

# AGE UK EXETER

## Controlled Document

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## Document Description

This policy sets out Age UK Exeter's position and procedures for supporting its clients who require assistance managing their own medication.

## Implementation & Quality Assurance

Implementation is immediate and this Policy shall stay in force until any alterations are formally agreed.

The Policy will be reviewed every three years by the Board of Trustees, sooner if legislation, best practice, or other circumstances indicate this is necessary.

All aspects of this Policy shall be open to review at any time. If you have any comments or suggestions on the content of this policy, please contact the CEO on [info@ageukexeter.org.uk](mailto:info@ageukexeter.org.uk) or at Age UK Exeter, The Sycamores, Mount Pleasant Road, Exeter, EX4 7AE, 01392 202092.

# Medication Policy

## 1. Introduction and Context

### 1.1 Policy Context

- 1.1.1 Age UK Exeter's Enabling and Home Support Service and Day Services offer care and support to adults living in the community, who require assistance to maintain their independence. Supporting a client to manage their medication effectively and safely can be an important part of enabling a person to continue to live independently and achieve their My Plan outcomes.

Where people live independently in the community, responsibilities for medication rest primarily with the prescriber and the client. In delivering packages of care & support, clients are encouraged and supported to self-medicate and independently manage their own medication. Age UK Exeter is therefore operating at level 1 support within Devon County Council's Medication Policy. Our role is one of taking appropriate actions on behalf of clients to help prevent avoidable problems with medication occurring, and to manage any problems that do occur through working with the client, and/or their most relevant practitioners. This policy is aimed at supporting that role.

### 1.2 Legal Context

- 1.2.1 'General support and the administration of medication' does not in itself fall into the definition of Care Quality Commission (CQC) activities that require Registration, unless these are delivered as part of a package of care to the client that does involve other activities that should be regulated. This policy is designed to contribute to the safety and wellbeing of social care clients who have been assessed as requiring a package of care and support that does not involve any CQC regulated activities.

NICE guidance (2017) *Managing Medicines for adults receiving social care in the community* states that the term 'medicines support' is defined as any support that enables a person to manage their medicines. This varies for different people depending on their specific need.

Age UK Exeter recognises its responsibility to see that any medication is appropriately handled, as an employer and service provider.

## 2. Pre-requisites to the provision of support

### 2.1 Consent and capacity:

- 2.1.1 The client's overall consent should be obtained and recorded on a **Medication Agreement Form (MAF) (see Appendix 1)**, to ensure that clients agree with the identified service interventions. However, consent should specifically be given in relation to any support with medication management. A client may remove consent at any time to any or all interventions. The consent may be provided by a legally appointed representative, e.g., Authorised by the Court of Protection or a client with a registered Enduring or Lasting Power of Attorney for Health and Welfare.

- 2.1.2 Consideration should be given to a client's mental capacity to consent. (Mental Capacity Act 2005)

## 2.2 Assessment and recording the level of support required:

2.2.1 Medication support needs will be assessed on entry into the service and recorded on the MAF form, a hard copy of which will remain with the client in their home if an enabling client. For day care, MAF forms will be used and attached to the clients Charitylog record.

## 2.3 Communicating and agreeing how support will be delivered:

2.3.1 Effective communication between the support worker, client, carers, families, nurses, G.P's, and social care practitioners about the medicines support role is key to it working successfully.

## 2.4 Client records and care planning

2.4.1 Using the same support structure as Devon County Council's Medication Policy offers a consistent language for Age UK Exeter to record, discuss and review the client's medicines support needs. Age UK Exeter will ensure information gathered and held is made available to home support workers as appropriate.

2.4.2 Client records will clearly state that Age UK Exeter will only deliver level 1 support but will also record any support being delivered by a third party.

## **3. Level 1 support**

There are three levels of support within Devon County Council's Medication Policy. Age UK Exeter currently only operates within level 1 support for both its Home Support Service and Day Care Service.

3.1 Level 1 tasks consist of support given to a client when they take responsibility for their own prescribed medication. Support might include requesting repeat medication, collecting dispensed medication, opening medicine bottles under the direction of the client or an occasional prompt to apply creams, or take their medication. Good quality information and advice may be sufficient in enabling a client to meet their health care need.

At no point is the support worker selecting the medication – this is the responsibility of the client. The client should have the mental capacity to direct the support worker and to instruct them what to do – in other words they should be able to:

- Understand how to take their medication, the right medicine, at the right time and in the right way.
- Understand the consequences of not taking it or not following the prescriber's instructions
- Identify their medications
- Make choices and communicate those choices

The medication related support needs at this level will be identified in the client's records. Support workers will always work within level 1 provision of support and will receive the appropriate training to work with clients at this level.

## **4. Record Keeping**

4.1 The service co-ordinator will record clearly on their client record the details of the medicines support needs agreed with the client.

- 4.2 Where the support worker provides a “prompt” to the client to take their medications, they will accurately record the medication they have prompted the client to take, by recording it on the Medication Administration Record (MAR). This recording confirms the process of prompting only, not the act of observing that medications have been taken, unless this was also agreed.

In the day care setting, this will be recorded on the client’s Medical Administration Record (see Appendix 5). The record will be signed and dated by the support worker.

For home support workers, all level 1 tasks will be recorded on the MAR form. The hard copy of this will be kept in a safe place in the client’s home. Completed records will be replaced, old ones struck through and uploaded to Charitylog.

4.3 Medication declined

The support worker will record on the client’s MAR if a client chooses not to take their medication, including what actions they had taken to encourage compliance. The decision not to take medication will be reported immediately to the line manager.

4.4 Retention of MAF’s and MAR’s

When a new MAF or MAR is set up, the hard copy will be stored securely at the client’s home if an enabling client and the original uploaded to their Charitylog record. For day care clients, their MAF and MAR forms will be kept securely on Charitylog and hard copy forms used in the day care setting. When a new MAF is completed, or a new MAR is set up, the previous versions will be struck through and dated so that it is clear they are not current. Old copies will be uploaded to Charitylog.

## **5. Training requirements**

- 5.1 All home support workers, day care workers and volunteers will have a comprehensive induction, including safeguarding training, boundary training, moving and handling and dementia awareness. They will also have the opportunity to shadow an experienced member of staff. Medicines support needs and any concerns can also be discussed through regular one to one’s (supervision) and team meetings.

## Revision History

<b>Revision date</b>	<b>Summary of Changes</b>	<b>Other Comments</b>
March 2017	Versions 1- 9 formulation of new policy	
8.09.17	Reviewed by Standards Committee	Recommended to the Board of Trustees for approval
12.09.17	Approved by the Board of Trustees	Next review due September 2019
9.9.19	Routine review by the Standards Committee. No amendments made.	Recommended to the Board of Trustees for approval.
10.9.19	Approved by the Board of Trustees	Next review due September 2021
06.09.22	Update to reflect provision of level 1 support only. Agreed by Risk and Quality Committee on 15.09.22	Approved by the Board of Trustees on 27.09.22

## **APPENDIX ONE**

### **Medication – Guidance Notes**

#### **1 General Principles of Handling Medications**

Medications remain the property of the client to whom they have been prescribed. They should not be shared with other clients under any circumstance.

Support workers should not advise clients about medication, but would direct the client to a suitably qualified professional e.g. a GP or pharmacist.

#### **2 Storage and Security of Medicines**

Clients should be encouraged to store medications safely, following the manufacturers and pharmacist's instructions and out of reach of children. Any concerns over how the client stores or accesses their medication should be referred to the line manager.

#### **3 Ordering and Collecting/Receiving Medications**

In relation to ordering prescriptions including emergency prescriptions, home support workers can assist clients to order and collect prescriptions. The choice of pharmacy always rests with the client.

When collecting or receiving medicines from the pharmacy, home support workers are to give the medications to the client for them to confirm the prescription is correct.

Where prescribed medications are collected by the home support worker, they will be required to show the pharmacist proof of identity and may be required to sign the back of the prescription. Home support workers will also record the activity on their digital log and follow the guidance in the 'Handling Clients Money Policy'.

It is the responsibility of the individual or their representative or carer to update the day care or enabling manager with any changes or additions to medication.

#### **4 Disposal of Medicines**

Responsibility for the disposal of medication rests with the client, or with their non-professional carer/relative.

Medication can be returned to, or collected by a pharmacy, dependent on quantities and the age of the medication held.

Under no circumstances may any unused medicines be disposed of in the domestic rubbish. The only route for the appropriate disposal of medication is by return to the pharmacy.

In the event of the death of the client, although the medicines become the property of their estate and are therefore theirs to dispose of safely, carer/relatives should be advised that they should be kept safe for 7 days within the client's home before disposal in case the Coroner's Office requires them.

#### **5 Non-prescribed medicines (Over-the-counter)**

Not all medications can be taken together e.g. some 'over-the-counter' treatments for colds contain paracetamol and if taken in combination with some prescribed medications such as co-codamol, could cause a paracetamol overdose. Support workers should advise the client to check with their pharmacist or GP if the client is going to be taking non-prescribed, over-the-counter (OTC) medication alongside prescribed medications.

Medication support will only be offered to clients who have capacity to manage their medication. The client should be free to decide whether it is necessary to consult the GP/pharmacist regarding their medication. The home support worker should record they have advised the client to consult their GP/pharmacist. Ultimately the decision rests with the client as to whether they will do so.

## **6 Escalating and reporting concerns or refusals**

If a support worker has any concerns or issues in respect to how the client is managing their medication, they should report this immediately to their line manager and record their concerns in the client's file.

If there is any concern at all that a client has over-medicated or of adverse drug interactions or generally over a client's health, their GP should be informed or emergency services called if deemed to be an emergency situation.

## **7 Medications with specific requirements and medical devices**

Specialist drugs obtained directly from hospital, mental health services etc.

There are some drugs which may not be ordered or supplied via the GP and community pharmacy. These include "hospital only medications", clinical trials medications and specialist medications (for example some psychiatric medications). The original prescriber will undertake the responsibility for ongoing supply and support workers will provide general medicines support as with other medications. Under no circumstances will support workers administer these medications.

## **8 Admission to hospital**

If a support worker is present at the time that a client is admitted to hospital, the support worker should ensure that the client is sent, if possible, with their repeat prescription slip and their medication. The support worker should record actions in the client's records and Care Plan and advise their line manager of the admission and the actions taken.

## **9 Medications administered by Doctors or Community Nurses**

Community nurses/doctors visiting a client's home for administration of medication are responsible for keeping their own medication administration records. If medication has to be administered by a visiting doctor or nurse within the day care setting, it is not necessary for Age UK Exeter to record on the MAR chart.

## **APPENDIX TWO (A)**

### **Medication procedures with clients – Summary for Day Services**

*You must also read the full policy*

If the My Plan or assessment for a self-funded service indicates any support with medication is required:

- A **Medication Agreement Form (MAF)** (appendix 4) must be completed, with the client OR with their representative if the client does not have capacity to do so. The **MAF** must be signed and dated, both by the client/representative and by the day service manager or their deputy. The **MAF** must be completed prior to their first attendance at the service.
- The day service manager or their deputy who completes the **MAF** must explain to the client/ their representative that:
  - It is their responsibility, and essential, for them to update the information we hold, if there are changes to their prescription or health status.
  - That Age UK Exeter currently only provides level 1 support
- The completed **MAF** to be kept securely with the client record in Charitylog. Any changes to the client's prescription to trigger the completion of a new **MAF**. Old **MAFs** to be struck through and dated. Old copies to be kept for a minimum of three years. (A change in prescription will also trigger a new **Medication Administration Record**, see below)
- The day service manager or deputy to clearly brief any day service support workers who will undertake level 1 support. Such tasks can never be delegated to volunteers.
- A **Medication Administration Record (MAR)** (Appendix 5) to be filled in by the manager or deputy who has completed the **Medication Agreement Form**; and this to be held on the client record
- The **MAR** to be dated and initialled on each occasion that assistance is given with medication
- The manager or deputy on duty is responsible for ensuring that the **MAR** has been properly completed, and that it shows support with medication has been given appropriately.
- Refer to the policy for guidance if mistakes occur, or if client decides not to take their medication.

## **APPENDIX TWO (B)**

### **Medication procedures with clients – Summary for Enabling & Home Support Service**

*You must also read the full policy*

If the My Plan or assessment for a self-funded service indicates any support with medication is required, only Level 1 support will be provided by home support workers:

- A **Medication Agreement Form (MAF)** (appendix 4) must be completed, with the client OR with their representative if the client does not have capacity to do so. The **MAF** must be signed and dated, both by the client/representative and by the Enabling & Home Support service manager or their deputy. The **MAF** must be completed prior to their first visit.
- The Enabling & Home Support service manager or their deputy who completes the **MAF** must explain to the client/ their representative that:
  - It is their responsibility, and essential, for them to update the information we hold, if there are changes to their prescription or health status.
  - That Age UK Exeter currently only provides level 1 support
- The completed **MAF** to be kept securely at the client's home and a copy uploaded to their Charitylog record. Any changes to the client's prescription to trigger the completion of a new **MAF**. Old **MAFs** to be struck through and dated. Old copies to be kept for a minimum of three years on Charitylog.
- The Enabling & Home support manager or deputy to clearly brief any home support workers who will undertake level 1 support.
- **Medication Administration Record (MAR)** (Appendix 5) will be used in the clients home where medications support is required. Hard copies remain with the client and are filled in and dated every time medications support is offered. Full copies are uploaded to Charitylog and a new record is placed in the clients home.
- A change in prescription will result in a new **MAF and MAR**. Old copies should be struck through with red felt pen and dated and then stored with the clients record on Charitylog. Old copies to be kept for a minimum of three years.
- Refer to the policy for guidance if any mistakes, or if client decides not to take their medication.

## APPENDIX THREE

### Glossary

**Assessment/ Care assessment:** The process of identifying and recording the health and social care needs and risks of a client and evaluating their impact on daily living and quality of life, so that appropriate action can be planned.

**Care Manager:** The person responsible for a client package of care, including assessment, and review.

**Care Record:** The daily record of care provided.

**Care Visit:** A visit to a client's home for the purpose of providing care.

**Client:** Person receiving a service.

**Compliance Aid:** A device used to aid compliance. This includes special bottle tops or opening devices, reminder charts, Haleraid® devices, eye drop guides. They also include devices such as 'multi compartment compliance aids', also known as 'dosette boxes', which are usually filled by service users or their families/ friends. They also include pharmacy-filled monitored dosage systems, which are sometimes known as blister-packs (not to be confused with manufacturers' original blister strips).

**Covert Medication:** Is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the person is unknowingly taking medication.

**Care Plan:** A client plan which sets out the agreed objectives, following assessment, and sets out how these are to be achieved.

**Healthcare Professional:** Healthcare staff that are registered with a professional body e.g. doctor, dentist, pharmacist, nurse, pharmacy technician.

**Informal Carer:** A person who provides care for a client without receiving remuneration, usually a family member, friend, or neighbour.

**Medication, Medicine:** The terms 'medicine' and 'medication' are used interchangeably. For the purposes of this policy, they relate to medicines prescribed for the client by a doctor, dentist or non-medical prescriber.

**MAR Chart: Medicines Administration Record Chart.** The form used to record the administration of medicines.

**Medicines Risk Assessment:** Systematic check of the hazards and risks for the client and care staff associated with the medicines in use. It addresses problems such as difficulties with compliance, forgetfulness, complex drug regimes, hoarding of medicines etc.

**Service Co-ordinator:** The senior Age UK Exeter member of staff in that service. Can include Day Services Managers, the Enabling Service Manager etc.

**Services Manager:** Age UK Exeter's senior manager with responsibility for services.

**Support Worker:** A member of Age UK Exeter's staff team, within the Day Services or Enabling and Home Support service.

## Appendix Four (A)

# AGE UK EXETER MEDICATION AGREEMENT FORM – Day Services

This form sets out exactly what support is needed by the client to prompt or support medication needs while at the Age UK Exeter Day Service.

It must be signed and dated by the client, or their representative (eg. family carer) if they do not have capacity. Guidance notes for staff on reverse.

**IMPORTANT NOTE: It is the responsibility of the client/their representative to provide updates to this agreement if there are changes to the client's medication or health status.**

Name of client:

Days attended:

Date this form completed:

### Medication required while at day service:

1. Name of drug And strength	2. Dosage	3. Time(s) to be taken* <i>If PRN med (as required) must be indicated here</i>	4. Assistance required  <i>If PRN (as required) also include in which circumstances the med to be taken</i>	5. Level 1 <i>(this column to be completed by day service mgr only)</i>

How will medications be transported to the Day Services?

*(eg in labelled container, in client's bag)*

Does medication need to be kept in medication cabinet whilst client at Day Service? Y/N

Declaration: The information provided is accurate and up to date. Date: \_\_\_\_\_

Signed \_\_\_\_\_ Print name \_\_\_\_\_

I am the client / I am the client's representative *(please state relationship to client)*

Signed (Day Service staff) : \_\_\_\_\_ Print name \_\_\_\_\_

**Appendix 4(A)**  
**Age UK Exeter use only**  
**Guidance for Day Services Managers/Deputies**  
*Refer also to Medication policy for detailed guidance*

1. The medication agreement form is invalid unless signed and dated by the client OR their representative (eg. family carer, if they do not have capacity). If someone other than the client signs, they must state their relationship to the client.
2. The form must also be signed by the Day Services Manager or Deputy
3. Day Services Manager or Deputy to ensure columns 1- 4 on pg 1 is completed by client or their representative, but to complete Column 5 on pg. 1 themselves.

<b>1. Name of drug and strength</b> <i>This column to be completed by client / rep only</i>	<b>2. Dosage</b> <i>This column to be completed by client / rep only</i>	<b>3. Time(s) to be taken</b> <i>This column to be completed by client / rep only</i>	<b>4. Assistance required</b> <i>This column to be completed by client / rep only</i>	<b>5. Level 1, 2 or 3*</b> <i>(this column to be completed by <b>day service manager</b> only)</i>
<i>Example Naproxen 500mg</i>	<i>500mg (1 tablet)</i>	<i>Midday; with or just after food</i>	<i>Reminder (prompt) at 12pm; provide water. Mr X will take medication himself</i>	<i>Level 1</i>

4. If there is not enough space on page 1, use a second copy of this form and clearly label it as a continuation sheet. Both sheets must be signed, and stapled not clipped together.
5. This form to be uploaded to the client file.
6. It is the responsibility of the Day Service Manager to clearly brief day care staff who are to assist in prompting medication and to ensure that the client's MAR form is completed on each occasion.

## Appendix Four (B)

# AGE UK EXETER MEDICATION AGREEMENT FORM – Enabling & Home Support Service

This form sets out exactly what medications support is needed by the client while in receipt of the Enabling & Home Support Service.

It must be signed and dated by the client, or their representative (eg. family carer) if they do not have capacity.

**IMPORTANT NOTE:** It is the responsibility of the client/their representative to provide updates to this agreement if there are changes to the client's medication or health status.

**Name of client:** \_\_\_\_\_

**Days attended:** \_\_\_\_\_

**Date this form completed:** \_\_\_\_\_

### Medication required while in receipt of Enabling & Home Help Service

1. Name of drug and strength	2. Dosage	3. Time(s) to be taken* <i>If PRN med (as required) must be indicated here</i>	4. Assistance required <i>If PRN (as required) also include in which circumstances the med to be taken</i>	5. Only Level 1 assistance can be provided by home support workers

**Where will the medications be kept:** \_\_\_\_\_

**Declaration:** The information provided is accurate and up to date. **Date:** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Print name** \_\_\_\_\_

**I am the client / I am the client's representative** (please state relationship to client)

**Signed** (Enabling & Home Support Service staff) \_\_\_\_\_

**Print name** \_\_\_\_\_

**Appendix 4(B)**  
**Age UK Exeter use only**  
**Guidance for Enabling & Home Support Service Managers or Deputy**

*Refer also to Medication policy for detailed guidance*

1. The medication agreement form is invalid unless signed and dated by the client OR their representative (eg family carer, if they do not have capacity). If someone other than the client signs, they must state their relationship to the client.
2. The form must also be signed by the Enabling Service Manager or Deputy
3. Enabling Service Manager or Deputy to ensure columns 1- 4 on pg 1 is completed by client or their representative, but to complete Column 5 on pg 1 themselves.

1. <b>Name of drug and strength</b> <i>This column to be completed by client / rep only</i>	2. <b>Dosage</b> <i>This column to be completed by client / rep only</i>	3. <b>Time(s) to be taken</b> <i>This column to be completed by client / rep only</i>	4. <b>Assistance required</b> <i>This column to be completed by client / rep only</i>	5. <b>Only Level 1 Assistance will normally be provided by enablers</b>
<i>Example</i> Naproxen 500mg	500mg (1 tablet)	Midday; with or just after food	Reminder (prompt) at 12pm; provide water. Mr X will take medication himself	Level 1

4. If there is not enough space on page 1, use a second copy of this form and clearly label it as a continuation sheet. Both sheets must be signed, and stapled not clipped together
5. The MAF to be kept securely in folder at client's home. A copy uploaded to the client file on Charitylog. When an update is received, a new MAF must be completed, signed, and dated. Old forms to be struck through and dated and kept securely with client file on Charitylog for 3 years.
6. It is the responsibility of the Enabling & Home Support Service Manager to clearly brief home support workers who are involved in medications support and to ensure that the home support worker completes the MAR on every occasion that they provide medications support (level 1 tasks).

## Appendix Five

### AGE UK EXETER

### MEDICATION ADMINISTRATION RECORD

The support worker must initial the box for the right date/time to show that the task has been completed

Name								Date of Birth				
GP								Practice				
Allergies								Date Completed				
Medication state strength, dosage and time required	Times (use 24hr clock)	Date	Date	Date	Date	Date						
	Eg 10:00											