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| AGE UK EXETER |
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| Document DescriptionThis policy sets out Age UK Exeter’s position and procedures for supporting its clients who require assistance managing their own medication. |
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| Implementation & Quality AssuranceImplementation is immediate and this Policy shall stay in force until any alterations are formally agreed.The Policy will be reviewed every two 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 Sue Stride, s.stride@ageukexeter.org.uk or at Age UK Exeter, 138 Cowick Street, Exeter, EX4 1HS, 01392 455600 |

**Medication Policy**

1. **Introduction and Context**

	1. Policy Context
		1. Age UK Exeter’s enabling 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.
		2. 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’s role is therefore 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.
	2. Legal Context
		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.
		2. 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 and administration**
	1. Consent and capacity:
		1. The client’s overall consent should be obtained and recorded on a **Medication Agreement Form (MAF) (see Appendix 1),** to ensure that clients are in agreement 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. Consideration should be given to a client’s mental capacity to consent. (Mental Capacity Act 2005)
	2. Assessment and recording the level of support required:
		1. Age UK Exeter’s 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. A key pre-requisite for the successful delivery of that role, is an assessment of the level of support that a client needs with their medication.
		2. This Medication Policy describes 3 levels of support. The categorisation of a client’s need for support into one of these three levels establishes clarity about the assistance needed by a client, and accountability into the decision about who is competent enough to meet that need. **This categorisation takes place at assessment and is revisited at review and each time medication changes and a new MAF is completed.**

* 1. Communicating and agreeing how support will be delivered:
		1. Another key pre-requisite for the successful ‘assistance with medication’ role, is the effective communication between the client, carers, families, support workers, nurses, G.P’s, and Social Care practitioners about the assessed level of support that a client needs with their medication.
	2. Client records and Care planning
		1. The assessment and categorisation of a client’s need for support into one of three levels offers a consistent language for Age UK Exeter to record, discuss and review the client’s assistance with medication needs.Age UK Exeter will ensure information gathered and held is made available to support workers as appropriate.
		2. Client records will clearly state the level of support with medication that Age UK Exeter will deliver – and any support being delivered by a third party.

 Records will reflect the results of Age UK Exeter’s liaison with the client’s carer or friend or Practitioner (where appropriate) to risk assess the support with medication needed. In particular Age UK Exeter will record and share with its support workers the degree to which carers or friends are going to be involved in administering medication.E.g., who carries out the ordering of medication, who collects, its storage and accessibility, disposal etc. Records will describe the client medication needs or requirements for the client, e.g. ensuring that a client’s inhaler is where they would expect it to be. Client records will indicate clearly whether it is Level 1, 2 or 3 support that is required.

1. **Determining Levels of support**

There are three levels of Support within Age UK Exeter’s Medication Policy. These are:

* 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 receive the appropriate training to work with clients at this level of support.

* 1. Level 2 tasks consist of administering medicines and other clinical tasks. Support Workers will receive the appropriate training wherever there is an expectation for them to work with clients at this level of support.

 Administration may include the selection and preparation of medicines, creams or eye drops for immediate administration. The support worker will only administer or prepare medicines from the original container or blister pack, dispensed and labelled by a pharmacist or dispensing GP for the named patient in accordance with the medication profile identified on an up to date Medication Administration Record (MAR) chart. Where these conditions are not satisfied, this should be referred back to the Service Co-ordinator who will, as appropriate, discuss with the GP.

 Support workers may refuse to assist with the administration of medication if they do not feel competent to do so. They should raise this with their Line Manager who will discuss alternative options the GP or other relevant Practitioner/ Prescriber.

 Level 2 tasks (unlike level 3 tasks) do not have to be restricted to a specifically named client.

 Level 1 and Level 2 tasks may be undertaken by both enablers and day service staff as directed by their manager, and where a MAF has been completed.

* 1. Level 3 tasks consist of administering medicines that are usually undertaken by Community Nurse Practitioners. However Practitioners could potentially delegate a number of these healthcare tasks on a case-by-case basis to sufficiently competent support workers to deliver on the client Practitioner’s behalf. This will happen exceptionally, and only in a day care setting as agreed by the manager in charge.
	2. Level three tasks will not be undertaken by enabling staff working one-to-one in clients’ homes; but may be undertaken within our Day Services.

 Level 3 tasks require specialised techniques that should be anticipated as being beyond the scope of a typical support worker training. Age UK Exeter will ensure that the appropriate additional training would be provided by a registered health professional before our day services staff would be asked to undertake tasks at this level.

 The level of the task required will be identified by the co-ordinator undertaking the initial assessment and completing the Medical Agreement Form (MAF). This will be revisited at review and on any occasion where the MAF is updated because of a change in the client’s medication.

3.4 Delegation of a level 3 task

 The responsibility, once agreed, for delegated level 3 health care tasks remains with the Practitioner delegating the task. Accountability for delivering the agreed health care task is with the support worker and Age UK Exeter.

 Age UK Exeter will also require that the relevant Health Practiotioner’s contact details are available before agreeing the level of support that they will deliver as detailed in the Care Plan, and whether any tasks are to be delegated from the Practitioner supporting the client.

 The delegation of level 3 tasks is on a case-by-case basis, but will not be undertaken in the Enabling Service. Practitioners can only delegate level 3 tasks to Age UK Exeter if the named support workers proposed to carry out the task are appropriately trained to deliver the specific task to the named client. Level 3 tasks will normally be provided by the Day Services Manager or their Deputy. These tasks will not be delegated to Age UK Exeter’s bank day care staff.

 A registered and competent Practitioner should provide this training and follow-up support to the support worker to ensure the skills are maintained and the care delivered is of the required standard so that the delegated level 3 task can continue to be delegated.

 A client in need of a level 3 task, or their appropriate or nominated representative if they lack capacity, will also need to agree that it is Age UK Exeter that undertakes the task; this arrangement will be recorded appropriately on the client file.

 Before any delegated Level 3 Health task is agreed, Age UK Exeter’s support worker will ensure that sufficient guidance has been provided by the Practitioner setting out the task and how it is to be delivered in a safe and appropriate way and this will also be incorporated within the provider’s client records.

 Age UK Exeter will not undertake level 3 tasks unless and until the appropriate training has been given to the particularday services staff. Phoned or emailed instructions are not sufficient.

1. **Record Keeping:**
	1. For Level 1

 The Service Co-ordinator will record clearly on their client records the details of the medication assistance given. Where the support worker provides a “prompt” to the client to take their medications, the support worker will accurately record the medication they have prompted the client to take, by recording it in their records. This recording would confirm the process of prompting only, not the act of observing that medications have been taken unless this was also agreed.

 In day care settings: this will be recorded on the client’s Medical Agreement Form (see Appendix 4) held with the paper file. The record will be signed and dated by the support worker.

 For enablers: level 1 tasks will be recorded on the workers weekly receipt form and in the communication book if there is one.

(*Ref: The Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain, 2006)*

* 1. For Level 2 and 3

 Administration, where this task forms part of the agreed and risk assessed tasks for the support worker, an up to date medication administration record chart (MAR chart) should be used. See appendix 2.

 Level 2 tasks will only be performed by enablers in exceptional circumstances, and the enabler will be required to use a MAR to show completion. They will also record the activity on a workers weekly receipt form and in the communication book if there is one.

* 1. For Level 1, 2 and 3 – Medication declined

 The Service Co-ordinator should record on the client’s MAR if a client chooses not to take their medication and what actions the support worker had taken to encourage compliance and also report immediately the decision to decline taking their medication to their line manager.

4.6 Retention of MAF’s and MAR’s

 Medication Agreement Forms and Medication Administration Records will be kept for a period of three years. 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 it is not current.

**Training requirements**

Staff who assist, prompt or handle medication will receive medication training before they can assist with the administration of medication. The training, which may be provided either in house or by an external trainer, will include:

* Introduction to medicines and prescriptions
* Medicine supply, storage and disposal
* Safe administration of medication
* Record keeping
* Accountability, responsibility and confidentiality

 Training, and follow up support,for Level 3 tasks will be provided by a health professional. Such training will be recorded on both the clients’ record and the member of staff’s training record.

**Revision History**

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| **Revision date** | **Summary of Changes** | **Other Comments** |
| March 2017 | Versons 1 - 9 formulation of new policy |  |
| 8.09.17 | Reviewed by Standards Committee and  | Recommended to the Board of Trustees for approval |
| 12.09.17 | Approved by the Board of Trustees | Next review dueSeptember 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 dueSeptember 2021 |

**APPENDIX ONE**

**Administering Medication – Guidance Notes**

1. **General Principles of Handling Medications:**
	1. Level 1, 2 and 3

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.

* 1. Level 2 and 3

Where the client is supported by family or other informal or formal carers, support workers should not administer medication to the client until a formal and recorded agreement has been made as to who will take or share responsibility for administering the medications. This should be specifically detailed within the client records (the MAF) and Care Plan. Where possible the Support Worker should enable the client to have access to the latest copies of the Patient Information Leaflets for each of the medicines supplied by the pharmacy.

1. **Storage and Security of Medicines:**

Clients should be encouraged to store medications safely, following the manufacturer’s and pharmacist’s instructions and out of reach of children.

If there is an assessed and recorded risk that a client would be in danger of inadvertently over-dosing, then a decision may need to be made to store medication securely away from the client. This is an important and sensitive decision which could be seen to be denying the client their rights. This decision should therefore only be made after consultation with medical professionals such as the GP or other relevant Practitioners. Any such decision should be reviewed and the outcome recorded, on an ongoing basis taking into account the capacity and presentation of the client. In the circumstances that the above action is necessary, this should be done through, and the outcome recorded within a Best Interest Assessment following MCA principles.

The record of any such decision will be kept securely in the client records and Care Plan.

Age UK Exeter support staff would not be involved in such a decision. Any concerns about the risk to a client of over-dose will be reported immediately to the line manager.

1. **Ordering and Collecting/Receiving Medications:**

In relation to ordering prescriptions including emergency prescriptions support workers can assist clients to order prescriptions. The choice of pharmacy rests with the client at all levels of support with medication.

* 1. Level 1

When collecting or receiving medicines from the pharmacy, 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 support worker they will be required to show the pharmacist proof of identify and may be required to sign the back of the prescription. Enabling staff will also record the activity on the workers receipt pad and follow the guidance in the ‘Handling Clients’ Money Policy’.

* 1. Level 2 and 3

When collecting or receiving medicines, the support worker will record the following information for each medicine:

1. The client’s name

2. The quantity received/collected

3. The name of the medicine

4. The form/type of medicine e.g. tablet/liquid etc

5. The strength

6. The Support Worker’s name (printed) and signature

7. The date that the medication was collected/received

This will be recorded within the client file for day care; and on a separate worker receipt pad for Enabling.

As with Level 1, where prescribed medications are collected by the support worker they will be required to show the pharmacist proof of identify and will be required to sign the back of the prescription.

Changes to Medication

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 prescription. This will be made clear at assessment and subsequent reviews. With consent, Age UK Exeter staff will clarify current prescriptions with the relevant prescriber, and amend the client record accordingly.

1. **Disposal of Medicines:**

Responsibility for the disposal of medication rests with the client where they have the mental capacity to do so, or with their non-professional carer/relative. In exceptional circumstances support workers can do this in accordance with the Best Interest Assessment decision. In day care, this would normally be undertaken by the Day Services Manager or their deputy.

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

For medication support at level 2 and 3 the support worker should record the detail of all medication returned to the pharmacy, describing the quantity, name of the medication, and sign and date. This will be recorded in the client record (day care) and on the reverse of the worker receipt pad (Enabling).

In the circumstances that a significant amount of medication is being disposed of the support worker must make the Service Co-ordinator aware so that any further investigation into areas of concern can be undertaken.

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.

1. **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 medication 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.

* 1. For level 1

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 support worker should record they have advised the client to consult their GP/pharmacist. Ultimately the decision rests with the client as to whether or not they will do so.

* 1. For level 2 and 3

Individuals able to choose and those wishing to purchase their own remedies for minor ailments should be supported to consult directly with their local pharmacist or GP. The Service Co-ordinator will ensure that this is clarified with the client and recorded. Where the client cannot request support directly, the support worker should request that their line manager contacts the client’s GP to gain confirmation that the client can take the over the counter medication. The outcome of the conversation should be recorded. If over the counter medication is already in the home the support worker should establish if the client has had confirmation from the GP that it is satisfactory for the support worker to provide administration support.

Advice should always be sought from the pharmacist or GP about any potential interaction between non- prescription medication and the client’s regular prescribed medication.

All staff have a duty of care to encourage clients to follow up on symptoms of a minor nature e.g. tooth ache, headache, with their local pharmacist or GP.

* 1. Guidance where non-prescribed medicines are to be taken:

 The member of staff administering the medication will make a record on the MAR chart of what has been administered, dating and signing the chart.

 To avoid any errors in ‘time administered’ prescription instructions, the time the medication is given will be recorded in the appropriate column using the 24hour clock method.

 The advice of the manufacturer’s instructions needs to be followed; should a client complain of the same complaint for more than 48 hours or staff have any concerns about their condition the client should be referred to a GP if the GP is not already aware, or, in the event of an emergency immediate medical attention should be sought.

1. **Reporting concerns or refusals**
	1. Level 1, 2 and 3

If a support worker has any concerns or issues in respect of 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.

* 1. Level 2 and 3 Refused medication

The Service Co-ordinator will seek advice from the GP or Out of Hours Doctor, and pass this advice to the support worker.

 Examples of concerns might include, the client is presenting as unusually confused and/or there has been a change in their physical or communication behaviors or it is suspected that the client is not taking the medicine e.g. not swallowing

* Individuals should never be forced to take medicines against their will.

 If a client refuses a dose of a medicine, excluding as required (PRN) medication, the client’s medication record should be marked to indicate this. The manager of the service should be informed; they should discuss this with the GP or pharmacist as appropriate and document the advice given.

 If the client is asleep and the dose is not given, the record should be marked accurately to reflect the circumstances. Where a medication cannot be given regularly because the client is asleep the timing of their medication may need reviewing and should be highlighted to the GP.

 Seek advice from the community pharmacist or GP in the event of refusal due to inability to swallow a solid dose, alternative forms of medicines may be available in liquid form instead of tablets which may be easier for the client.

* If possible, client’s choice should be established, and consideration given to alternative routes of administration or alternative treatments or preparations, in discussion with the preferred pharmacist
* Regular attempts should be made to encourage the client to take their medicine.

There should be consultation with carers, relatives, advocates and the GP or pharmacist unless this is inappropriate. The method of administration should be agreed with the GP or pharmacist.

1. **Level 2 and 3 - Practical Administration of Medicines**
	1. Direct administration

Medicines should be dispensed directly from their original containers or Pharmacy filled compliance aid and only to one client at a time. There should be no secondary dispensing of doses into secondary containers in advance of administration unless there are exceptional circumstances as detailed in section below.

* 1. Dispensing of liquid medication

Staff should follow the administration of medication procedure. It is recommended that a pot or syringe with milliliter gradations be used to dispense liquids. Doses of 5ml or below should be measured with an oral syringe. Preferably, where possible, doses of less than 20ml should be measured with an oral syringe. Doses above 20ml can be measured using a pot marked with milliliter graduations or an oral syringe

* 1. Administration from blister packs

Compliance aids which are fully and recently labelled by a pharmacy and are sealed and tamper evident (that is to say that it would be obvious if tablets had been removed from a pocket because the foil was punctured) e.g. Venalink, may be used to administer the tablets as set out in the device. **Support staff should not administer medicines which have been put into an unsealed compliance device, such as a Medidose, by family or friends of a client.**

When recording information about medication in compliance aids on the Medication Agreement Form (MAF), each item should be listed separately in the space provided. When completing the Medication Administraton Record (MAR) it is sufficient to say administer the complete contents of one pocket in the pack (ie each medication does not need to be itemised separately on the MAR).

* 1. Medication with limited shelf life once opened

Any medication whose shelf life will be time limited upon opening should be clearly labelled upon opening with the date they were opened. Examples will include topical preparations in tubs or tubes, insulin, eye and ear drops. The shelf life, or use by date, will usually be indicated on the packaging or patient information sheet

* For a tub of cream the shelf life is one month after the date of opening
* For a tube of cream the shelf life is three months after the date of opening
* For a tube of ointment the shelf life is six months after the date of opening
* For a tub of ointment the shelf life is three months after the date of opening
* For eye – ear – nasal drops the shelf life is 28 days after the date of opening
* Bottles with loose tablets/capsules should have their shelf life printed on the label, where this is not present it should be discussed with the pharmacy.
* Oral Liquids the shelf life is within 6 months of opening
	1. Timing of doses

Reference should be made to the dosage instructions on the MAR chart and on the label of a medicine and to the patient information leaflet when deciding the time(s) of doses. Due to the nature of the service it may not be possible to achieve the exact timings identified on the medication label and MAR sheet. The Service Co-ordinator should ask for advice from either the GP or Pharmacy regarding the achievable timing for support with medication (such as those that need to be taken prior to eating or those that need to be taken on an empty stomach).

* 1. When required (PRN) Medicines

There will be circumstances where medication is prescribed for a client that can be taken as required, i.e. that the medication will not be taken by the client on a regular basis. A PRN plan will need to be completed by the Service Co-ordinator in conjunction with the client, or their representative or carer; and with guidance from the GP if required and recorded within the client records (the MAR.) and on the Care Plan. This should identify the member of staff, the conditions the medication is prescribed for, and the circumstances in which it should be taken

The time at which administration of PRN medications has taken place should be recorded on the MAR Chart, to ensure that future doses are not given until the specified time period has elapsed.

* 1. General information regarding swallowing problems

If a client is unable to swallow tablets the ServicCo-ordinator should refer back to the GP.

* 1. Crushing medication or mixing with food or drink

There may be occasions where tablets or capsules need to be crushed or opened and this can only be carried out with the consent of the client. Support workers may only administer medicines in an unlicensed manner on the instruction of the prescriber. The GP may do this by writing on the FP10 (prescription form) “To be crushed and taken…” and this can be printed on the labels by the pharmacist

* 1. Splitting tablets

Occasionally it may be necessary to split a tablet to achieve the required dose – and if required should be recorded on the MAR chart/medicine label. This should only be done where the tablet has been scored by the manufacturer, if the tablet is not scored, the worker should report this to their line manager who will take advice from the client’s Pharmacist or GP.

* 1. Spoiled doses

Occasionally, a medication dose might be ‘spoiled’ and cannot be given. Where possible the spoiled dose should be retrieved and returned to the pharmacy.

If in conventional packs, take another tablet or capsule from the pack, assuming the reason for the medication being spoiled is not associated with refusal. Where it concerns a compliance aid obtain advice from the GP.

* 1. Missed Doses

Taking subsequent doses too close together could increase the risk of side effects. Following a missed dose the Support Worker should contact their line manager for further advice. The Service Co-ordinator should seek pharmaceutical advice and then inform the support worker of any required actions. The MAR chart should be used to record that a dose has been missed..

**Procedure for administration**

1. Read the medication label and compare to the MAR chart to ensure that the medication being administered is prescribed for that client and that it is the correct medicine.
2. Refer to the client’s MAR chart for times and dosage required, prior to dispensing any medication.
3. Consult with the client, if they do not have capacity with regards to their medication management this will be recorded on their Care Plan. Check that they agree to take the medication. Check for any preferences on how they should receive it. Where clients have particular needs this should be noted in the Care Plan and referenced on the MAR chart
4. Check on the MAR chart and care plan to identify if the client is allergic to any medication.
5. Check on the MAR chart that it has not already been administered by another colleague or discontinued by the doctor. If the dose has already been signed as administered undertake a check that this has definitely been done before administering a second dose or not administering the medication at all. This may involve a count of medication against signatures.

Should you be unclear whether the medicines have already been administered, you should immediately contact your line manager who will provide guidance and seek advice from either the prescriber or the GP.

1. Select the appropriate bottle, box or Pharmacy Prepared Compliance aid for the client concerned. Check the name and strength of the medicine with the MAR chart.
2. Examine the label and check the instructions are the same as recorded on the MAR chart. Check that the administration is in accordance with any additional dosage information on the label e.g. with food. Times of administration should be as detailed within the Patient Information Leaflet, e.g. client should not have to wait until late to have their breakfast just because a medicine needs to be given at a specific time before eating.
3. Where medication is contained within conventional boxes, bottles etc., check that the medication is in date.
4. If the client takes more than one tablet or capsule at a time, it will probably be most convenient to place all these in a small clean container and then hand this to the client. Medication should be administered in accordance with the details within the Patient Information Leaflet.

Tablets which are to be dissolved before administration should be put into approximately half a glass of water and allowed to dissolve completely - or as advised in the Patient Information Leaflet. They should be stirred before handing to the client. Note some medicines disperse rather than completely dissolve.

Tablets and capsules should not be handled prior to administration.

When more than 2 doses of medication are dispensed from a blister pack or box put a small dot on the MAR chart as each medicine is selected as a check that this has been done. Initials should not be added until administration of all the required medicines has taken place. Each medication administered will need a staff signature.

In the circumstances of compliance aids where support workers are not in a position to be absolutely certain what each medication is. The MAR sheet can be completed using one signature for each compartment of medication administered from the compliance aid. The time of the administration should be recorded also.

10 For oral medication ensure the client is sitting in a well supported position and has sufficient fluid with which to swallow the medication.

1. Hand the medication to the client. Some clients may prefer to have the medication put onto a spoon.

**NB** Where physical assistance is required with skin applications, protective barrier gloves should always be worn.

12. Ensure that the medication has been taken, stay with the person whilst the medication is being taken.

13. The medication record should be signed immediately by the support worker after the administration has taken place. If the directions indicate a variable dose such as 1 or 2 then the quantity administered should be recorded.

14. If a medication is not taken for any reason, this should be recorded on the MAR chart. If the dose has already been removed it should not be returned to the container from which it was removed.

15. Recording on the chart is the responsibility of the person administering the medication. Where a Support Worker identifies that there is a missing signature on a MAR chart, they should immediately report this to their line manager who will initiate an investigation.

16. Administering a medicine means that the client has taken the medication, however if a support worker suspects that it is not swallowed or if refused etc. they should indicate that on the record. They should report their concerns to their line manager

17. PRN medicines for administration (on a ‘when required’ basis) should be examined at every visit to see if administration is indicated at that time of day and to give the client the opportunity to request the drug. If a client does not request the drug, offer the medication, explaining what the medication is for.

1. **Suspected Adverse Drug Reactions (ADRs)**

All drugs may have some side effects, most of which do not cause problems. Many drugs interact with other drugs and the computers used by doctors and pharmacists are programmed to warn of interactions and grade them according to seriousness. However, occasionally a client may suffer an adverse drug reaction (or interaction). Particular care should be taken to observe clients when a new drug is introduced and any unexpected or unacceptable reactions should be reported immediately to the GP or the pharmacist; and a note made on the client record

Adverse drug reactions, particularly unexpected ones are reported to the medicines and healthcare products regulatory agency by GPs Pharmacists or Nurses, using the Yellow Cards Scheme (see the back of BNF). In this way information is logged centrally about new drug reactions.

1. **Changes during an Administration Cycle**
	1. Verbal Orders to change or stop / cancelling medicines

Verbal orders should only be accepted by the Support Worker in an emergency when the client’s health would be put at risk if the order was not acted upon immediately. (Verbal orders are only to be accepted in exceptional circumstances and not where regular changes or adjustments are being ordered.)

If a GP/medicine prescriber makes a verbal order in the exceptional circumstances described above, the Service Co-ordinator should action the request and ensure that written confirmation is obtained from the prescriber within 24 hours.

* 1. Amending MAR charts: (Subject to the conditions above)

The responsibility of amending MAR charts lies with the Service Co-ordiantor.

Where the Support Worker is administering medication that has been the subject of change by instruction of the GP it should be recorded appropriately on the MAR and referred back to the Service Co-ordinator who will obtain written confirmation of the change and make the amendment to the MAR chart.

* 1. Adding an item

There may be additions to medication for clients, and in these circumstances a new MAR sheet should be completed by the support worker to include the additional item or items.

In circumstances where there are frequent changes to medication for clients using compliance aid it might be more beneficial to make changes using boxed and bottled medication until the circumstances have stabilised to a point where compliance aides can be used again.

Note: There should be a separate profile box completed for each medication detailed on the MAR chart.

1. **Medications with specific requirements and medical devices**
	1. 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 but support workers may be called on to administer this medication.

Records of these medications should be kept in the same way as routine medications. A MAR chart is to be written up, and the medication administered in accordance with the instructions on the medication profile. Sufficient information should have been given regarding any monitoring needs, side effects etc., but if this has not occurred the prescriber should be contacted.

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* 1. Bloodglucose testing meters

These should not be used by Support Workers, Blood glucose testing meters should only be used by staff that have been trained and assessed as competent – this would generally be a community Nurse

* 1. Wafarin

Particular care must be taken with Warfarin to ensure that any prescribed changes to the dose is formally communicated via the GP. Administration of Warfarin will be considered on a case by case basis, under the guidance of a health professional,

* 1. Controlled Drugs

Controlled drugs will be identified when delivered or received alongside general medication, where these have been delivered within a blister pack or in an original package, i.e. a box or packet; they should be recorded on the MAR chart alongside all other medication. Where they are contained within a compliance aid they will not be the subject of specific identification and therefore will be included within the general medication within the compliance aids or blister packs.

* 1. Medication requirements outside of support worker visits

Age UK Exeter Enabling staff will comply with Care Manager/health professionals arrangements for leaving out medicines. They will not change or amend the arrangements but will report any concern to the Service Co-ordinator who will liaise with the GP/health professional.

1. **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.

1. **Managing errors in Administration of Medication**
	1. General Guidance

Throughout the process of safely managing the administration of medication, nothing should stand in the way of staff reporting promptly and honestly errors that occur. The management of such errors should be undertaken in a professional and sensitive way.

When an error occurs, the priority consideration should be the health and personal safety of the client. Any errors should be fully investigated and learning points identified.

The line manager of the support worker involved should undertake a fact-finding investigation into the error. The investigation should be completed promptly, in an objective way. If the line manager is not competent in the management, control and administration of medication, or is unable to draw a satisfactory conclusion from the factors involved in the error, advice should be sought from Senior Management.

**Action to be taken following administration of incorrect medication**

1. In the case of a severe reaction e.g. anaphylaxis call an ambulance

2. Inform client

3. Inform Age UK Exeter’s Senior Manager

4. Inform GP or out-of-hours Doctor

5. Advise the client’s relatives where they consent for this information to be shared

6. Record the incident in the client’s Care Plan, and on the provider’s incident reporting form

7. Follow through any further advice given by GP e.g. hospitalisation, organising to have blood test.

* 1. Guidelines for Service Co-ordinators investigating Errors in the Administration of Medication

 The support worker(s) involved should be informally interviewed in a supportive manner, to provide specific details and background pertaining to the error and action to be taken following the incident.

* Remedial action should be agreed and detailed on the incident reporting form.
* Any learning should be shared amongst the staff group. Additionally the learning can be shared at Management meetings or more widely across the organisation where appropriate.

 Professional guidance should be considered when there is confusion about the cause of the error, or if the support worker lacks insight or knowledge relating to the error.

* There should be a review of any training needs and any supportive supervision required.

 The Service Co-ordinator should seek advice when required, from their senior managers and HR, with regard to professional issues and actions required. The Services Manager should consider whether the issue should be logged with the Council’s Safeguarding Team.

* If medication is given to the wrong person, the person (and their family/carer if appropriate) who has received it should be told of the error and their GP should be contacted for advice. If the GP is not available for advice then NHS Direct should be consulted.

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* 1. Near-miss, errors and incident reporting

Near-miss incidents should be reported immediately to the Service Co-ordinator for appropriate action.

Reportable incidents should be reported immediately to the Services Manager for appropriate action.

Analysis of reports of errors and near-miss incidents can be used to help identify shortcomings in systems which may be contributing factors or might be the direct cause of such incidents. The Senior Management Team will examine reports of errors and near-miss incidents regularly but at a minimum of twice a year, to identify any common causes of errors and to arrange for changes in systems if these are the cause.

Where Age UK Exeter’s management become aware of systems or practices which could lead to errors they will take appropriate preventative action. Any learning should be shared across the service.

1. **Staff signatures**

Age UK Exeter service should retain a list of any staff authorised to administer medicines, which includes a record of their initials. This should be regularly reviewed and updated to reflect the current staffing position within the service.

1. **Allergies/adverse effects**

Any allergies or adverse effects should be documented on the provider’s MAR records. Where a client has no allergies “nil known” should be written to highlight that this has been checked. The type of allergy/adverse effect should be recorded. For example “penicillin causes rash”.

1. **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. Where these records are made they should be available within the client’s home for access. Where they have been administered within the day care setting, it is not necessary for Age UK Exeter to record on the MAR chart.

1. **Medications audit**

Age UK Exeter will give consideration for the need to undertake medication audits on a regular basis. If the audit highlights any concerns the frequency of the audit should be increased. Any issues revealed should be the subject of prompt improvement by the Age UK Exeter.

**APPENDIX TWO (A)**

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

*You must also read the full policy*

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

1. 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.
2. The Day Service Manager or their Deputy who completes the MAF must explain to the client/ their representative that:
* It is their responsibility, and absolutely essential, for them to update the information we hold, if there are changes to their prescription or health status.
* If the client requires anything other than level 1 support (prompting), medication brought into the Day Service must be in its orginal blister pack or container, with the dispensing label on it.
1. The completed MAF to be kept in the client file. Any changes to the client’s prescription to trigger the completion of a new MAF. Old MAFs to be struck through in red felt pen and dated and then kept at the back of the client’s file. 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)
2. The Day Service Manager or Deputy to clearly brief any day service staff who will undertake level 1 or level 2 support. Such tasks can never be delegated to volunteers.
3. Level 3 support (such as applying cream to legs) can only be undertaken by the Day Service Manager or the Deputy, and only once training has been provided by a health care professional.

A note that this training has been provided must be made on the client file **and** in the staff file.

1. 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
2. The MAR to be dated and initialled on each occasion that assistance is given with medication
3. The Manager or Deputy on duty is responsible for ensuring that the MAR has been properly completed, and that it shows assistance with medication has been given appropriately.
4. A change in prescription will result in a new MAF and a new MAR. Old copies should be struck through with red felt pen and dated and then stored at the back of the clients file. Old copies to be kept for a minimum of three years.
5. Refer to the policy for guidance if any mistakes, or if client refuses or does not take their medication.

**APPENDIX TWO (B)**

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

*You must also read the full policy*

If the MyPlan or assessment for a self-funded service indicates any support with medication is required, Only Level 1 support will normally be provided by Enablers:

1. 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 Help Service Manager or their Deputy . The MAF must be completed prior to their first visit.
2. The Enabling & Home Help Service Manager or their Deputy who completes the MAF must explain to the client/ their representative that:
* It is their responsibility, and absolutely essential, for them to update the information we hold, if there are changes to their prescription or health status.
* If the client requires anything other than level 1 support (prompting), medication must be in its orginal blister pack or container, with the dispensing label on it.
1. The completed MAF to be kept in a dedicated file. Any changes to the client’s prescription to trigger the completion of a new MAF. Old MAFs to be struck through in red felt pen and dated and then kept at the back of the file. Old copies to be kept for a minimum of three years. .
2. The Enabling & Home Help Service Manager or Deputy to clearly brief any enablers who will undertake level 1 support.
3. A **Medication Administration Record (MAR)** (Appendix 5) is not required for this service unless, exceptionally, level 2 tasks have been agreed; but enablers should record that they have given the required prompt on a separate worker receipt pad.
4. A change in prescription will result in a new MAF. Old copies should be struck through with red felt pen and dated and then stored at the back of the file. Old copies to be kept for a minimum of three years.
5. Refer to the policy for guidance if any mistakes, or if client refuses or does not take their medication.

**APPENDIX THREE**

Glossary

**Assessment/ Care assessment:** The process of identifying and recording the health and social care needs and risks of an 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 actually provided.

**Care Visit:** A visit to a service user’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 service user 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 service user by a doctor, dentist or non-medical prescriber.

**MAR Chart: M**edicines **A**dministration **R**ecord Chart. The form used to record the administration of medicines.

**Medicines Risk Assessment:** Systematic check of the hazards and risks for the Service User 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.

**Practitioner –** clinical professional

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 Help 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 administer medication while at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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\****If PRN med (as required) must be indicated here* | **4.****Assistance required***If PRN (as required) also include in which circumstances the med to be taken* | **5.****Level 1, 2 or 3\****(this column to be completed by day service mgr only)* |
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**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) page 2**

**Information Regarding Medication Issued in Blister Packs**(or similar dosette boxes prepared by the pharmacist.)

The following medication is placed by the pharmacist into a sealed dosette box. This agreement is for assistance to be given to take the complete contents of the relevant pocket at the specified time. Each medication contained within the required pocket should be listed below

Time pocket to be taken …………………….

|  |  |  |
| --- | --- | --- |
| Medication | Strength | Dose |
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**Appendix 4(A) page 3**

**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. Column 5 indicates the level of support required for the administration of the particular medication. (see policy for detailed guidance). Example below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.****Name of drug and strength***This column to be completed by client / rep only* | **2.****Dosage***This column to be completed by client / rep only* | **3.****Time(s) to be taken***This column to be completed by client / rep only* | **4.****Assistance required***This column to be completed by client / rep only* | **5.****Level 1, 2 or 3\****(this column to be completed by* ***day service manager*** *only)* |
| *Example* *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* |
|  |  |  |  |  |
|  |  |  |  |  |

1. 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
2. Level 2 tasks: meds must be in original blister pack or container with dispensing label
3. **Note** that if level 3 assistance is required, this can only happen once training has been provided to the day service staff by a clinician (eg community nurse)
4. This form to be kept in the client file. When an update is received, a new form must be completed, signed and dated. Old forms to be shredded not stored.
5. It is the responsibility of the Day Service Manager to clearly brief day care staff who are to assist in prompting / administering medication and to ensure that the client’s MAR form is completed on each occasion.
6. ONLY the Manager or their Deputy should complete level 3 tasks; and only once they have been trained as stated in 4) above.

**Appendix Four (B)**

**AGE UK EXETER**

**MEDICATION AGREEMENT FORM –**

**Enabling & Home Help Service**

This form sets out exactly what support is needed by the client to prompt medication while in receipt of the Enabling & Home Help 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 in receipt of Enabling & Home Help Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.****Name of drug and strength** | **2.****Dosage** | **3.****Time(s) to be taken\****If PRN med (as required) must be indicated here* | **4.****Assistance required***If PRN (as required) also include in which circumstances the med to be taken* | **5.****Only Level 1 Assistance can be provided by enablers** |
|  |  |  |  |  |
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**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 Help Service staff) :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Appendix 4(B) page 2**

**Information Regarding Medication Issued in Blister Packs**(or similar dosette boxes prepared by the pharmacist.)

The following medication is placed by the pharmacist into a sealed dosette box. This agreement is for assistance to be given to take the complete contents of the relevant compartment at the specified time. Each medication contained within the required pocket should be listed below

Time compartment to be taken …………………….

|  |  |  |
| --- | --- | --- |
| Medication | Strength | Dose |
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**Appendix 4(B) page 3**

**Age UK Exeter use only**

**Guidance for Enabling & Home Help 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. Column 5 indicates the level of support required for the administration of the particular medication. (see policy for detailed guidance). Example below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.****Name of drug and strength***This column to be completed by client / rep only* | **2.****Dosage***This column to be completed by client / rep only* | **3.****Time(s) to be taken***This column to be completed by client / rep only* | **4.****Assistance required***This column to be completed by client / rep only* | **5.****Only Level 1 Assistance will normally be provided by enablers** |
| *Example* *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* |
|  |  |  |  |  |
|  |  |  |  |  |

1. 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
2. Note : If Level 2 tasks are to be undertaken (by exception in Enabling Service) : meds must be in original blister pack or container with dispensing label and a MAR must be filled out and used at each visit.

Level 3 tasks are never undertaken within the Enabling Service.

1. The MAF to be kept in the client file. When an update is received, a new MAF must be completed, signed and dated. Old forms to be struck through and dated, and kept separately within the client file for 3 years.
2. It is the responsibility of the Enabling & Home Help Service Manager to clearly brief day enablers who are to assist in prompting medication and to ensure that the a worker receipt pad is completed on each occasion (level 1 tasks). If a level 2 task is part of Care Plan, the enabler will also need to complete the relevant sections of the MAR at each visit.

**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** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** |
|  | Eg 10:00 |  |  |  |  |  |  |  |  |  |  |  |
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