

# West Berkshire Shared Lives Carers Guidance - Management of Medicines



# Introduction

This document provides guidance to Shared Lives Carers on the management of medicines for the West Berkshire Shared Lives Scheme.

## Management of Medicines

The Shared Lives service enables service users to take responsibility for their own medication wherever possible.

However, if this is not possible, the Shared Lives service will ensure that Shared Lives Carers understand the principles behind the safe handling of medication, as well as the service's procedures for the control, administration, recording, safe keeping, handling and disposal of medicines.

### How will this happen?

The following will be included in the service user's placement plan:

- Information about any medication service users require
- GP details
- The extent to which they can take responsibility for this
- Details and agreement to any assistance they need, including the 8 rights of medication administration

### Rights of Medication Administration

1. Right person
2. Right medication
3. Right dose
4. Right route
5. Right time
6. Right documentation
7. Right reason
8. Right response

A risk assessment will be completed (and reviewed regularly), if this helps to establish how much responsibility they can take and if it ensures their safety.

## **Storage of medication**

If medicines (prescribed and non-prescribed) are kept at the Shared Lives Carer's home, they will be stored in a provided lockable container and in a suitable place that is not affected by extreme heat or moisture. If the service user takes responsibility for their own medication, they will either have the key to the lockable container or keep the lockable container in a safe place. The service user will choose where they prefer to keep this, in agreement with the carer.

This is to make sure that other people in the house cannot take the medicines, whether by accident or on purpose. If medicines need to be kept cool, they will be kept in a clearly marked container on the top shelf of the refrigerator.

- Medicines will only be administered by Shared Lives Carer(s) if they are in their original containers or in a dosage system which has been put together by the service user's pharmacist, and if they are clearly labelled with the service user's name, the dosage, instructions and expiry date. Shared Lives carers must not decant medication, e.g. pop tablets into a weekly pill box.
- Medicines prescribed for the service user will not be given to any other person or used for a different purpose.

## **Medication training**

Shared Lives Carers will receive training about the general principles of handling medicines, before they begin any Shared Lives arrangements. This training needs to be updated yearly via competency assessment or e-learning/classroom training.

Shared Lives carer's will also receive any specific training from a competent health professional if the service user's has any additional medication or medical procedures. This training and subsequent assessment of their competence will be documented.

Only Shared Lives Carers that have been trained and assessed to be competent in the administration are allowed to administer medication.

## **Recording Long Term**

If the Shared Lives Carer(s) are assisting the service user with taking medication or with helping them remember to do this, they will record details of which medicines are taken and when, as well as the dosage.

The Shared Lives Carer will download Shared Lives **Medicine Administration Records (MAR)**, from the West Berkshire Shared Lives Webpage <https://westberks.gov.uk/sharedlives>

Where the carer supports the service user with medication they will sign the MAR after the service user has taken their prescribed medication whilst a service user is AWAY on



respite the long-term Carer will still be required to sign the MAR sheet with 'A' for away. This will ensure the MAR sheet is fully completed and fully reflects the respite stay dates. The long-term carer is to send a copy of the MAR sheet on a monthly basis to their Shared Lives Officer for audit and monitoring purposes.

Separate records will be kept for each service user the Shared Lives Carer is supporting.

### **Recording whilst on short breaks**

If the Shared Lives Carer(s) are assisting the service user with taking medication or with helping them remember to do this, they will record details of which medicines are taken and when, as well as the dosage.

Shared Lives Carers will keep a record of any medicines and amounts which are brought with the service user at the beginning of the respite period on the MAR sheet and the date and amount that are returned with the service user at the end of the respite period.

The Shared Lives Carer will download Shared Lives **Medicine Administration Records (MAR)**, from the West Berkshire Shared Lives Webpage <https://westberks.gov.uk/sharedlives>

Where the carer supports the service user with medication, they will sign the MAR after the service user has taken their prescribed medication. The carer will ensure the form is completed correctly and the respite Carer will send a copy of the MAR to the Shared Lives Team once all respite stays have been completed for that calendar month.

Separate records will be kept for each service user the Shared Lives Carer is supporting.

Shared Lives carer will also record occasions when the service user has missed a dose and the reason for this, or when the medicine may have been ineffective, e.g. if the service user has been vomiting. The service users GP or a health professional must be informed of this and this action documented on the MAR sheet.

### **Medication errors**

It is recognised that mistakes may occasionally happen for various reasons. If any mistakes are made in administering medicines, the service user's Shared Lives Carer will report this to the service user's GP, pharmacist out-of-hours or telephone the NHS 111 service. 999 should be called if it is a medical emergency and the carer will take any remedial action that's guided.

The Shared Lives Carer will also inform the service user's next of kin where applicable and record the incident on the MAR sheet and incident sheet which are then shared with your Shared Lives Officer's as soon as practicably possible. Your Shared Lives Officers will in turn complete a Shared Lives medication incident sheet.

## **Medical Emergencies**

Normal first aid guidance should be followed, and appropriate medical assistance sought by Shared Lives Carer as a matter of urgency.

This is to be followed up by an incident/accident report form which is sent to the Shared Lives Scheme, as soon as possible.

## **Changes to Medication**

If any changes to medication occur the Shared Lives Carer must ensure that this is clearly recorded on the MAR sheet and the Shared Lives Officer is made aware as soon as practicably possible, as the Shared Lives Scheme will note the change.

## **Arrangements for ordering / disposing of medicines**

Shared Lives Carers may be involved with supporting service users to collect their prescription drugs/reordering medication; these tasks and level of support required will be detailed as part of the placement plan.

Long Term Shared Lives Carers will return any surplus, unwanted, damaged or out-of-date medicines to a pharmacist to be destroyed if they have been storing these on the service user's behalf ensuring this is recorded.

If a service user dies, the Shared Lives Carer must by law, wait 7 days before returning the service user's medicines.

If the Shared Lives Carer has queries about the service user's medication, then the Shared Lives Carer will also make use of advice and guidance from a pharmacist, when appropriate.

No changes can be made to medication duration unless directed by the GP or guided by a pharmacist. This then needs to be reported to your Shared Lives Officers and recorded.

## **Non-prescribed medicines or homely remedies**

Shared Lives Carers should not administer any non-prescribed medication, off the shelf, over-the-counter or homely remedies/dressings without seeking the guidance of a GP, pharmacist out-of-hours or telephoning the NHS 111 Service. Once this has been agreed by the health professional, The Shared Lives Carer should ensure the health professional provides written authorisation either on paper or via email. Any non-prescribed medication administered, is to be recorded onto the person's MAR sheet and the Shared Lives Carer to inform their Shared Lives Officer as soon as practicably possible.

## **Medication side effects**

The Shared Lives Carer may also be required to let the service user's GP know how the service user is responding to medication, in particular any unexpected changes that may be due to side effects of the medication. If Carers are at all concerned they should contact the Service Users GP, pharmacist out-of-hours or telephone the NHS 111 Service. This is to be followed up by an incident/accident report form which is sent to the Shared Lives Scheme, as soon as possible.

## **Review of Medication**

Arrangements for administration of Long-term service users' medication (including any risk assessments) will be reviewed regularly when their placement plan is reviewed, or more frequently if required. Service users will also attend a medication review with health care professional when directed to. For Service Users who live at home with their own families, the family are responsible for supporting the Service User to access medication reviews.

## **Fire Risks Associated with Medication**

Some topical creams and emollients are flammable and may transfer onto clothing and bedding. This will not be completely removed by washing the items. Carers are advised to ensure they read the full guidance in relation to taking reasonable precautions when such medications are used and discuss with their Shared Lives Officers if necessary.

## **Capacity and Consent**

Service users' dignity, privacy and preferences will be respected when they are given or taking medicines. The service user has a right to give or withhold consent for any medical treatment / examinations.

Shared Lives Carer(s) understand that they cannot give consent for the service user on their behalf, and nor can anyone else including their family members. The medical clinician will determine if the Service User has the capacity and will lead a best interest meeting that is within the law and in the service user's best interests. In these situations, we will follow guidance in the Mental Capacity Act 2005 Code of Practice.

For any queries, please contact the Shared Lives Team who will obtain an answer from medical professionals or Public Health if they are not able to respond to the query initially themselves.