Incorporating Bromley Scope

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Date Ratified	17th July 2023
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Medication Policy

Bromley Mencap recognises that in some circumstances, service users may need prompting, assisting and administration of medication to safely participate in the services provided by the organisation.

All medication remains the property of the service user and Bromley Mencap are unable to store any medication on behalf of a service user beyond a specific daily attendance (unless agreed by the service manager as an exceptional circumstance).

This Medication Policy is designed to:

- Protect the service user against the risks associated with the unsafe use and management of medication, by ensuring appropriate arrangements are in place for obtaining, recording, storing, safe keeping, handling, using, safely administering, and disposing of medication.
- Describe how the decisions, processes and actions will be carried out.
- Safeguard both service user and staff by setting out good practice and the responsibilities of all concerned.

This policy covers prompting, assisting and administration of oral and non-oral medication and describes how staff should make decisions in specific circumstances.

Where a client has regular 1:1 support provided by a third party (either a care provider or personal assistant directly engaged on behalf of the client), all responsibilities for the administration and storage of medication will remain with that third party. Should such support not be available, Bromley Mencap will not be able to provide a service.

Bromley Mencap will seek assurance that third party support with medication is in line with the standards set out in the policy. Where this is not able to be provided, Bromley Mencap reserve the right to withdraw service provision.

Capacity and Consent

Decisions and practice around prompting, assisting and administration of oral and non-oral medication are implicitly linked to mental capacity and consent.

The Mental Capacity Act (2005) states that the assessment of capacity should be decision specific. This means the assessment of capacity must be about the decision that has to be made at a particular time and is not about a range of decisions.

Where a service user is deemed to not have the mental capacity to make decisions about their medication, this should be clearly recorded on their support plan and be taken into account on entry to the service, or at the point where a decision is made that the service users' circumstances have changed and they are now deemed to not have the mental capacity to make decisions about their medication.

Bromley Mencap staff administering medication can assume that any actions in the support plan are agreed to be in the service user's best interest. However, they have a key role in assessing capacity and best interests at the time of administering the medication.

Variations in circumstances should be covered by the support plan e.g., what to do if a service user:

- who previously had capacity now appears to lack the capacity to agree to administration, or
- who lacks capacity but has previously complied with taking medication now refuses to take that medication.

For any circumstances that cause Bromley Mencap staff concern but are not covered by the support plan, the staff member should not proceed with administering medication but should refer to their line manager for further advice.

Prompt

To prompt means to remind a service user who has mental capacity to make their own decisions to take their medication, for example to remind them to take their medication at a particular time or with food.

The service user will be responsible, in whole or in part, as detailed in their support plan for the safe management of their medication. A prompt could be the worker saying to the service user 'have you taken your medication yet?' or 'is it time to take your medication?' or similar.

As part of the prompt, medication can be passed to the service user in a container, as the service user decides whether to take the medication or not.

Assist

To assist means to physically help a service user who has mental capacity to instruct the staff member on what it is they require, for example, opening a medication container or removing tablets from a blister pack.

Pharmacy filled monitored dosage systems can be used as the service user decides whether to take the medication or not.

The service user is responsible as detailed in their support plan for the safe management of their medication.

Administer

To administer means to select, measure and give medication to a service user or carry out a related task as specified in the support plan, which will specify the practice the staff member is to follow and their responsibility for ordering, recording, storing and disposing of the medication, in whole or in part.

Administration of medication will only be agreed in special circumstances where assessment under the Mental Capacity Act has determined the service user does not have capacity to make decisions for themselves regarding medication, cannot self-medicate, instruct others or manage their medication and cannot be supported by assisting or prompting.

Procedure for Medication Administration

Medication Administration Record

In cases, where a service user requires medication to be administered the Parent or Carer of the person attending the service must ensure that there is either a printed medication chart (MAR chart) available, which can be obtained from the Pharmacist or dispensing GP or must keep records in another suitable format, such as that shown in Appendix 1.

It is the responsibility of the Pharmacist or Dispensing GP to ensure that appropriate dose instructions are written on the MAR chart and dispensing label.

The records must as a minimum show the following:

- Patient's name and address.
- Date the MAR chart starts (and finishes).
- Medication, name, dose and any statutory warnings (e.g., take after food, or store in the fridge).
- Whether medication was administered or refused and at what time.
- Initials of the person administering.

In the case of non-pharmacy or GP produced charts, the chart must show who prepared the chart and the date of preparation. This must be done by a staff member who has completed medication training and the relevant competency assessment and checked by the scheme leader.

A Medication Administration Record chart must be maintained for each service user who is receiving assistance with the administration of their medication from staff.

Details of the administration must be recorded in the Medication Administration Record by the support staff at the time the medication is administered.

If the service user refuses to take their medication this must be reported to the scheme leader promptly and recorded. It must also be reported to the parent/carer, who may choose to attend to administer the medication. A service user must never be forced to take medication.

The Medication Administration Record chart must be kept in the service user's folder and must be checked on each occasion the individual attends.

Most medication will be prescribed for administration on a regular basis. Some treatments may be prescribed on an "as required" basis. It is essential that support staff have sufficient information to determine whether the dose being requested by the service user is appropriate. It is important for support staff to know the time of when the last dose was given to avoid errors. If in doubt the support staff must contact their line manager who must contact the GP practice or Pharmacy for clarification.

All medicines have an expiry (use by) date, however, not all will have this displayed on the dispensing container. It is important that all medication is current. Expiry and opening dates should be checked with the parent/carer, especially eye drops which have a life span of 28 days from being opened. If there is no date, then clarification must be sought from the pharmacy or dispensing surgery.

Support staff must inform the scheme leader about any medication that has expired. The scheme leader must contact the service user's parent/carer to ascertain if the medication is still required, in which case the doctor will be requested to issue a new prescription. Support staff must enter the details on the service user's Medication Administration Record chart and the expired medication returned to the Pharmacist.

Rights of Medication Administration

Errors in administering medication can have devastating effects, so to protect people from any accidental harm you should always remember the Rights of Administration - they go as follows:

- Right Person – People can have very similar, or even the same names. Always make sure you have the right person.
- Right to Give - Check that the person has no allergies and that it is safe to administer the medication
- Right Medicine – Many medicines have similar names so thoroughly check the name on the prescription.

- Right Dose/Strength – No matter how many times you've done it in the past, always read the directions and measure correctly. Too little and the medicine will be ineffective, too much and the person could become sick.
- Right Time – Make sure enough time has passed since their last dose, otherwise you could end up giving them too much. Check to see when the medicine was last administered.
- Right Route – Make sure you carefully read how to administer the medication. Getting it wrong can cause harm.
- The Right to Refuse – If a person refuses to take their medication you should NOT force them to do so. Take note of their refusal and any reasons they give. It may be that a different medication can be given which is more suitable.

Medication Containers

The staff member must only administer medication from the original container, dispensed and labelled by a pharmacist.

This includes pharmacy filled monitored dosage systems and compliance aids.

The staff member must not administer from any other form of dosage systems or compliance aids as they need to follow the pharmacy or dispensing GP instructions and the Patient Information Leaflet, thereby reducing the risk of errors occurring.

Staff must always follow the dosage directions and other instructions on the medicine label.

If the label becomes detached from the bottle/container, is illegible or has been altered, medication must not be administered. Advice should be sought through the line manager who should seek further advice where necessary. This would usually be from the parent/carer or supported accommodation provider who supplied the medication.

Liquid Medication

Doses of liquid oral medication must be measured using a 5ml medicine syringe or spoon, or a graduated medicine measure supplied by the Pharmacist. Where the service user has trouble in taking liquid medicine from a medicine spoon or measure an oral syringe may be required. Support staff should contact the scheme leader if the service user is experiencing difficulties with liquid oral medication.

Liquid medication should always be shaken before administration, unless otherwise stated on the label.

Medication should not be handled, and solid dose forms, e.g. tablets and capsules, should be passed to the service user on a spoon or other suitable implement. Staff must wash hands prior to and after administration and use a non-touch technique to administer medication.

Some medication must be dissolved or dispersed in water before administration. This will be indicated on the label.

External Medication

Care staff must wear disposable gloves when applying external medication e.g. ointments, creams or lotions. Staff must check the instructions given for each medication.

Storage of Medication

For service users attending a service in a building used by Bromley Mencap, all medication must be stored in a tamper-proof container which is accessible for staff, but kept out of reach of service users.

When on a visit away from the main base, the senior worker must take any required medication in a suitable tamper-proof container, in case of need of administration whilst away from the centre.

Medication Errors

In the event of a medication error, the safety of the service user should be the primary concern. Depending on the nature of the error and risk to the service user, the service manager should contact the emergency services, as well as the family or carer.

Where a service user incurs accidental harm caused by a medication error, the Safeguarding Lead must be informed in order to determine whether an alert needs to be raised.

Training and Competencies

All Bromley Mencap staff who administer medication must have completed training in the administration of simple oral medication and be assessed as clinically competent by a registered nurse trainer on annual basis.

The competency assessment for the administration of simple oral medication includes the goals and outcomes set out in Appendix 2.

All Bromley Mencap staff who administer Buccal Midazolam for the management of seizures must have completed training in the administration of Buccal Midazolam and be assessed as clinically competent by a registered nurse trainer on an annual basis.

Training should include theory as well as a practical assessment of competency

The competency assessment for the administration of Buccal Midazolam and the management of seizures includes the goals and outcomes set out in Appendix 3.

Training records will be kept on staff files and certificates logged on BrightHR.

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Incorporating Bromley Scope

Appendix1: Medication Administration Record sheet

Name:	Start date:	End date:
D.O.B.	Doctor:	
Date of review:	Reviewed by	
Known allergies		
Address:		

Medication details	Week commencing															
	DAY															
	TIME	DOSE	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT
PRN																
	Received		Returned				Returned by									
PRN																
	Received		Returned				Returned by									
PRN																
	Received		Returned				Returned by									
PRN																
	Received		Returned				Returned by									

Codes to be used: R – Refused T – Taken NT – Not taken Adm – Administrate by WT – Witness by C – Hospitalised D – Social leave
E – Refused and destroyed P – Prompt NR – Not required M – Made available

Date	Reason for refusing medication	Action taken

Date	Information relating to medication issues	Action taken

Bromley Mencap
Clinical Competency
Safe Administration of Medication – Simple Oral Medications

Staff Member –
Assessor - Initials - Signature –
Date of Assessment – Date of Review –

Developed by JM Brett 2015
Adapted for online assessment (Covid 19) By JM Brett 2022

Description of Clinical Skill – **Administration of Simple Oral Medication** **Overall Competency Criteria**: Demonstrate ability to administer medication safely. Has an understanding of how medication works, and can discuss and demonstrate safe handling of medication including storage, preparation, administration, disposal and documentation. Demonstrates knowledge of actions to take in the event of an error or if the client has a sudden reaction to the medication.			
Goals and Outcomes	**Date of Training**	**Action Plan for Identified Training Needs**	**Competent – Date and Initials**
1) Has attended a theory session about the safe administration of oral medication and risks associated with this			

2) Understands the legal framework for the use of medication in the Bromley Mencap setting and has read the Bromley Mencap Policy for the Safe Administration of Medication			
3) Understands the role and responsibilities with regards to administration of medication and the Mencap Policy for the Safe Administration of Medication			
4) Understands and demonstrates the safe storage of medications			
5) Demonstrates some knowledge of medication to be given and identifies where to find where to find more information about this			
6) Can demonstrate safety and accuracy in simple medication calculations			
7) Can discuss how to perform effective hand washing and wear the correct Personal Protective Equipment (PPE)			
8) Can identify the necessary equipment for administering the oral medication			

9) Can demonstrate safety and accuracy in the preparation and administration of medication, identifying the client and following safe procedures This will include – Identifying the correct client Assessing their allergy status Checking when the medication is due and that it has not already been given Checking the directions on the label of how to give the medication Identification of when 'PRN' medications were last administered Identifying and checking the expiry date Completing the MAR chart accurately Communicating effectively Giving the client choices			
10) Can discuss the safe and correct positioning of the client prior to administration of medication			
11) Is able to explain why a dose of medication may be omitted/delayed and how to appropriately document this and who to inform			
12) Can identify actions to take and who to contact if there is a concern regarding a client's medication (dose, side effects)			

13) Can identify actions to take and who to contact if a client vomits his/her medication			
14) Can explain what actions to take if an error occurs or if a client becomes ill following the medication			
15) Can identify the process for acquiring more stock of medication			
16) Demonstrates clear documentation when the medication has been given			
17) Can discuss how to dispose of unwanted / expired medication			

18) Has been assessed as competent in the administration of oral medication This will be done in simulation – the staff member will use a completed MAR chart to check and prepare the medication. He/she will sign this following administration and show this to the assessor. The staff member will instruct the assessor in how to administer the medication to herself and to identify and rectify any issues that may occur to ensure the safe administration of oral medication.			
Other Notes			

Covid 19

The competency, as assessed by the qualified assessor, demonstrates that the staff member was deemed to be competent in the safe administration of simple oral medications.

Due to Covid 19, the competency has been altered and will consist of an in-depth Q and A session and identification and description by the staff member of how to administer oral medications safely on the identified date. This will be simulated with the assessor online.

Safety and accuracy will be the priorities and the key skills assessed.

The competency, as assessed by the qualified assessor, demonstrates that the Bromley Mencap staff member was deemed to be competent in the safe administration of simple, oral medication on the identified date.

Bromley Mencap Staff Member

Print Full Name -		**Designation -**	
Signature -		**Date -**	

I, the above Bromley Mencap staff member, certify that I am happy to administer simple, oral medication within the competencies detailed above. I understand the scope of these competencies, and I will not carry out any procedures, which are contrary to or not covered by the training I have received.
I will seek further training if I have any concerns about my competency, and in any event six weeks before the expiry date (one year from the last date of assessment). Upon the date of expiry of this competency if my training has not been renewed or if I have concerns about my competency, I will discontinue undertaking the procedure detailed in this document and seek advice from my line manager. In all other respects I will seek all necessary advice, guidance and further training needed, in order for me to continue to operate within these competencies.

Assessor

Print Full Name -		**Designation -**	
Signature -		**Date -**	

I, the above assessor, certify that the staff member above is competent to carry out the procedure detailed on the date identified above and that I have current NMC registration.

Bromley Mencap
Management Of A Seizure And The Administration Of Buccal Midazolam
Clinical Competency

Staff Member
Assessor — Initials — Signature
Date of Assessment — Date of Review

Developed by JM Brett 2015
Updated Jan 2022 (Covid 19)

Description of Clinical Skill - Management Of A Seizure And The Administration Of Buccal Midazolam

Overall Competency Criteria: Has an understanding of epilepsy and how it affects the client being supported. Identifies and can discuss the practical ability to store, prepare and administer buccal Midazolam safely for the emergency treatment of seizures. Is able to discuss the associated risks of buccal Midazolam and how to keep a client safe before, during and after the seizure.

Goals and Outcomes	Date of Training	Action Plan for Identified Training Needs	Competent – Date and Initials
1) Has attended a theory session about epilepsy and the management of a seizure and the safe administration of buccal Midazolam			
2) Can give an overall explanation of the nature of epilepsy			

3) Can discuss the causes of epilepsy and what triggers can cause the client to have a seizure.			
4) Is able to locate what and where the information is for a client who has epilepsy and can recognise a seizure			
5) Can discuss how to keep a client safe when having a seizure			
6) Can state the reasons why Midazolam is required for the emergency treatment of prolonged seizures			
7) Can state the range of potential risks of administering Midazolam and how to manage these safely			
8) Can state the side effects of Midazolam – can discuss the signs of respiratory depression and actions to take			

9) Can discuss how to communicate effectively with the client before, during and after the administration of Midazolam.			
10). Can discuss how to place the client into a safe position. Can discuss the use of the recovery position and can identify when this is required			
11). Can identify how to correctly position the client prior to administration, whilst promoting safety, dignity, comfort and respect. Can identify the buccal cavity			
12) Can discuss how to perform effective hand washing and wear the correct Personal Protective Equipment (PPE) 13) Can demonstrate understanding of and adherence to the Seizure Management Plan when shown this			
14) Can identify how to store and prepare Midazolam.			

15). Can describe the Aseptic NonTouch Technique (ANTT) during the administration of buccal Midazolam			
16) Can demonstrate knowledge and safety relating to any required calculation when preparing buccal Midazolam for administration			
17) Can describe how to administer the buccal Midazolam as per best practice guidelines, discussing the principles of a safe technique as outlined within the theory part of the training session			
18) Can describe how to dispose of any waste as per the Bromley Mencap Infection, Prevention & Control policy			
19) Can identify the importance of remaining with the client until the seizure has finished and ensures they are in a safe position			

20) Can identify how to complete documentation accurately and how to give a verbal handover to the parents or other Bromley Mencap staff and reports any concerns			
21).Can discuss the situations where an ambulance should be called			
22). Has evidence of previous resuscitation training Date……..			

The competency, as assessed by the qualified assessor, demonstrates that the staff member was deemed to be competent in the safe management of a seizure. Due to Covid 19, the competency has been altered and will consist of an in depth Q and A session and identification and description by the staff member of how to administer buccal Midazolam on the identified date. All new staff will have extra support following the theory training session and prior to the assessment of competence.

Bromley Mencap Staff Member

Print Full Name -		**Designation -**	
Signature -		**Date -**	

I, the above Bromley Mencap staff member, certify that I am happy to administer buccal Midazolam within the competencies detailed above. I understand the scope of these competencies, and I will not carry out any procedures, which are contrary to or not covered by the training I have received.
I will seek further training if I have any concerns about my competency, and in any event six weeks before the expiry date (one year from the last date of assessment). Upon the date of expiry of this competency if my training has not been renewed or if I have concerns about my competency, I will discontinue undertaking the procedure detailed in this document and seek advice from my line manager. In all other respects I will seek all necessary advice, guidance and further training needed in order for me to continue to operate within these competencies.

Assessor

Print Full Name -		**Designation -**	
Signature -		**Date -**	

I, the above assessor, certify that the staff member above is competent in their discussion to carry out the procedure detailed on the date identified above and that I have current NMC registration.

Notes From Assessment