Document Type:	Standard Operating Procedure	
Reference Number : **1995**	Version Number: **3**	Next Review Date: **6 March 2023**
Title:	**Medicines Mangement for Hollacombe Community Resource Centre**	
Document Author:	Locality Lead Pharmacist	
Applicability:	All patients	

Contents

1. Purpose of this SOP

To ensure that medicines are handled safely by skilled not registered staff employed by Torbay and South Devon NHS Foundation Trust ('the trust').

2. Scope of this SOP

All Skilled Not Registered (SNR) staff who work at Hollacombe CRC and are employed by the trust.

To ensure that all SNR staff are trained, competent and confident to carry out tasks assigned or delegated to them.

Should the SNR on duty have any concerns regarding any aspect of medicines management which cannot be resolved on site, then they have a duty of care to escalate the concern as promptly as possible to the appropriate person or professional e.g. service manager, prescriber, primary care liaison nurse or pharmacist.

3. Competencies Required

SNR staff with responsibility for medicines support and/or administration who have received medicines management training and been assessed as competent to operate services covered by this SOP.

Staff should have completed relevant competences and receive regular medicines management updates at least every two years.

4. Service Users Covered

All service users receiving support or administration of medicines by SNR who work at Hollacombe CRC.

5. Administration of Medication

5.1 Medication should be administered by two people - a responsible person Care Resource Worker (CRW) and a witness (this can be a Care and Support Assistant who has attended medicines management training). However if the service user is on a one to one with a member of staff in the community then it is acceptable for that member of staff to administer the medication on their own, clearly recording on the Medicines Administration Record (MAR) with the appropriate code. All medicines should be confirmed by the prescriber using a confirmation of current medication form, a copy of the current GP

repeat prescription (or similar) or an up to date MAR chart. Acute medicines i.e. medicines that are prescribed for a short term such as antibiotics which have a current date and complete instructions, do not require GP confirmation

5.2 Administration of Medicines must be recorded on an approved MAR.

5.3 To ensure appropriate and safe administration of medicines the SNR must:

5.3.1 Check the identity of the service user to whom the medication is to be administered. Both the MAR and the medication must be taken to the individual service user to record administration and confirm identity.

5.3.2 The SNR will ensure that there is a glass of water available if oral medicines are being administered. Hot drinks are not recommended for this purpose. Tablets and capsules should be swallowed one at a time whilst the service user is sitting or standing to minimise the risk of choking. The SNR will ensure that the service user is not lying down before administering medication in order to prevent it becoming stuck in the throat.

5.3.3 Hands must always be washed with liquid soap and warm water before medicines administration and after glove removal.

5.3.4 Ask the service user if they are willing to take their medicines before removing them from the pack. People can refuse medicines for different reasons.

5.3.5 If a SNR worker believes the service user has already taken a dose of the medication, medication should not be given and advice sought from the line manager and the doctor.

5.3.6 Check the MAR for any special instructions for the medication e.g. take with food.

5.3.7 Check that the name, form, strength and dose of the drug on the label corresponds with the MAR either handwritten or provided pre-printed from the community pharmacy. If there is any discrepancy, refer to line manager and do not give the medication until clarification is given.

5.3.8 Where medication is dispensed in a Monitored Dosage System / blister pack the SNR worker will open the appropriate section and empty the medication into a medicine pot and hand it to the service user.

5.3.9 Where medication is in a bottle or strip pack, the appropriate number of tablets/capsules will be transferred into a medicine pot and handed to the service user.

5.3.10 Where medication is in a liquid form the SNR worker will use a medicine spoon or measure provided by a community pharmacy. The service user must not be allowed to drink medication from the bottle or use any other type of spoon to give the medication.

5.3.11 For medicines applied to the skin, gloves must be worn by the SNR to prevent cross-infection and cross contamination.

5.3.12 For other medications such as eye drops, ear drops etc. the SNR administering must have received the relevant training to do so.

5.3.13 Once medication has been taken by the service user, the SNR workers will ensure the medicine pot is empty and record the administration of medication by initialling the correct date space on the MAR. The SNR will visually check that the service user has taken the medication. Each item of medication must be signed for separately.

5.4 Record if medication has not been administered on the reverse of the MAR, stating the reason by using the appropriate code with date and time.

R=Refused
A=Absent
S=Sleeping
O=Other (with explanation e.g. spillage, medication unavailable)

5.5 Where medication is administered from a Monitored Dosage System (blister pack) the MAR should be completed in full. It is not sufficient to annotate the MAR “as per MDS”.

5.6 All records should be written in black ink and be legible. There must be no obliteration with tippex or similar.

5.7 Any alterations should be crossed through with a single line and initialled by the SNR staff member.

5.8 If a SNR worker believes the service user is refusing medication on a regular basis the line manager or care manager should be notified. Additionally the service users Doctor should be notified and / or seek the advice of a Primary Care Liaison Nurse.

5.9 Where medication needs to be administered off site whilst participating in community activities, SNR staff having completed successfully the Medicines Management course will be responsible for the safe keeping of the medication during the whole period of the activity following the procedure, in line with the Individuals Risk Assessment, the Activity Risk Assessment and care plan.

5.10 If medication has not been received from the carer resulting in non-administration an incident form must be completed and the omission recorded in the care plan / MAR.

5.11 If any medicines that are new or changed have unclear administration instructions, the support worker should receive advice from a registered professional – either the community pharmacist, GP or learning disability nurse.

6. Administration of "As Required" Medication

6.1 It is the responsibility of the service manager to ensure that all details of 'as required' medicines are recorded in each individuals care plan. The service manager should request the prescriber to highlight the details of how the medicine may be administered and under what circumstances on the form 'PRN (As Required) Medication Instructions' form (appendix 1)

6.2 It is essential that for each 'as required medication' the following is recorded for each individual service user:

- Service user name and personal details.
- Medication name, form and how to give (plus any special instructions e.g. after food.
- Reason (precise symptoms) why the medication should be given and a description of how the symptoms may be identified and recognised.
- The dosage of the medication to be given and how often the dose can be repeated.
- The maximum amount of medication to be given in 24 hours.
- What actions to take if the symptoms are not relieved within a set timeframe (especially important for epileptic rescue therapy).
- Provide a treatment review date.

6.3 Above details must be available to the responsible SNR worker whether the service user is on site or during activities and visits off site.

6.4 The SNR worker must consult the above criteria for each service user before administration of the medication.

6.5 The medication administered must be documented on the MAR including the dose, time and reason for administration e.g. pain or constipation.

"As required" medicines should only be administered to the service user when the reasons and symptoms for its administration are met, as defined in the care plan. It is therefore not necessary to record non-administration of a dose on the MAR, unless the service user is experiencing symptoms and positively declines treatment.

7. Changes in Medication

7.1 It is recommended that all changes to medication are confirmed by the prescriber. A copy of the prescription is acceptable.

7.2 A prescriber may make the alteration directly on the MAR and countersign.

7.3 Confirmation of any changes should be documented in the service user's care record alongside the MAR so that the information is clear and accessible to all SNR staff and

healthcare professionals involved in the care of the service user. Any discrepancies between the medication list from the prescriber and what is being administered must be investigated.

7.4 The MAR must be updated immediately, see handwriting MAR section. Any medicines that have been stopped or changed must be crossed through with a single line and a new entry made.

8. Handwriting Medication Administration Records (MARs)

8.1 A handwritten MAR should be completed for all service users prescribed medication where a printed MAR has not been provided by a pharmacy or where a medication has been added or altered before the next electronic MAR may be generated.

8.2 The service manager should ensure spare blank MARs are available on site.

8.3 The SNR Duty Manager should prepare a handwritten MAR by copying the full information regarding the medication directly from the prescriber's authority. This authority may be in the form of a fax, hospital discharge letter, prescription label or copy of the prescription.

8.4 The details should be written in black ink, printed, legible and include:

- Name of the medication.
- Form of the medication (e.g. tablets, capsules).
- Strength of the medication.
- Dose and frequency.
- Time (hour) the medication should be given.
- Any special instructions e.g. after food.
- Date.
- Name, and Date of birth

8.5 The Duty manager or SNR must sign and date the MAR.

8.6 A senior care worker or manager should independently check and countersign the MAR to confirm the information has been transcribed fully and correctly.

8.7 Over the counter or herbal medicines should only be administered if approved by the prescriber. They may interact with the service user's prescribed medicines.

9. Rescue Medication

Where a person is prescribed rescue medication (e.g. buccal midazolam) then it must travel with the person at all times. If the person is unable to take responsibility for their own rescue medication then a trained Care Worker must take responsibility for the medication for them. When the rescue medication is taken to and from the social care setting each day the medication must be recorded as received or returned e.g. in the care records.

If the service user goes out the Care Worker must book the medication out of the Medication Cupboard when leaving Hollacombe CRC. It must also be booked back into the Medication Cupboard when the person and their medication arrive back.

All forms must be kept on the service user's records.

The Care Worker must carry the medication with them at all times. It must not be left unattended at any time. If the rescue medication is used whilst away from the building the MAR sheet must be marked to that effect at the earliest opportunity.

10. Routine Medication Administration on Trips and Visits

- When a service user leaves Hollacombe CRC for a period of time and is due to be away at the time when routine medication should be taken, then the medicines must be taken with them.

- If the service user is unable to take responsibility for their medication then a Care Worker who has up to date medicines training must take responsibility for it.

- The Care Worker must book the medication out of the Medication Cupboard and mark the MAR sheet "L" (Social Leave.)

- The medication must only be administered according to the original pharmacy dispensing label when away from the Day Centre and administered following the procedure set out in this SOP.

- On returning to Hollacombe CRC, medication must be booked back into the medication cupboards and the MAR sheet updated showing that the medication has been taken at the appropriate time (or refused if appropriate).

11. Dealing with Medication Errors

11.1 The SNR worker must notify the Duty Manager IMMEDIATELY an error is made or discovered including if medication has not been administered at the correct time. The Duty Manager will then contact the GP and family / carer (as appropriate) and the SNR worker

should remain with the service user. The Duty manager should also inform the Service manager

11.2 Advice given by the healthcare professional must be followed and documented in the service user's record.

11.3 All incidents must be reported on the Trust's incident reporting system in accordance with the incident reporting policy. Details must include:

- Patient details including the NHS number and Date of Birth
- The medication detail (including name & dose).
- The nature of the error.
- The steps taken to keep the service user safe.

11.4 The service manager must investigate & report on the Trust's incident reporting system and consider whether the SNR worker should continue to undertake medication tasks at that time. Advice may be sought from the Medicines Governance Team or the Locality Medicines Optimisation Pharmacist.

11.5 A meeting must then take place, at the earliest opportunity, between the line manager and the SNR worker involved in the error to ascertain the cause and to plan what action needs to be taken to prevent the error occurring again.

12. Removal of Unwanted Medication

12.1 Any unwanted, discontinued or expired medication should not be stored.

12.2 Medicines which are no longer required by a service user should be identified by an SNR or service user carer. These medicines must then be stored separately from current medication to avoid confusion or administration errors.

12.3 The relative or representative should be encouraged to return the unwanted medication to their local community pharmacy and on doing so sign a completed Medication requiring safe destruction form.

12.4 If the relative or representative is unable to take responsibility for the return of the unwanted medication, it must be returned to the community pharmacy by the SNR worker as soon as possible and a signature requested from the community pharmacy as evidence of its receipt on a completed Appendix 2 Permission to remove unwanted medicines form.

12.5 Sharps (e.g. needles, lancets) are to be placed in the yellow sharps boxes provided and disposed of through the waste contractor.

12.6 The completed form 'Medication requiring safe destruction' should be stored in the service users' record.

13. Collection of Prescriptions

13.1 Only in exceptional circumstances will SNR workers from Hollacombe CRC collect prescriptions, for instance, if a service user becomes ill whilst at Hollacombe and a GP prescribes medication that needs to be taken as soon as possible.

13.2 If appropriate, an SNR will be assigned to collect the dispensed medicine from the pharmacy or the prescription from the surgery.

13.3 The dispensed medication should be taken directly to Service's Medicines Cabinet for recording and safe storage by the Duty Manager.

13.4 For collection of Controlled Drugs, SNR staff will need to provide identification to the pharmacist who will check and record this. SNR staff will be required to sign the back of the prescription to confirm that they have collected the Controlled Drug for audit trail purposes.

13.5 The service user's record must detail what medication the SNR has collected. This must be completed by the SNR worker as a record of medication procurement.

13.6 If the medication is not available, then the SNR will discuss with the community pharmacist an appropriate time to return to collect them.

14. Concerns about when Medications are not Working / Side Effects

The SNR worker should report any concerns to the duty manager straight away. The duty manager will discuss concerns with the service user's relative or representative. If this is not appropriate for any reason the duty manager will discuss their concerns with the Primary Care Liaison Nurse or in their absence the duty care manager.

Monitoring tool:

Standards:

Item	%	Exceptions
All SNR staff with responsibility for medicines must read and sign this SOP in association with the medicines policy	100%	nil
How will monitoring be carried out?	Internal audit and signatory sheet	
When will monitoring be carried out?	Annually (or sooner if needed)	
Who will monitor compliance with the guideline?	Service leads managerially responsible for delivering care	

Equality Statement.
The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy

Appendix:

Appendix 1 – AS Required Medication Instructions
Appendix 2 – Permission to Remove Unwanted Medicine

Appendix 1

AS REQUIRED MEDICATION INSTRUCTIONS

Name and NHS number of Service User:	
DOB:	
Address:	
Medication	
Dose	
Reason for Medication	
Dosage Criteria E.g. Give 1 if…… Give 2 if……	
How often dose can be repeated	
Max in 24 hours	
Further info. e.g. after food	
Review Date	
Circumstances for reporting to GP Tick □ as appropriate	□ Persistent need for upper level of dosage □ Never requesting dosage □ Requesting too often □ Side effects experienced □ Other (please state)
Prescribers Signature: _____ Date: _____	

Appendix 2

Permission to Remove Unwanted Medicines

Service User Name DOB and NHS Number
Address
GP
Surgery

The following is a list of drugs (and dressings) which are no longer required because:

- discontinued from treatment
- expired

Medication name form and strength	Reason for return*	Quantity Returned

* Key: **E** = Expired, **U** = Unwanted

I take responsibility for the medicines listed above

	authorised member of staff removing medicines
	Relative or representative
	Pharmacist

For their safe destruction. This is to return the medicines to my local community pharmacy. This form to be returned to service user and retained in the notes.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1995		
Document title:	Medcines Management for Hollacombe Community Resource Centre		
Purpose of document:	To ensure that medicines are handled safely by skilled not registered staff employed by TSDFT (“the Trust”)		
Date of issue:	6 March 2020	**Next review date:**	6 March 2023
Version:	3	**Last review date:**	
Author:	Locality Lead Pharmacist		
Directorate:	Pharmacy		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Clinical Director of Pharmacy		
Date approved:	3 March 2020		
Links or overlaps with other policies:	Covert Administration of Medicines Policy Controlled Drugs SOP Supervision, Accountability and Delegation of Activities to Skilled Not Registered Staff		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select *Yes*	*No*
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☐
Does this document have training implications? *If yes please state:*	☐	☐

Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
26 March 2013	1	New - Amalgamation of Torbay Care Trust SOPs relating to SNR Medicines Management in Learning Disability Settings to one TSDFT SOP.	Pharmacist
13 January 2017	2	Revised	Care and Clinical Policies Group
6 March 2020	3	Revised	Clinical Director of Pharmacy

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

NHS South Devon and Torbay Clinical Commissioning Group

NHS Torbay and South Devon NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)				Version and Date	
Policy Author					
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users ☐		Staff ☐		Other, please state…	☐
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)					Yes ☐ No☐
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language[5] used throughout?					Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?					Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?					Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?					Yes ☐ No☐ NA ☐
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes ☐ No☐
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Who was consulted when drafting this policy?					
Patients/ Service Users ☐		Trade Unions ☐		Protected Groups (including Trust Equality Groups)	☐
Staff ☐		General Public ☐		Other, please state…	☐
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below					Yes ☐ No☐
ACTION PLAN: Please list all actions identified to address any impacts					
Action				Person responsible	Completion date
AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form				Signature	
Validated by (line manager)				Signature	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our GDPR page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our Data Protection site on the public internet.