



## PLYMOUTH COMMUNITY HOMES MEDICATION POLICY

<b>Version:</b>	Last amended – October 2020
<b>Lead Directorate:</b>	Homes, Neighbourhoods and Regeneration
<b>EIA completed:</b>	October 2012
<b>Approved by:</b>	Customer Focus Committee – November 2012

### 1. Objectives

This policy, with a key focus on Housing with Support, aims to establish:

- limitations on staff involvement with residents' medication.
- support that staff may provide in regard to medication.

### 2. Medication

Housing with Support Officers (HSOs), and where relevant other Plymouth Community Homes (PCH) staff, are not permitted to be involved in the day-to-day dispensation and/or administration of medication for our residents. Staff may not be involved with administering or assisting with any medical procedures, drugs, creams or lotions.

The HSO or any other member of staff must not:

- Assist with any medicines by any method.
- Sell, recommend, advise, dispense or introduce to residents any form of over the counter medication including homeopathic, herbal or other preparations.
- Change dressings to wounds.

If required, staff are to help residents to obtain assistance with medication from GPs, District Nurses, family, personal friends and domestic carers.

All information about residents' medication and treatments divulged to HSOs (for example, for a resident's Support Plan) will be stored securely and in accordance with the General Data Protection Regulations.

In an emergency situation staff should contact the emergency services immediately and act upon their instructions.

### **3. Appropriate Support**

Staff should encourage residents to store medicines in a safe place, taking care to follow instructions, including on refrigeration, and to keep medicines only in the correct original container and never to alter the label.

Staff are not permitted to offer assistance with ordering or collection of prescriptions and medication. The only exception relates to providing assistance with ordering or collection of prescriptions or medication in an emergency situation. Such assistance in emergency situations may be provided only with prior authorisation from the Housing with Support Manager or relevant Head of Service. The request for authorisation must set out clearly the proposed assistance to be provided and the reason for the request. Staff must also establish that there is no alternative assistance available, and have the resident's permission before providing the agreed assistance.

Staff should not be involved in the disposal of any medication. In the event of a resident's death where the Coroner is involved, medication should be retained to allow the Coroner's police officer to collect it. If a next of kin is dealing with the deceased resident's affairs, medication should be passed to the next of kin, with advice to return the medication to a local pharmacist.

Staff may prompt a resident to gather together medication before seeing their GP, visiting an out-patient department or being admitted to hospital.

### **4. General Considerations**

Staff should, where possible, assist in establishing communication between those involved with the resident's medication - the resident themselves, their relatives, health and care providers, and their doctors and nurses. This will help if an emergency situation does arise.

Involvement with the local community pharmacist can prove invaluable. HSOs may encourage residents to use a local pharmacy, which may be willing to assist with advice and offer a collection/delivery service.

### **5. Supporting Residents' Medication Management**

Residents must take responsibility for their own medication. The role of the HSO is to facilitate independence, not dependence. When discussing support with prospective residents, HSOs must make clear the assistance they can and cannot provide regarding prescriptions and medication.

If it is apparent to the HSO, or other member of staff, that a resident is experiencing difficulties managing medication, the HSO should promptly discuss the factual nature of the difficulty with their line manager in order that the matter can be referred immediately to the appropriate professionals.

For example:

- the **doctor** for improving the resident's physical or mental health and thus their ability to cope.
- the **community psychiatric nurse** for matters concerning the resident's mental health.
- the **community nurse** for providing residents with help and guidance on taking medicines correctly, adding extra labelling or helping with the supervision of medicines.
- the **pharmacist** for information about medicines, their interaction and unwanted effects; for improved labelling (e.g. use of large-print labels).  
Pharmacists can also provide a chart of what medicines should be taken and when. They can suggest a suitable appliance aid, such as a memory box or monitored dosage system. These allow medicines to be dispensed into containers that can be managed more easily. Some community pharmacists operate a domiciliary visiting service.
- the **social worker** for advice and help to visually impaired people on suitable equipment, such as Braille or large-print labels.
- the **occupational therapist** for advice and equipment which will help medicines to be managed more easily.

All staff from whichever agencies, relatives and any other persons involved in providing support or care should understand one another's role clearly. HSOs should try to ensure good communication between all those involved, especially staff from health and social services. HSOs should document any resulting discussions using established confidential record keeping processes.

There are many reasons why a resident may begin to be challenged by medication management. It is not the job of the HSO to diagnose the underlying reasons, rather it is for the HSO to agree with the line manager which professionals should be contacted. This must always include the resident's doctor as a qualified key professional involved in his/her healthcare.

## 6. When the Resident Cannot Cope Alone

If no one is available on a daily basis to assist with medication and the statutory agencies are unable to help, HSOs should discuss the matter with their line manager without delay. Staff must not act independently or alone. It may be possible for a relative, friend, home carer or community nurse to provide assistance and one of these should be contacted.

In some cases difficulty with medicine is part of a larger problem. The resident may no longer be able to manage independently in housing with support. If this appears to be the case, following discussion with their line manager, the HSO should discuss the situation with the resident and, if appropriate and following their permission, with their relatives, doctor, and others involved in providing care and support. Under no circumstances may alternative housing options be discussed and agreed without the full knowledge of the resident and his or her prime carers.

## **7. Equality and Diversity**

PCH will apply this policy consistently and fairly, and will not discriminate against anyone based on any relevant characteristics, including those set out in the Equalities Act 2010. PCH will make this policy available in other languages and formats on request.

We will carry out an equality impact assessment on this policy, in line with our corporate procedure.

## **8. Monitoring and Review**

We will monitor this policy to ensure it meets good practice and current legislation and will review it in accordance with our review timetable for all policies.