

Reference Number: UHB 304 Version Number: 1	Date of Next Review: 10 Dec 2018 Previous Trust/LHB Reference Number: N/A
Self administration of Medication Procedure for Service Users in the Community	
Policy statement	
<ul style="list-style-type: none"> • To provide clear advice, support and guidance to employees regarding their roles in overseeing the medication process. • To provide a safe range of alternative options that support service users to manage their own medication. 	
Scope This procedure applies to all IRIS staff in all locations including those with honorary contracts and to all staff working in equivalent areas. (These will need to be signed off at directorate level)	
Equality Impact Assessment	An Equality Impact Assessment has not been completed. This is because the procedure has been written to support the implementation the Rehabilitation and Recovery Policy.
Documents to read alongside this Procedure	Policy for Mental Health Rehabilitation and Recovery. Nursing and Midwifery Council Standards for Medicines Management. Procedure for the Management of Staff involved in Medication Errors. Depot Medication Procedure and Protocol for the Administration of Depot Medication in Community Mental Health Teams. Secure storage of medicines Lone Worker Policy
Approved by	Mental Health Policy Group Mental Health Clinical Board Quality & Safety
Accountable Executive or Clinical Board Director	Mental Health Clinical Board
Author(s)	David Willicombe – IRIS Team Manager

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	10/12/2015	14/07/2016	New document

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1 – Introduction

Cardiff and Vale UHB Mental Health Rehabilitation Recovery Service is committed to the continued improvement of patient care. Self-administration of medicine schemes can help improve service users concordance with, and knowledge of medication. Lack of concordance with drug treatment is often a key factor in relapse and/or readmission to hospital

It is important that when supporting service users through the recovery process that staff encourage individuals to develop their skills and support them to achieve their goals (Mental Health Foundation).

Additional benefits to service users can include; identifying with health care staff medication problems at an earlier stage, have greater independence, improve trust and consequently their relationship with health care staff and improved knowledge about medicines that gives the service user empowerment.

2 – Policy statement

The aims and objectives of the policy are

- 1.1- to provide clear advice, support and guidance to employees regarding their roles in overseeing the medication process within the community.
- 1.2- to provide a safe range of alternative options that support service users to manage their own medication.

3 – Scope of policy

This procedure applies to all IRIS staff in all locations including those with honorary contracts and to all staff working in equivalent areas. (These will need to be signed off at directorate level)

4 - Principles

It is essential that wherever service user's self-administration of medicines is encouraged, the management of such an approach should be in keeping with the following principles:

- 4.1 - The self-administration of medicines is being considered is appropriately assessed for risk and that secure individualised storage facilities are in place
- 4.2 - An emphasis on support for the service user, facilitation by staff and activities that make tasks easy and aid concordance
- 4.3 – A planned measured change process involving the service user and the clinical team at every stage should ensure that the acquisition of new skills is within the capabilities of the service user.
- 4.4 - The pathway to self-administration requires knowledge and understanding of mental illness and the medicines used in treatment. In order to acquire a safe and competent attitude towards medicines the service user will have to understand and value their use from a personal perspective.

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4.5 - Self-administration will be measurable by the service user's capacity to demonstrate knowledge and understanding of, and commitment to, the need to safely manage medicines.

4.6 - Support with and education for self-administration continues from hospital into the community.

5 - Delivery and Transportation of medication

5.1-Delivery of medication is an opportunity for discussing concerns with the service user for monitoring effects, side effects and concordance with medication. All team members maybe involved in the collection and delivery of medication.

5.2-When transporting medication in their car, staff should lock the medication in either the glove compartment or the boot. When carrying medication on their person it should be concealed in an unmarked bag provided by UHB.

5.3-Medication will either be collected from a hospital, CMHT or Community Pharmacy by the service user and/or staff. In some cases with prior arrangement Community Pharmacies will deliver repeat prescriptions to a nominated address on behalf of the service user.

6 - Storage of Medication

Medication will be stored safely in locked cupboards in each office. Once distributed medication will be stored by each individual service user.

7 - Use of Compliance Aids

7.1-Where appropriate the use of aids such as blister packs and dosettes will be considered to enhance a person's concordance with prescribed medication.

7.2-Blister packs dispensed by the Community Pharmacy may be held by the service user or by staff for delivery

7.3-Some service users prefer or would benefit from having a dosette box for a number of reasons e.g. where medications are changing frequently or some individuals just find them easier to use.

7.4-Before filling the dosette box the individual details of the person, the prescribed medication and expiry date of the medication should be checked against the medication list. (Appendix 1 pilot)

8 - Administration and Delegation

8.1-All service users will have a care plan to reflect their current medication needs from the service. The safe administration of medication is paramount and must be care planned for. This care plan will be individual to the service users needs.

8.2-Agreements about whether the individual will be observed taking medication by staff or self administered will be clearly documented in the Care Plan and will be reviewed on a regular basis. The possible options for medication administration are:-

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8.3=Self Administration

The service user may be able to take individual responsibility for taking their own medication. Weekly medication may be collected by the individual independent of staff. The service user may choose to use a medication-aid such as a “dosette” box. The qualified nurse may feel it is necessary to supervise the individual filling up their own aid. Self-administration may be enhanced by the use of “blister packs” of medication. In both these instances individuals will keep this medication themselves.

If the service user is to self-administer, this will be documented in a care plan and recorded on a weekly chart if provided by staff indicating that it has been delivered to the service user (Appendix 2).

Staff will review their ability to do this, assuring themselves that the individual remains able to comply and that they are fully aware of any potential side effects and interactions with any other substances (e.g. alcohol). Any issues to be documented and discussed with the team and relevant consultant.

8.4=Encouraging/Prompting

A qualified member of staff may choose to delegate the role of prompting medication to a Health Care Support Worker. This will be agreed with the client when planning their care, and documented in the care plan. The qualified member of staff must be sure the HCSW is confident and competent to undertake this task. This may also include prn medication. The HCSW will report back to the qualified nurse on duty outlining any issues from the visit

8.5= Observation

A number of service users require observation when taking their medication, either due to concordance issues, forgetfulness or making errors. These individuals will have their medication stored appropriately and in a locked cupboard. Medication will be stored by the service user and a qualified nurse. The key to the cupboards will be locked in the office and be given to each individual at those times their medication is due. Service users will then be observed whilst they take their medication. This may also include prn medication.

A qualified member of staff may choose to delegate this role to a health care support worker. The qualified member of staff must be sure the HCSW is competent in this task (Appendix 3). This will be clearly documented in each individuals care plan. Observation of an individual administering their medication will be recorded on a chart provided (Appendix 4).

8.6=Administered Medication

Some clients may require their medication to be administered directly. This will be clearly documented in their care plan and will be reviewed regularly to ensure that the client is not disempowered by the involvement with the team. This will be

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undertaken by a Registered Nurse only. This will be recorded on (MARS) a medication administration record.

APPENDIX 1



**Standard Operating Procedure for
Nurse transfer of dispensed medicines into a dosette in
Extreme Circumstances
IRIS Mental Health Recovery Team.**

Only perform the following procedure if you work within the IRIS Mental Health Recovery Team and have been trained and deemed competent to do so.

Introduction.

Cardiff and Vale Mental Health Rehabilitation and Recovery Service is committed to the continued improvement of patient care. Medicines Management is often an essential part of a patient's recovery. Most patients will have their medicines dispensed by a community pharmacy, either in original labelled boxes or in blister packs. Some patients who have their medicines in original boxes may due to physical limitations further decant their medicines into dosette boxes either by doing this themselves or more often asking a family member to do this.

In extreme circumstance patients may present who prefer/need to use a dosette for medicines storage/administration but can't decant the medicines themselves and don't have a family member or friend to do it for them. In these extreme circumstances a registered nurse working within the IRIS Team may decant dispensed medicines into a dosette for a named patient in accordance with this procedure.

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Purpose.

This procedure will support the concordance and adherence to prescribed medicines plans of identified (Named) patients. It will set out the steps to ensure safe medicines practice.

Objectives.

1. To ensure the measures outlined in this procedure are determined necessary to facilitate and support medicines concordance in an individual named patient.
2. To ensure that the process is undertaken in a robust and safe manner.

Training Implications.

Registered Nurses must be conversant with this procedure and deemed competent to provide this service.

Special Note.

Prior to transferring medicines into a dosette for a patient you must have first considered whether the use of another supportive aid is appropriate, for example a blister pack. If a dosette is deemed appropriate you must have first discussed the possibility of a relative of the patient or where appropriate the patient themselves transferring the medicines into the dosette.

If this is not possible then you as a registrant may decant medicines from an original labelled box.

Governance.

It is your responsibility as a practitioner to ensure that you discuss this process with your patient and that they have sufficient information to allow them to take their medicines safely.

If at times you have any concerns with safe practice you must raise these immediately.

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Procedure. (training)

This process requires either two registrants or one registrant and one HCSW to undertake and independently check this process.

1. Check supply and ensure quantity is correct.
2. Ensure that the medicines you are going to place in the dosette are in an original box and labelled with the patients name and dosing instructions.
3. Always complete the process one medication at a time.
4. Wash hands and try to have minimal direct contact with medicine.
5. The following must be checked for each medicine prior to correct placement in the appropriate section of the dosette.
 - Name of patient.
 - Name of medicine.
 - Dose of medicine.
 - Time of medicine.
 - Frequency of medicine.
 - Expiry date of medicine.
6. When the above are confirmed as correct the medicine maybe transferred to the appropriate section of the dosette. Be extremely careful that multiple doses are divided as instructions on original box.
7. A maximum of 7 days supply may be transferred to a dosette box.
8. Once complete an entry must be made in patients records of the date dosette was filled and a record of the names of the two registrants who completed the process made.
9. This process must be monitored for the named patient on a weekly basis.

(Louise Williams Nurse advisor for medicine management. Pharmacy management.)

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APPENDIX 2

NAME:	26/10/2015	02/11/2015	09/11/2015	16/11/2015	23/11/2015

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APPENDIX 3

House: 10 Minavon

Staff

Yes No Date

• Is the team member clear where medication is stored and the rationale for this procedure.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Is the team member aware of where the tenants cabinet keys are kept.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Is the team member competent in supporting and observing the tenants during the self administration of their medication.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Signature of staff member

Date

Signature of qualified nurse

Date

House: 119 Connaught Road

Staff

Yes No Date

• Is the team member clear where medication is stored and the rationale for this procedure.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Is the team member aware of where the tenants cabinet keys are kept.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Is the team member competent in supporting and observing the tenants during the self administration of their medication.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Signature of staff member

Date

Signature of qualified nurse

Date

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Medication checklist

April 2015

DATE	AM	PM	COMMENTS
01/04/2015			
02/04/2015			
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04/04/2015			
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