/or their carers/next of kin agree with the proposed care arrangements. The plan must be reviewed regularly (at least annually).

Completion will establish what support the customer needs for each form/type of medication:

- Level 1 ‘General support tasks’: Customer takes responsibility for self- medicating (with physical assistance from staff)
- Level 2 ‘Administration by staff’: Staff take responsibility for administering medication
- Level 3 ‘Administration by specialist technique’: Care staff administer medication by specialist technique (non Blueberry Academy staff)

The level of support must be established.

The Blueberry Academy staff team only deliver to Level 1. Additional Care provision is required for Levels 2 & 3.

Due to the possible changes in the customer’s ability to manage their medication there may also be the need to amend record keeping to reflect these changes. Staff training incorporates the level of support and the varying requirements of customers in relation to medicine management (see table below):

	Level 1 General support tasks	Level 2 Administration by care staff	Level 3 Administration by specialist technique
Training	'Basic" Medicines Training	'Basic' Medicines Training	Specialist Training
Competency check	By Provider	By Provider	By Healthcare Professional

Responsibility for administering the medicine	The Customer	The Customer	The Care Worker
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Level 1: General support tasks

These are tasks that staff can carry out to help a customer self-medicate and maintain their independence. These would be likely for customers with a physical disability or frailty, whose mental capacity is not in doubt.

The customer must have the mental capacity to direct the staff member and instruct them what to do. For this, a customer must be able to:

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

A customer's ability to self-medicate should be established with each medicine (e.g. a customer may not be able to use an inhaler device but could self-medicate with a cream). The initial assessment is only the start of the care planning process. A customer's ability to self-medicate may only become apparent as they establish a relationship with staff.

Self-medication should not be seen as an 'all or nothing' ability a customer has. Staff should be clear of the type of support they can provide to a customer without it being considered that they are taking responsibility for administering medication.

Self-medicating customers must be reminded of the risks to others if medicines are left lying around. The risk to others should be taken into consideration when deciding if a customer is able to self-medicate.

What tasks are considered general support?

Physical assistance: For example: unscrewing lids, popping tablets out of a blister pack (only if the customer tells the staff which tablets to pop out). These remain general support tasks when the customer (not staff) takes responsibility for confirming that they are taking the right medicine at the right time.

Occasional infrequent prompts: verbal reminders may sometimes be required for a self-medicating customer (in the same way any of us may

occasionally forget to take a dose). The occasional need for a prompt does not mean a customer should be assessed as incapable of self-medicating.

However, if regular prompts are needed (or if the customer becomes reliant on these prompts) then their capacity to self-medicate would be in doubt. With regular prompts, care staff are taking responsibility for ensuring the right medicines are taken on time, and are essentially therefore administering medication and a re-assessment of need is required.

Level 2: Administration by staff

Staff are considered to be providing level 2 tasks when they are taking responsibility for confirming they have selected the correct medication i.e. confirming that they have:

The right medicine, for the right person, have selected the right dose, at the right time and given via the right route or method.

Level 2 tasks may include some or all of the following tasks:

- Frequent observed prompts (verbal reminders) to take medication
- Selecting the correct medicines for administration
- Administration of oral medication including tablets, capsules and liquids
(including all controlled drugs)
- Measuring out doses of liquid medication (where staff are responsible for ensuring they have measured out the correct amount)
- Administering inhaler devices
- Applying external medicated creams/ointments/gels/lotions etc
(including those applied to intimate areas)
- Applying transdermal patches (including controlled drugs)
- Applying medication to the eye, nose or ear

Level 3: Administration by staff using a specialist technique

Level 3 tasks may include some or all of the following tasks:

- Rectal administration, e.g. suppositories, enemas
- Administration into the vagina e.g. pessaries

- Injections e.g. Insulin
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Giving oxygen
- Buccal route administration
- Giving medicines via a nebuliser

These types of medicines will normally be administered by a health care professional. However, if appropriate a health care professional may delegate these tasks to staff provided they agree this with the Registered Care Provider Manager, they personally provide extra training and are satisfied that the staff are competent.

Ongoing support for the staff member is required from the health professional as ultimately responsibility for these tasks remains with the health professional.

Staff should be given the opportunity to refuse to administer medications via specialist techniques if they do not feel confident in their own competence.

Storage of Controlled Drugs

All drugs and medication will be stored in a lockable metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973. Each site has a storage facility.

Customers who self-medicate may retain independence with controlled drugs but they should follow the same storage requirements as for other medicines.

A record of administration should be kept in an approved controlled drugs register. This record should be countersigned by another designated member of staff. An audit of the controlled drugs should be undertaken by the Director every 6 months.

Administering Medication

Staff are considered to be administering medication when they are taking responsibility for confirming they have selected the correct medication i.e. confirming that they have:

The right medicine, for the right person, have selected the right dose, at the right time and given via the right route or method.

A medicines pot or other suitable container may be used to transfer medicines from the pharmacy container to the customer for immediate administration. The administration record must be completed immediately after the dose has been administered.

Crushing Tablets and/or Opening Capsules

There may be occasions where tablets or capsules may need to be crushed or opened to enable the customer to take their medication:

This will need to be agreed with the prescriber as crushing or opening capsules can alter the efficacy of the medicine.

- This should only be done when both the pharmacist and the prescriber have given authorisation (this can be provided verbally and recorded in the customer's notes).
- This should only be carried out with the consent of the customer (see section 13.3 for further advice).

Splitting Tablets

It is always preferable for solid dose forms (tablets or capsules) to be administered as single or multiple units (eg one or two tablets) per dose. Occasionally it may be necessary to split a tablet to achieve the required dose. In such cases tablets may be split if they are scored by the manufacturer. Non- scored tablets should only be split after confirming with the pharmacist that splitting is safe. Alternatively it may be possible for the medicine to be requested to be prescribed in a liquid form by which the correct dose can be easily and accurately measured.

Medication with a 'when required' dose is usually prescribed to treat short term or intermittent medical conditions i.e. it is not to be taken regularly. In such circumstances the customer may not need the tablets every day.

Liquids

The Director must ensure that staff have received appropriate training, in particular training relating to measurement of liquid medication.

Any specific storage instructions should be noted on the trainee's plan and excess stock should not be allowed to build up.

Refusal of medication in a customer with adequate mental capacity

Where a person with capacity refuses any medication, this should be respected. A note should be made on the medication administration form using the appropriate code, for example an 'X', to show which medication has been refused. In addition, a note should be made explaining why the person has refused their medication as there may be different reasons for different medicines. This should be recorded on the reverse of the medication administration form and reported to the relevant Care Manager as soon as is practical and always within 48 hours.

Refusal of medication in a customer who lacks adequate mental capacity

In line with the Mental Capacity Act 2005, a decision can be taken to give medicines covertly (e.g. hidden in food or drink). The prescriber (and GP if not the prescriber) should assess whether the customer has adequate mental capacity to understand if taking the medicine is in their best interests and that the medicine is essential for the customer's wellbeing. The doctor(s) should consider the views of everyone involved in the customer's care if a decision to covertly administer a medicine is being made.

Medication Incident

If an incident occurs regarding medication, care staff must immediately report this to the Director. This also applies to errors that care staff identify, but have not made themselves.

Immediate advice should then be sought from the customer's GP or pharmacist and parents/carers contacted. Details of the incident should be fully documented. A central record of all errors should be kept. This log can be used to inform training sessions.

Disposal of medicines

All medication must be returned home for disposal at an appropriate time. Where a trainee is assessed as lacking "Mental Capacity" the medication should be returned to the parent/carer.

Under no circumstances may unused medicines be disposed of in the refuse bin or by any other means. Medicines should not be flushed down the toilet or sink.

Medication in the workplace

If the customer is attending work or an external work placement and is there at the time that medication is due, a designated staff member is responsible for organising/supervising/administering and recording the administering of medication. An audit trail needs to be implemented that identifies the checking in and out of the medication from The Blueberry Academy or home. The Blueberry Academy aim to ensure that any individual can maximize their independence and any plans around medication will aim to ensure that any trainee or student can operate with maximum independence in all activity.

This policy will be reviewed annually and any amendments attached

