

Policy Statement

TruComfort Homecare is dedicated to ensuring the safe, dignified and effective administration of medication. We will:

- Protect service users, staff, and the community by adhering to strict guidelines.
- Prevent infection, errors and inappropriate handling through comprehensive procedures.
- Comply with all relevant legislation and CQC standards.

Aims

- Safeguard the rights, dignity and independence of service users.
- Provide clear standards for domiciliary medication support.
- Define organisational and individual responsibilities.
- Support informed consent and choice.
- Maintain compliance with CQC and local authority requirements.

Scope & Local Practice

- Applies to all TruComfort staff and contractors delivering care at home.
- When local authority or NHS trust policies exceed our own, those more stringent standards prevail.
- A concise policy summary is given to all care teams; the full policy is accessible at head office and online for inspection.

Legal & Regulatory Framework TruComfort Homecare adheres to:

- Health & Safety at the Work Act 1974 & Public Health (Infectious Diseases) Regulations 1988 (infection control).
- RIDDOR 1995 (incident reporting).
- COSHH 2002 (hazard management).
- Environmental Protection Act 1990 (clinical waste disposal).
- Department of Health guidance on medicine administration (POM, CDs).

General Guidance for Good Practice

- Administer only the medicine prescribed to that individual, following prescriber's directions.
- Use MAR charts or monitored dosage systems; verify contents and instructions.
- Incorporate medication tasks into risk assessments.
- Policies cover:

- OTC purchases and consent.
- Prescription management.
- PRN medication protocols.
- Controlled drug handling.
- Safe storage, disposal and record-keeping.
- Incident reporting (missed, wrong dose, needle-stick).
- Communication with prescribers and emergency services.

Community Team Roles

- **GP:** Central to medication plans; consult when changes or issues arise.
- **Pharmacy Advisor:** Provides specialist advice, dosage systems and training support.
- **District Nurse:** Liaises on treatment support and training.
- **Community Pharmacist:** Advises on safe use, disposal, emergency supplies and can deliver domiciliary reviews.

Medication Administration in Home Setting Service users should self-medicate if able.

Assistance levels:

1. **Prompt:** Verbal reminders.
2. **Assist:** Preparing medication (e.g., opening packs).
3. **Administer:** Physically giving medicine, excluding invasive routes.

Accepting Responsibility from Other Professionals

- Ensure adequate training and time allocation.
- Maintain dignity and privacy during handover of medication tasks.

Covert Administration

- Covert medication (hidden in food/drink) breaches consent and must only occur when capacity is lacking.
- Conduct a best-interest meeting with GP, family, advocates; document decisions in the care plan.

Medication & Behavioural Management

- Medication must treat symptoms or illness—not control, sedate, or punish.
- Any pressure to medicate for behavioural compliance is unacceptable.

Responsibilities

- **Organisation:** Maintain policy, training, incident auditing and CQC reporting.
- **Care Workers:** Follow procedures, attend training, report changes, errors and maintain confidentiality.
- Document all administrations, refusals and adverse reactions on MAR charts.
- Conduct individual risk assessments, including allergies and storage needs.

Training

- Induction and annual refresher on:
 - Legal responsibilities.
 - Medication categories (OTC, POM, CD, PRN).
 - Safe handling, preparation and non-invasive administration.
 - Record-keeping and incident reporting.
 - Recognising side effects and interactions.
 - Use of administration aids and disposal procedures.
- Competence assessed via observation and questioning; records retained.

Medication Administration Aids

- **Monitored Dosage Systems:** Tamper-proof, filled by pharmacists.
- **Compliance Aids:** Dosette boxes, mediboxes—only filled by qualified personnel.
- When unsuitable, administer from original containers with clear labels.

Care Worker Expectations

- Obtain informed consent.
- Never accept verbal med changes—only via updated MAR.
- Dispose of dropped medication; record and report immediately.
- Encourage self-administration whenever possible.

Record-Keeping & Error Management

- Use MAR charts to sign every administration.
- Record refusals, omissions and adverse reactions in communication logs.
- Follow incident policy for errors: notify line manager, GP, or emergency services as needed; report to regulators.

Specific Administration Conditions For liquids, drops, inhalers, PEG feeds and invasive therapies:

- Verify consent, training and MAR authorization.
- Conduct separate risk assessments (e.g., COSHH for oxygen).
- Document all training and competence assessments.

Storage & Disposal

- Store medicines in a cool, dry, secure place per label instructions.
- Return unused or expired medication to pharmacy; never discard in household waste or drains.
- Record disposal details (date, quantity, signatures).
- After a service user's death, family must return medications to pharmacy.

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