Policy Title:	Medication Policy Policy: 42	**Date implemented or date of last review:**	11/05/2020
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1. POLICY STATEMENT

1.1. This is one of the most complex areas within the nursing agency care sector. KOPE-MEDICS is aware of the need for clear and practical guidance for staff involved in this area of work.

1.2. Legislative framework

a. Medicine Act 1968 (and Amendments)
b. Misuse of Drugs Act 1971
c. Misuse of Drugs (Safe Custody) Regulations 1973
d. Access to Health Records 1990
e. Control of Substances Hazardous to Health (COSHH) Regulations 1999
f. Hazardous Waste Regulations 2005
g. Health and Social Care Act 2008 (Regulation 2014)

1.3. This list is not exhaustive, but highlights the complexity of this area. All medication training will be delivered by a qualified and trained member of staff or health professional.

1.4. All staff will complete this course within 6 months of commencement of duties, or before it IS required. It is the intention of KOPE-MEDICS to build up good

community-based relationships with local pharmacies, whose advice and guidance is invaluable and appreciated.

1.5. Any reference to competence assessed training by appropriate person(s) includes the following:

a. District nurse
b. Nurse practitioner (NP)
c. McMillan nurse
d. Pharmacist
e. General practitioner (GP)
f. Physiotherapist
g. Occupational therapist
h. Clinical practice managers

1.6. **"Prescribers"** are individuals who can write (prescribe) NHS prescriptions.

1.7. The process by which medicines are prescribed is determined by statute.

1.8. GP, Dentists, Physiotherapists, Chiropodists and radiographers are all "Prescribers" in law, and are recognised as an appropriate person. The following are excluded from the NHS list:

1.9. Any complimentary Health Practitioner, Medical Herbalist, Chiropractor, Osteopathic Practitioner, Health Shop Assistant.

2. NOTE:

2.1. Due to the developing roles within the NHS and local Clinical Commissioning groups, there is an ever- widening range of "Prescribers".

2.2. All references to Care Worker mean staff employed by KOPE-MEDICS LTD.

2.3. All references to observations requested mean any observations requested and recorded in the Care Plan (these requests must come via a Health Professional, e.g. District nurse, GP).

3. THE POLICY

3.1. Adults who are supported in their own homes by KOPE-MEDICS are often responsible, together with their relatives or representatives, for their own medicines, both prescribed and non-prescribed.

3.2. Some can fully administer their own medicines; others may require a little support to enable them to continue being self – administering. This is identified through a risk assessment. (This is called general support)

3.3. Care workers may administer prescribed medication (including controlled drugs) to a client, with consent, so long as this is in accordance with the prescriber's directions (Medicines Act 1968). (This is called "Administering Medication).

3.4. Where medication e.g. PEG feeding is given by "Specialised Techniques," care workers will need additional specialised training.

3.5. No staff will participate in any specialised technique care unless they have the express permission of the manager, the process is entered in the care plan, the appropriate level of specialist training has been undertaken, and the level of competency assessed by the health professional. This training must be carried out for individual clients.

3.6. Care workers must not offer advice to a client regarding "over the counter" medicines or complementary treatments.

3.7. KOPE-MEDICS will, during the care assessment stage, determine the level of support required and ensure that the appropriate training staff and record keeping needs are met. A separate Medication Plan of Care will be updated and reviewed as necessary for each client.

3.8. Where multi-agency partners are involved in a package, agreement needs to be reached about which provider takes lead responsibility for support with medication. This must be recorded in the client care plan.

4. PROCEDURES

4.1. KOPE-MEDICS believes that, as far as possible, all clients should be enabled to manage and self-administer medications wherever possible.

4.2. At the assessment of needs stage, information must be sought and recorded in order that the level of support required is properly indicated and that a risk assessment is completed.

5. MEDICATION

Supply, Storage and Disposal of Medication

5.1. The care needs assessment and the Medication Plan of Care will record full pharmacy details. The pharmacy will deliver the medication, or, the family/responsible person will collect or it will be care worker responsibilities as recorded on the care plan.

5.2. Medicines will usually be dispensed by the community pharmacist in an appropriate container, or medication aid appropriately labelled with:

a. The clients name
b. The name of the medicine(s)
c. The time to be administered
d. The dose
e. Any special instructions (e.g. after food)

5.3. Where a client is receiving medication from a medication aid (e.g. dossette, nomad) there may be additional medication which is dispensed in individual bottles or boxes; for example, short courses of antibiotics, liquid medication or where the medication is not stable enough to be dispensed in an aid.

5.4. The same checks apply to the labelling of these medicines and the care worker must contact the office before administering such medication.

5.5. All medicines prescribed or non-prescribed must be stored in conditions which maintain their potency and in accordance with the manufacturers advice. This should be clearly documented on the box/label.

5.6. After use, the care worker should return the remaining medication to the storage place.

5.7. Medication must by law be disposed of in a responsible and timely manner

5.8. Prescribed medicines which are not labelled as above should not be left in the client's home, but instead be returned to the dispensing pharmacy with consent of client or a responsible person and recorded on the appropriate form.

5.9. The care plan should detail who is responsible for the disposal of prescribed medication. Where appropriate, the family should be encouraged to take responsibility. Where the care worker has the responsibility, the appropriate forms should be taken to the pharmacy and signed.

6. NON-COMPLIANCE WITH MEDICATION

6.1. Most clients who require nursing agency care are prescribed some form of medication at some time as part of their treatment by their doctor or nurse. Most clients can be responsible for their own medication, but some require help from organisation staff.

6.2. KOPE-MEDICS believes that any aid offered by organisation staff to help a client to take their medication, or to administer medication, should be agreed with the client and care manager, and entered the plan of care according to KOPE-MEDICS's Medication Policy.

6.3. KOPE-MEDICS understands that the correct taking of such medication is essential for the health and well-being of clients, but KOPE-MEDICS also understands that there are circumstances wherein some clients may fail to comply with their prescribed treatments; wherein self-medicating clients may fail to take their medication as directed; or wherein non-self-medicating clients may refuse prescribed medication, or fail to swallow it and then dispose of it.

6.4. In such cases KOPE-MEDICS is clear that its staff have no right to force non-compliant clients to take their medication, but that they do have a duty to report cases of non-compliance back to the manager who will inform the client's GP and/or other prescriber.

7. PROCEDURES

7.1. Any member of staff who is unsure of what to do regarding medication in any given situation should contact their line supervisor or an organisation manager immediately.

8. SELF-ADMINISTERING CLIENTS

8.1. KOPE-MEDICS understands 'self-administering clients' to refer to clients who are responsible for collecting, storing and taking their own medication without any help being required from organisation staff.

8.2. KOPE-MEDICS believes that every client has the right to manage and administer their own medication if they wish to and are safe to do so.

8.3. In cases where there is evidence that a self-medicating client is failing to comply with their prescription, or is taking the wrong amounts of a medicine, then the case should be referred to the client's GP and/or to the client's nurse or key worker.

8.4. Any subsequent request for support from staff should be assessed before being implemented; this is to ensure that the role being requested is appropriate and can be performed safely and competently by staff. No member of staff should proceed with care involving the administration of medication (tablets, liquids or creams) or support of self-medication until they have the explicit agreement of a line supervisor or organisation manager and this has been entered in the plan of care.

8.5. All self-medicating clients should be offered help and assistance to maintain their self-medicating status whenever possible and wherever an assessment indicates that this is possible or appropriate. In such cases the following forms of support should be considered:

a) the use of compliance aids, such as monitored dosage systems (where daily medication is set out by a pharmacist into compartmentalised containers)

b) additional support by staff and responsible others, such as reminders and regular checks.

9. NON-SELF- ADMINISTERING CLIENTS

9.1. KOPE-MEDICS understands 'non-self-administering clients' to refer to clients who require help from organisation staff in the collecting, storing and/or taking of their medication. Such help can range from helping a client to take their medication out of a bottle, packet or monitored dosage system to administering the correct amounts and helping the client to take it.

9.2. All such help should be entered into the plan of care and agreed with organisation managers prior to the help being given.

9.3. Where clients are helped with or have medication administered by staff, those staff should encourage compliance by ensuring that clients take their medication at the time that it is given. Staff should directly observe the taking of medication and medicines should never be left to 'be taken later unless clearly identified in the care plan. Staff should only sign a client's medication chart after the direct observation that medicines have been taken.

9.4. Staff should always be aware of the medication being taken by individual clients and should report any change in condition that may be due to non-compliance immediately to their line manager or supervisor. The line manager or supervisor should then discuss the case with the client's GP and/or nurse, or with the community pharmacist.

9.5. A client has the right to refuse medication and such refusal should be recorded. All such incidents should then be referred to the prescriber, the client's GP and/or nurse, or community pharmacist.

9.6. Staff may make such efforts to encourage the client to take their medication as are reasonable and appropriate under the Medication Policy but staff have no right to force clients to take their medication. The use of undue pressure on a client by any member of staff will be recognised as abuse by KOPE-MEDICS and the basis for disciplinary action.

9.7. Medical advice should be sought immediately if staff believe that refusal to take medication constitutes a risk to the client.

10. ADMINISTRATION OF ORAL MEDICATION

10.1. Following the assessment of need and completion of the Medication Plan of Care, the care worker will assist with the administration of medicines. Wherever possible this should be administered by the care worker from a blister pack, nomad or dossette. In exceptional circumstances, e.g. a short course of antibiotics, individual boxes or bottles may be used.

10.2. Care workers should only administer oral medication when they have been assessed as competent to carry out the task after appropriate training. If they are in any doubt regarding the medicine(s) or the physical or mental health of the client then they should not assist but instead contact the office or on call immediately for further advice.

10.3. Before administering they should check

a. the client's name
b. dosage instructions
c. the MAR chart to ensure no other carer/professional has already administered

10.4. Identify the appropriate medicine container(s), checking the labels match the record, including:

a. the client's name is on the container
b. the medication
c. the dosage
d. the time to be administered

10.5. Prior to administration of a medicine the care worker should:

a. explain the procedure to the client
b. wash their hands
c. if they know they have a strong allergy or reaction to a medicine wear disposable gloves prior to the handling of the medicine

10.6. If the instruction on the MAR chart does not coincide with the label on the container (except where the medicine to be given is Warfarin, for which the

instructions will be clearly written on the card or in the client's Warfarin record book) no dose should be given until written instructions have been received from the dispensing pharmacist, medical practitioner or the community nurse or prescriber.

11. REFUSAL OF MEDICATION

11.1. If a client refuses the prescribed medication:

a. record on the MAR chart that the client has refused the medication

b. inform the office or on call at the earliest opportunity Immediately after assisting the client with administration of medication:

- complete and sign the MAR
- record any comments relating to the medication administered, including any observations requested

11.2. return the medication to where it is stored

11.3. Neither the medication(s) nor the MAR should be removed from the client's home unless asked to do so by the office.

11.4. If the MAR is not available, the medication must not be administered; the care worker should also contact the office or on call immediately and record the reason for not giving the medication in the attendance record in the client's home.

12. MEDICATION ERRORS

Protection of Employees and Clients

12.1. From time to time errors can occur in the prescription, dispensation or administration of medicines. Most of such errors do not harm the individual; however, on rare occasions, they can have serious consequences.

12.2. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening again. Workers must immediately report any error or incident in the handling or

administration of medicines. This report should be made to the manager or person in charge. The error report form must also include near misses.

12.3. An error is a learning exercise and it is important that within a medication management system, errors are reported so that all can learn from the incident. It is imperative that when dealing with medicines you are focussed and concentrating on the task at hand. Near misses are recorded so that they can be used as empirical evidence within medication training sessions.

12.4. Medication are regarded as potentially serious events and staff follow the Royal Pharmaceutical Society, Administration of medicine Guidelines

12.5. All medication errors will be investigated and the following will be considered:

a. The experience of staff about any previous incidences/errors
b. The events which participated the error, together with the clinical effect upon the client.

12.6. Any of the following events are classified as errors:

a. Drugs are given that are not prescribed
b. Drugs are given at a time other than that prescribed
c. Drugs are given via a route other than prescribed
d. There is an error or omission in recording
e. There is an omission of a prescribed drug (other than a specifically recorded omission).

12.7. Procedure to be followed when a drug error occurs

a. The carer informs the manager who then informs the GP or a doctor about the incident and records it on the appropriate form
b. The doctor will decide on any medical attention
c. The manager and doctor will investigate the incident, and an appropriate course of action will then be decided upon.

13. CONTROLLED DRUGS

13.1. KOPE-MEDICS is committed to ensuring the safer management of controlled drugs in its services and follows any relevant recommendations of the 2012

annual report on "The Safer Management of Controlled Drugs published by the CQC in August 2013.

13.2. The Registered Manager is the appointed lead to ensure that controlled drug governance arrangements are up to date and any concerns relating to controlled drugs are reported to the GP or pharmacist.

14. APPENDICES

Application of Creams, Lotions or Ointment

14.1. Following assessment and appropriate recording in the Medication Plan of Care, care workers will assist with the application of creams lotions and ointments. Care workers will apply prescribed creams, dusting powders, lotions or ointments when they:

a. Have received appropriate training
b. Have been assessed as competent to carry out the task by an appropriate health professional.

14.2. If a care worker is in any doubt regarding the products, or the physical or mental health of the client, they should not apply the product but instead contact the office or on call immediately.

14.3. Care workers can apply non-prescribed products when they are:

a. As part of the client's personal hygiene regime, such as moisturisers, face creams, etc.
b. To assist with the rehydration of skin, such as aqueous cream used to wash, E45 etc.

14.4. Care workers can apply the prescribed products except when:

a. The area of skin to be treated is broken
b. The product contains topical corticosteroids, and is not listed as a prescribed item
c. There is, or appears to be, inflammation or infection present, unless the product is being used to treat inflammation or infection.

14.5. When the product to be applied is recorded on the medication record, the care worker must, from the medication record, check:
a. The client's name
b. Application instructions
c. That no other carer or professional has already administered the product

14.6. Identify the appropriate container(s), checking that the label(s) match the record, including:
a. The name on the product is that of the client
b. The product
c. The instructions for use
d. The time(s) to be applied

14.7. Prior to administration of a medicine, the care worker should:
a. Explain the procedure to the client
b. Wash their hands
c. Put on a pair of gloves

14.8. If the instructions on the administration record do not coincide with the label on the product container, it should not be applied until written instructions have been received from the community pharmacist, medical practitioner or the community nurse.

14.9. Staff should ensure that they give every encouragement and opportunity to clients' who might initially refuse application of the product. Under no circumstances should staff compel a client to accept any kind of treatment.

14.10. If the client refuses the prescribed product:
a. Record on the administration record that the client has refused the application of the product
b. Inform the office or on call at the earliest opportunity.

14.11. Immediately after assisting the client with the administration of the product the care worker must:
   a. Remove and dispose of gloves
   b. Wash their hands thoroughly
   c. Complete and sign the MAR
   d. Record any comments relating to the product applied, including any observations requested
   e. Return the product to where it is stored.

14.12. Neither the product nor the MAR chart should be removed from the client's home unless instructed to do so by the office or on call or the community nurse.

14.13. If the medication records are unavailable, the prescribed product must not be administered; the care worker should also inform the office or on call immediately and record the reason for the product not being administered in the client's attendance record.

14.14. Instillation of Eye Drops and Ointments

14.15. Following from the assessment of need and appropriate recording in the Medication Plan of Care, the care worker will assist with the instillation of eye drops and ointments. Care workers will only administer eye drops or ointments:
   a. From their original container
   b. When they have received appropriate training, and been assessed as competent to carry out the task
   c. At the appropriate time, according to the prescriber's instructions.

14.16. Is a care worker being in any doubt regarding the eye drops or ointments, or the physical or mental health of the client, they should not assist with the instillation of the eye drops or ointment but instead contact the home care manager, community nurse or the office on call immediately?

14.17. From the MAR chart, check
   a. The client's name
   b. Dosage instructions

c. That no other carer/professional has already administered the eye drops or ointment

14.18. Identify the appropriate container(s), checking that the label(s) match the recording, including:

a. The name on the drops or ointment is that of the client
b. The label states clearly which eye the product is to be used for
c. The dosage
d. The time to be administered

14.19. Prior to administration of any eye drops or ointments, the care worker should:

a. Explain the procedure to the client
b. Wash their hands
c. If they know they have a strong allergy to any of the medicines they should put on gloves prior to handling the medicine.

14.20. If the instructions on the MAR chart does not coincide with the label on the drops/ointment container, none should be instilled until written instructions have been received from the prescriber.

14.21. The care worker should collect the equipment and lay it on a suitable surface near the client where there is a good light source; they should then explain the procedure to the client.

14.22. The care worker should then check the following:

a. Which eye the drops/ointment are prescribed for
b. The date the bottle was first opened
c. Expiry date on the label.

14.23. Once the care worker has washed their hands they should:

a. Assist the client to obtain a comfortable position, with the head well supported and titled back
b. Remove the lid(s) from the drops or ointment
c. Hold the client's lower eyelid down by pressing gently with a clean folded paper tissue
d. Ask the client to look up immediately prior to the instillation of the drops/ointment.

e. Eye Drops
f. The dropper should be held approximately 2.5cm from the client's eye, if they are being instilled without the use of an aid
g. Gently squeeze the bottle
h. Ask the client to close their eye, keeping the tissue in place for one to two minute(s). Wipe away any excess from the client's face.

14.24. When two different preparations in the form of eye drops are required at the same time of day, dilution and overflow may occur when one immediately follows the other, e.g. pilocarpine and timolol in glaucoma.

14.25. Therefore, an interval of 5 minutes should be left between the instillation of each preparation.

14.26. Immediately after completing the instillation of the eye drops, the care worker should:

a. Wash their hands thoroughly
b. Complete and sign the MAR chart
c. Record any comments relating to the product applied, including any observations requested
d. Return the product to where it is stored.

EYE OINTMENT

a. Before applying the ointment, pull down the lower eyelid
b. Squeeze approximately 2.5cm of the ointment inside the lower lid from the nasal corner outwards
c. Ask the client to close their eye, then remove the excess ointment with the tissue
d. Advise the client that blurring of vision will occur for a few minutes.
e. Immediately after completing the instillation of the eye ointment, the care worker should:
f. Wash their hands thoroughly
g. Complete and sign the MAR chart

h. Record any comments relating to the product applied, including any observations
i. Return the product to where it is stored.

15. INSTILLATION OF EAR DROPS

15.1. Following from the assessment of need and appropriate recording in the Medication plan of care, the care worker will assist with the instillation of eardrops. Care workers will only administer ear drops when they:
   a. Have received appropriate training and been assessed as competent to carry out the task.
   b. From the MAR chart, check:
   c. The client's name
   d. Dosage instructions
   e. That no other carer or professional has already administered the eardrops.

15.2. Identify the appropriate container(s), checking that the label(s) match the recording, including:
   a. The name on the drops is that of the client
   b. The label states clearly which ear the product is to be used for
   c. The dosage
   d. The time to be administered.

15.3. If a care worker is in any doubt regarding the ear drops, or the physical or mental health of the client, they should not assist with the instillation of the ear drops but instead contact the office or on call immediately.

15.4. Once the care worker has explained the procedure to the client and washed their hands, they should:
   a. Assist the client into a lying or seated position and explain the procedure
   b. Assist the client to obtain a comfortable position, with the head well supported and tilted to one side, if possible
   c. Remove the lid(s) from the ear drops container

d. Gently pull the top of the ear (pinna) outwards and upwards in order to straighten the outer ear canal
e. Gently squeeze the bottle, instilling the prescribed number of drops into the ear
f. Ensuring they are comfortable, leave the client with head to one side for a few minutes.

15.5. Immediately after completing the instillation of the eardrops, the care worker should:

a. Wash their hands thoroughly
b. Complete and sign the MAR chart
c. Record any comments relating to the product applied, including any observations requested
d. Return the product to where it is stored
e. Assist the client to sit up and adopt their choice of position and location.

16. APPLICATION OF COMPRESSION HOSIERY

16.1. Following the assessment of need and appropriate recording in the Medication plan of care, care workers will assist in the application of compression hosiery.

16.2. Care workers will only assist in the application of compression hosiery:

a. When they have received appropriate training, and been assessed as competent by the appropriate professional.

16.3. Care workers must not assist with the application of compression hosiery without the proper instruction from the office.

16.4. To ensure maximum effect, compression hosiery should be applied before the client gets out of bed and removed last thing at night. Compression hosiery is prescribed to individuals to:

a. Prevent deep vein thrombosis, a complication of mobility
b. To prevent occurrence or re-occurrence of leg ulcers

c. To manage oedema (swelling) because of disease or injury, e.g. for clients with heart failure whose legs swell, or following treatment for burns.

16.5. Before removal or application of the hosiery the care worker should explain the procedure.

16.6. The care worker should check the medication plan of care for specific instructions about the times of removal/application and any special instruction related to the type of hosiery used.

17. HOSIERY REMOVAL

17.1. The care worker should remove all jewellery they are wearing on their hands to avoid ladders and unintentional injury

17.2. Gently but firmly grip the top edge of the hosiery and pull it away from the body towards the end of the limb

17.3. If at any time the client complains of pain, the care worker should stop and check no skin damage is occurring before they resume the procedure. If skin damage occurs contact the client's surgery immediately for advice.

17.4. When the hosiery has been removed the care, worker should gently wash and dry the client's skin using warm water and soap. Skin covered by hosiery can become very dry; if a cream has been prescribed then this should be applied; if no cream has been prescribed then the client's surgery should be contacted to seek advice.

17.5. If the hosiery is to be reapplied immediately following skin cleansing it is advisable to apply a light dusting of powder to the skin to aid application. If an application aid has been provided this should be used according to the manufacturer's instruction.

18. APPLICATION OF HOSIERY

18.1. The care worker applying the hosiery should:

a. Ensure the hosiery is clean and wrinkle free, with no tears or frays

b. Explain the procedure to the client
c. Run their hand inside the stocking down to the heel and pinch the heel with finger and thumb
d. Turn the stocking inside out leaving the foot part tucked in
e. Pull the foot part gently over the client's toes and ease over the foot taking care to check the toes and heel are correctly positioned and wrinkle free
f. Gather up remaining stocking and take it over the foot and lower leg. Working in sections from the ankle pull the stocking up the leg in short folds of about 2 inches (5cm) at a time without forcing and keeping it wrinkle free
g. When the stocking is fully extended on the leg, take the top back down to the calf hold the top stocking up the leg again to ensure it remains in place
h. If applying thigh length hosiery secure with a suspender belt.

18.2. If the client experiences pain at any time then the care worker should cease the application and check if any skin damage has occurred. If this is the case contact the client's surgery for further advice and remove the hosiery.

18.3. Hosiery should be washed at 40 degrees and hung to dry (UNDER NO CIRCUMSTANCES SHOULD THEY BE IRONED)

18.4. Clients should always wear hosiery on both legs.

18.5. Hosiery should be replaced every three months or earlier if they become damaged or worn.

19. CATHETER CARE

19.1. A catheter is a thin, hollow, flexible tube designed to drain urine from the bladder. The catheter is kept in place by a small balloon at its tip filled with sterile water which prevents it from falling out.

19.2. It is inserted into the bladder through the urethra. This is a small opening above the vagina in women and runs along the length of the penis in men. In some

people it may be necessary to insert the catheter into the bladder through an incision through the abdominal wall.

19.3. Catheter care when assisting in showering or bathing

a. Hands must be washed before and after handling the catheter or drainage bag
b. Disposable gloves must be worn
c. The area around the catheter is required to be washed with soap and water at least daily or after every bowel motion.
d. Before assisting the client to shower or bathe, empty the drainage bag, but leave it connected.
e. Avoid using talc or creams around the catheter.

20. DRAINAGE BAGS

Disposing of Drainage Bags

20.1. Drainage bags may be disposed of in the dustbin, provided they have been emptied and wrapped in newspaper or a plastic bag. If provided into clinical waste bags

21. CATHETER VALVES

21.1. Catheter valves are used as an alternative for some clients to a leg bag. A catheter valve is a tap that is connected directly to the catheter outlet. It allows drainage of urine from the bladder to be controlled, and helps maintain bladder muscle tone and a good capacity.

21.2. It is very important that the valve is opened at regular intervals throughout the day, every 3 – 4 hours to allow the bladder to empty. If you do not empty the

bladder regularly you may experience some abdominal discomfort as the bladder becomes full or you may experience leakage of urine around the catheter.

22. CARE OF THE CATHETER VALVE

22.1. The catheter valve should be changed every 5 – 7 days. In order to minimise the risk of infection it is essential to wash your hands before and after emptying, or changing the valve. When emptying the valve try to make sure that the outlet does not come into contact with toilet or other receptacle and the outlet tap is dried with a disposable wipe following emptying.

22.2. Attach an overnight bag to the valve. Once the night bag is connected, the valve should be in the open position to allow urine to drain.

22.3. Disposing of Catheter Valves

22.4. Catheter valves should be placed in a plastic bag before putting in the dustbin or in clinical waste bags if provided.

22.5. It is important for a person with a catheter to have a good fluid intake. It is important to encourage the client to drink as this helps prevent infection and helps avoid constipation. 2 litres is often the recommended amount unless indicated otherwise by a doctor or nurse.

22.6. A healthy, balanced diet helps prevent constipation. Constipation can prevent the catheter flowing freely as a full bowel presses on the catheter, this is a common cause of leakage around the catheter.

22.7. Where possible gentle exercise will help the catheter to drain

22.8. Indicators of a urine infection

a. The urine becomes cloudy, contains blood or smells offensive.
b. The client complains of a stinging or burning in the bladder or low back pain.

22.9. This should be reported at once to the office who will notify the district nurse or GP. The client should also be encouraged to drink plenty of fluids.

23. **BLOCKAGE OF THE CATHETER**

23.1. It may occur it the catheter or tubing becomes kinked, there is an irritation in the bladder, a build-up of debris in the catheter or if the client is constipated.

a. Check the catheter and tubing and release any kinks
b. Check the drainage bag is not too full
c. Make sure the leg or night bag is positioned below the level of your bladder or waist to allow urine drainage
d. If no urine is draining contact the office and district nurse as soon as possible.

24. STOMA CARE

24.1. An ostomy is a surgically made opening from the inside of an organ to the outside. Stoma is the Greek for mouth or opening. The stoma is the part of the ostomy attached to the skin. A stoma bag is then attached to the opening, in the case of colostomies, ileostomies and urostomies, so that either faeces or urine drain into this bag. There are various types of ostomies - for example:

24.2. Colostomy - opening from the large intestine to the abdominal wall so faeces bypass the anal canal.

24.3. Ileostomy - opening from the small intestine to the abdominal wall so faeces bypass the large intestine and the anal canal.

25. Gastrostomy and jejunotomy - openings between the stomach and jejunum respectively and the abdominal wall, used predominantly for enteral feeding tubes.

26. REASONS FOR STOMAS

26.1. Gastrointestinal stomas are used in various disorders - e.g., inflammatory bowel disease, neoplasia and diverticular disease.

26.2. Stomas may be temporary or permanent. Temporary stomas are usually reversed at a later date, usually allowing the blind loop of intestine to recover.

27. PSYCHOLOGICAL EFFECTS

27.1. Having a stoma is a major event and clients can become very anxious and depressed. Adequate counselling is vital and this may need to include mental health specialists. Quality of life can deteriorate for clients following stoma procedure. The first few weeks post-stoma are the most vital. They may also have difficulty managing their stoma around their life - e.g., going out shopping and needing to change the stoma bag without adequate facilities.

27.2. This can add to a low mood. Supportive family and friends are essential and may help in situations like this.

27.3. Stoma bags will also have an impact on body image and intimate relationships may suffer

27.4. During the first few weeks following the formation of a colostomy or ileostomy, patients may experience sudden urges to defecate. This is known as the 'phantom rectum' and can be very distressing for patients. Reassurance and support are helpful

27.5. There may be changes to the amount and consistency of faeces. With ileostomies, faeces are produced about four hours after a main meal, whereas with a colostomy, faeces are produced the following morning. Ileostomies are associated with increased output. Often clients have to change their diet to control wind and malodour - e.g., that caused by fizzy drinks and fish respectively. Flatus filters are also available.

27.6. Leakage of the contents of the stoma bag can occur and can make clients very distressed. Recurrent leakage can lead to skin inflammation from contact.

27.7. Before carrying out Stoma care the staff member will be trained by a health professional. This will include use of equipment required for the cleaning of the individual stoma and recognising any abnormalities that need reporting.

28. THE aims of stoma care are:

28.1. to ensure that the skin around the stoma (peri-stromal) is kept clean and dry
28.2. to observe the stoma and discourage skin excoriation
28.3. to ensure a safe and comfortable application of an appliance
28.4. to help a Client in the acceptance of stoma (if a newly formed and permanent appliance)

28.5. Proceed as follows:

a. Assemble required equipment.
b. Inform the Client of the procedure and obtain consent
c. After asking or supporting the client to lie down, wash hands and put on gloves and apron to reduce risk of cross-infection
d. Protect bed and Client by placing towel/disposable pads under stoma
e. Remove soiled appliance, noting amount and consistency of contents to determine any abnormalities
f. Observe stoma size, shape and colour to determine bleeding, prolapse, retraction, necrosis, infection
g. Observe surrounding skin area to determine excoriation, redness, allergy or herniation.
h. Wash the stoma and surrounding skin with warm soapy water. Dry thoroughly to ensure that adhesive will stick
i. Fix the appliance into position, (different methods being used for a variety of appliances), ensuring that no peri-stromal skin is exposed to body fluids. Ensure also a "snug" fit so that leakage does not occur
j. Remove gloves and apron, then wash hands. Reassure client and ensuring comfort.
k. Dispose of soiled materials into the toilet where possible or put in a plastic bag before disposal in the dustbin or clinical waste bags if provided
l. Record results in the care notes. Report any abnormalities as required.

28.6. Level 1: General Support, also called Assisting with Medicine

28.7. General support is given when the person takes responsibility for their own medication and particularly when they contract the support through Direct Payments. In these circumstances, the care worker will always be working under the direction of the person receiving the care.

28.8. The support given may include some of the following:

a. Requesting repeat prescriptions from the GP
b. Collecting medicines from the community pharmacy/dispensing GP surgery
c. Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
d. An occasional reminder or prompt from the care worker to an adult to take their medicines. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt review of the person's plan)
e. Manipulation of a container; for example, opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person, and when the care worker has not been required to select the medication.

28.9. General support needs should be identified at the care assessment stage and recorded in the client's plan. Ongoing records will also be required in the continuation notes when care needs are reviewed.

28.10. Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open, or if the person has difficulty remembering whether they taken medicines.

28.11. The compliance aid will be filled and labelled by the community pharmacist or dispensing GP. The person may qualify for a free service from a community pharmacist if they meet criteria under the Disability Discrimination Act.

28.12. KOPE-MEDICS staff will not take responsibility for the filling of the compliance aid.

Level 2: Administering Medication

28.13. The care assessment stage may identify that the client is unable to take responsibility for their medicines and needs assistance. This can be due to impaired cognitive awareness or result from physical disability.

28.14. The client must agree to have the care worker administer medication and consent should be documented in the care plan. If the client is unable to communicate informed consent, and there is no responsible person the prescriber must formally indicate that the treatment is in the best interest of the individual.

28.15. Administration of medication may include some or all of the following actions:

a. When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid
b. When the care worker selects and measures a dose of liquid medication for the client to take
c. When the care worker applies a medicated cream/ointment, inserts drops to ear, nose or eye, and administers inhaled medication
d. When the care worker puts out medication for the client to take themselves at a later (prescribed) time to enable their independence

28.16. The need for assistance with medication should be identified at the care assessment stage and recorded in the care plan, with ongoing records in the notes updated when care needs are reviewed. KOPE-MEDICS will have in place training to ensure that only competent and confident staff are assigned to clients who require assistance. Care workers have the right to refuse to administer medication where they themselves feel they have not received adequate training and do not feel competent to do so.

28.17. Care workers should only administer medication from the original container dispensed and labelled by a pharmacist or dispensing GP, including monitored dosage systems and compliance aids.

28.18. Clients discharged from hospital may have medication that differs from those in the home prior to admission. Care must be taken to ensure checks are in place to provide clear instructions as to which medicines are to be

administered. Additional support should be in place for care workers when this occurs.

Level 3: Administering Medication by Specialised Techniques

28.19. In exceptional circumstances, and following an assessment by a healthcare professional, a nursing agency care worker may be asked to administer medication by a specialised technique including:

a) Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)

b) Insulin via injection

c) Administration through a Percutaneous Endoscopic Gastronomy (PEG)

28.20. If the task is to be delegated to the nursing agency care worker, the healthcare professional must train the care worker and be satisfied they are competent to carry out the task.

28.21. The company's procedures must include that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.

28.22. KOPE-MEDICS will consider the request only in the following circumstances:

a. Where an inappropriate admission to care would have to be considered
b. Where the ability to maintain the client at home is undermined by a lack of appropriate funding which allows community nursing support
c. Where the client is in the later stages of end of life management and has made clear their wishes to remain at home.

28.23. In the above circumstances, this company will strive to maintain the client with true regard to their wishes, whilst seeking to ensure that the client will be cared for in an appropriate manner by staff that are fully trained and competent to do so.

28.24. If the decision is taken that the task to be delegated to the care worker the healthcare professional must train the worker(s) and be satisfied they are competent to carry out the task, this must be recorded on the Level 3 Training Record and signed off by the healthcare professional involved in the training.

28.25. Any additional support appropriate to the circumstances must be available by the Health Services involved.

28.26. Care workers who feel that they are not competent to assist with the administration of medication by specialised techniques can refuse to assist.

28.27. Any Level 3 Support must be authorised by the Manager and a Level 3 Training Record must be completed by and in place after training by the appropriate healthcare professional.

29. HEALTH-RELATED ACTIVITIES

29.1. In the interests of the client, care workers may from time to time be asked to assist in health-related activities which can include:

a. Massage techniques
b. Exercise regimes
c. Mobility-related assistance
d. Monitoring and recording of conditions (diabetes, epilepsy etc.)

29.2. This area of activity must be clearly assessed and recorded during the care assessment. Specialist training must be undertaken and staff must be competent and confident in their own abilities to undertake the tasks required.

29.3. The appropriate healthcare professional must "sign off" the training, and the competency of the care worker and the information should be recorded on the Level 3 staff training record. Health-related activities will be undertaken only with the express agreement of the manager, and when the appropriate care assessment has been completed and recorded in the care plan. Reviews should take place and care plans updated as required.

29.4. All staff should be able to refuse to undertake tasks which they themselves feel they are not competent to do.

30. MONITORING AND AUDITING

30.1. The function of monitoring and auditing needs to be a planned and systematic process that is embedded throughout KOPE-MEDICS.

30.2. "Monitor" means to check, observe, identify task or system performance.

30.3. "Audit" means to evaluate, examine, critically analyse conformance to set standards by reviewing the objective evidence from statements, records, files and any formal monitoring systems which are in place.

30.4. Medication monitoring is part of the observed practice of staff which is recorded, dated and signed off and is usually delivered via a spot check. The spot check findings are then followed through using the error sheets, and advice and guidance to staff.

30.5. This includes any training and further monitoring as required.

30.6. Auditing of medication is a part of KOPE-MEDICS quality audit process. Auditing of all medication documentation including MAR charts is done regularly, and solutions implemented with immediate effect where any shortfalls are identified.

30.7. Peer auditing forms the core of the audit regime and staff are constantly reminded of the importance of signatures, dates and appropriate record keeping.

31. TRAINING STATEMENT

31.1. KOPE-MEDICS ensures all their care staff have completed a "Safe Handling of Medicines Course" before administering medication to clients. All care staff are monitored and attend medication updates regularly Staff involved in the monitoring of staff and auditing process are given the relevant support and training in this area.

31.2. Nursing staff must keep their medication Continuing Professional Development (CPD) current. Nursing staff will also be part of the monitoring process.

KOPE MEDICS

Delivering Quality Healthcare

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