

## **Harrow Shared Lives Scheme Policy & Procedure No. 31B**

### **Handling Medicines – Medication Administered**

It is the policy of Harrow Shared Lives to encourage and support Service Users to take responsibility for their own medication. Where this is not possible, Harrow Shared Lives will ensure that the Shared Lives Carer understands the principles behind the safe handling of medication and follows the procedures laid down by the APS for the control, administration, recording, safe keeping, handling and disposal of medicines.

#### **Principles**

People placed with Shared Lives Carers should be encouraged and supported to take responsibility for their own medication if they may safely do so.

Harrow Shared Lives must ensure that Shared Lives Carers have the knowledge and skills that they need to handle and administer medication safely.

Where Shared Lives Carers are asked to carry out specific medical procedures for the person placed with them, they should only do so with the supervision and support of a Health Professional.

Shared Lives Carers must not administer any non-prescribed externally applied medication or dressings without obtaining guidance from a Health Professional. The only exception to this would be the application of emergency aid for which the carer has received appropriate training.

Shared Lives Carers should check the Service User Plan, and wherever possible consult with a Health Professional for information about any known allergies or contraindications before giving any non-prescribed remedies, also referred to as home remedies to a Service User, e.g.

medication for pain. A record should be kept of any remedies given.

All forms of medication are potentially harmful if misused and care needs to be taken in obtaining, storing, administering, recording, disposing and controlling them.

Medication whether self-administered or given with assistance should be stored in a lockable space. Where medicines need to be kept cool then they should be stored in a clearly marked box on the top shelf of the refrigerator.

### **How would this happen?**

Harrow Shared Lives Scheme will ensure that:

- Shared Lives Carers have training in medication handling prior to managing medicines for Service Users.
- The training will comprise session(s) delivered by a professional with medication knowledge such as a pharmacist or a nurse.
- Each Shared Lives Carer is appropriately assessed to establish whether he/she is competent to undertake the responsibility of medicine administration.

Harrow Shared Lives Scheme will, prior to the placement, and in consultation with the Service User (and/or their advocate), the Service Users GP, and the carer, undertake a risk assessment of the Service User's competence to manage his/her own medication.

Where it has been agreed that the Service User can administer their own medication Harrow Shared Lives will ensure that the Service User has a lockable place for storage of his/her medication; to which the Shared Lives Carer will be allowed access, with the Service Users permission.

Where the Shared Lives Carer is asked to administer medication to or undertake a medical procedure with the person placed with them, Harrow Shared Lives will ensure that they receive training from a Health Professional in the administration of that medication or medical procedure and that appropriate supervision and support continues to be provided by a Health Professional. Training should equip the Shared Lives Carer with current knowledge of the medical condition and the side effects of any medication. The detail of training and assessment of

competence will be documented.

Where the Shared Lives Carer is asked to administer medication the Shared Lives Carer will keep a detailed medication record for each Service User (see documents 66A; 66B; 67). The record will include:

- a) The date new medication is prescribed together with prescription details.
- b) Each time medication is administered, with the time and dose.
- c) Any incident where medication has been refused.
- d) Any period of illness which might affect absorption of medication (e.g.: vomiting or diarrhoea).
- e) The date when surplus or out of date medication was returned to the community pharmacist for destruction.

**N.B.** Only points a), c), d) and e) will apply in situations where the Service User self-medicates.

Any refusal to take medication should be recorded and reported to the Harrow Lives Officer and GP or Community Nurse for advice as to appropriate action.

Errors in the administration of medication should be reported immediately to the GP for advice and appropriate remedial action. The carer should also advise the AP Scheme/Service of the incident as soon as possible after the incident.

The AP Carer will monitor the condition of the person placed with them and will report any unexpected change in condition that may be due to the side effects of the medication immediately to the GP.

The AP Carer will return all unwanted or out of date medication to the community pharmacist for disposal and will obtain a receipt. The AP Carer will mark this in the medication record. If a person in the placement dies, the AP Carer will retain all their medicines for at least 7 days before disposal, as this may be required by the Coroner.

Administration of the Service User's medication will be subject to regular review, at formal reviews or when a change of circumstances necessitates it.

## Consent

A patient has the right under common law to give or withhold their consent to medical examination or treatment. They are entitled to receive sufficient information in a way they can understand about proposed treatments, the possible alternatives and any substantial risks to them, so that they can make a balanced judgement.

The law states that no medical treatment may be given to any person without valid consent. Whilst not a legal requirement this should be recorded in writing wherever possible and should be updated when significant changes occur or at a minimum on an annual basis. Where consent is given a copy should be placed on the user's file. In cases where consent is refused the matter must be recorded, the Shared Lives Officer informed and the GP Practice informed.

Where consent cannot be given because of the severe nature of the user's medical condition or a learning disability advice should be sought from the person's GP and this should be recorded in the Service Users Care Plan and reviewed at regular intervals (minimum of 1 year).

**Please note that a Shared Lives Carer CANNOT give consent to medical treatment on behalf of the person placed with them.**

A doctor can lawfully operate on or give other treatment to, adult patients who are incapable, for one reason or another, of giving consent, provided that the operation or other treatment concerned is in the best interests of the patient e.g. the treatment is carried out to save their lives, or to ensure improvement or prevent deterioration in their physical or mental health.

In situations where a legal decision is made by a Court overruling a user's decision to withhold consent, the procedures to be followed should be clearly recorded in the Service User plan.

Where it is considered that refusal of consent is not made of the users own free will, the AP Carer should refer to the Abuse of Vulnerable People guidelines and discuss with their Shared Lives Officer.

## **Medical Emergencies**

In any incident that appears life threatening normal emergency aid procedures should be followed and appropriate medical assistance summoned as a matter of urgency.

The Shared Lives Carer should ensure that a clear record of the medication a person is taking is made available to the relevant people when requested.

## **Supervision**

Shared Lives Carers should be reminded of current guidance on good practice and Shared Lives Officers should ensure these guidelines are followed through regular monitoring and supervision.

## **Confidentiality**

Shared Lives Carers should ensure that the health details and arrangements relating to the administration of medicine should only be discussed with those who need to know i.e. Shared Lives Officer, Health Professionals and relatives. Relatives should only be informed with the agreement of the Service User, Case manager or the Shared Lives Carer's Shared Lives Officer. Where the Service User is unable to give informed consent then consideration should be given to the use of an independent advocate.

## **Dignity and privacy**

Service User's dignity and privacy and preferences will be respected when they are given or taking medicines. They have a right to give or withhold consent for any medical treatment or examinations. If Service User is unable to make decisions or give informed consent themselves, this will be discussed with their doctor or dentist (and their representative, when appropriate) to agree a way forward that is within the law and in their best interests. In these situations Harrow Shared Lives Scheme will follow guidance in the Mental Capacity Act 2005 Code of Practice.

## **Queries / Problems**

If there are any queries or problems the Shared Lives Carer should contact their Shared Lives Officer and if necessary seek legal advice.

**See these other policies and procedures and documents for further information on:**

- Medication Administration Records
- Record keeping
- Health and safety
- First aid
- Risk assessment and risk management
- Making choices and decisions
- Service User Plan
- Individual planning, monitoring and review
- Staying healthy and making use of health resources
- Training and development