# MEDICINE POLICY
# February 2023

| | Date | Signature |
|---|---|---|
| GB Approved | 10 July 2013 | JPay |
| Reviewed | Autumn 2016 | MPC |
| Reviewed | March 2018 | MPC |
| Reviewed | October 2019 | QC |
| Reviewed | February 2023 | QC |
| Next Review | February 2026 | |

MPC= Medicine Policy Committee
QC = Quality Committee

**Diverse Abilities**

**Medicine Policy**

## 1. Introduction

1.1. Diverse Abilities is committed to providing the highest standards of health, safety and care for the people we support and our employees. Many of the people we support will require medicines, sometimes complex regimes, as part of their care and to enable them to enjoy optimal health. This means that most employees across the organisation will be required to take part at some level in the process of administering medicines.

## 2. The aims of this policy are:

2.1. To enable the people we support to take or receive medicines safely and in the correct way.

2.2. As far as possible to enable the people we support and others acting on their behalf to understand their medicines and the reason they are required.

2.3. To provide employees with the skills to handle and store medicines safely, securely and appropriately.

2.4. To ensure that employees follow published guidance about how to use medicines safely.

2.5. To provide a framework for managing adverse incidents related to medicines.

## 3. Roles and Responsibilities

### 3.1. All employees

3.1.1. All employees should be aware of and where applicable act in accordance with these policies and procedures. A copy of the policy should be easily accessible for all to access or refer to when required.

### 3.2. Employees who are trained to administer medicines

3.2.1. When administering medicines, individual employees are accountable for their actions.

3.2.2. Where relevant employees should act in accordance with their professional regulator.

3.2.3. Employees should only provide advice and information within their professional role and are accountable for advice or information provided. This must be recorded in a person's individual records, signed and dated.

### 3.3. Medicine policy group

3.3.1. The medicines policy working group will include a nominated representative from each service. The group will seek external advice as required. This group will review the policy every two years (or more frequently if members of the group feel it is needed) to ensure adherence to national and local guidance and to review positive outcomes and incidents relating to medicine administration.

### 3.4. Managers

3.4.1. The manager of each service has overall responsibility for medicine management in that service, including training, monitoring and investigating any errors.

### 3.5. Next of Kin/Deputy/Social Worker

3.5.1. Those with responsibility for decision-making for the people we support should ensure all details of medicines required are given to Diverse Abilities Employees and that changes are communicated promptly. They will also be responsible for ensuring an adequate quantity of medicine is available, although this may be delegated to Diverse Abilities Employees where appropriate.

## 4. Liability

4.1. Diverse Abilities insurance covers the legal liability of employees working with medicines and related tasks. Diverse Abilities also indemnifies employees whilst carrying out official duties, in respect of the consequences of negligent acts or omissions committed in the course of their duties resulting in personal injury and/or property damage to third parties. The indemnity does not apply where employees act outside their contract of employment or authorised duties (e.g.by ignoring instructions or this policy), or where there is fraud, dishonesty, criminal or unlawful acts.

## 5. Documentation

5.1. Each person supported will have an assessment of their health needs carried out by an appropriate employee from the relevant service leading to a health section in a care plan to include all medicines. This will include:

5.1.1. A photograph of the supported person.

5.1.2. Details of health conditions/illnesses/disabilities.

5.1.3. Details of any allergies or known reactions

5.1.4. Contact details for medical professionals who prescribe and supply medicines for that person.

5.1.5. Contact details for the person with responsibility for decision making for the person we support.

5.1.6. Details of the level of support the person requires for managing their medicines. (see appendix B.)

5.2. Each person supported who requires any level of support to take medicines will provide a list of the medicines they need, or may need, ideally signed by a registered prescriber. This will normally be a consultant physician or general practitioner. This should be renewed at any change of medicines (including dose adjustments) or at least annually (such as at the annual health check). A list of "over the counter" medicines that may be required by the person must be authorised in writing by a pharmacist, GP, hospital doctor of any grade or a nurse prescriber (see appendix O).

5.3. In addition, each child (0-18 years) supported will provide written consent from someone with parental responsibility for each medicine required, indicating the dose and the time or circumstances under which they are required, method of administration (route) and the level of support required (see appendix B). For those over the age of 18 years, consent may be obtained from either a deputy, a best interest group or from the commissioner of the care. This should be included in the persons care plan or health records.

5.4. It is a legal requirement that all prescribed medicines must have a pharmacy dispensing label attached to the container or packet. This must clearly state the medicine, strength and name of the person for whom it is prescribed and may contain further information about the use of the medicine.

5.5. If the instructions on the pharmacy dispensing label do not exactly match the instructions on the MAR or from a next of kin or carer, the medicine should not normally be given. An exception will be if a medical professional has recently adjusted the medicine instructions and there are separate, written instructions clearly explaining this change. A correctly labelled medicine should be provided as soon as possible. See appendix G.

5.6. Verbal orders from registered prescribers to stop medicines or amend doses should only be accepted by the most senior employee available, in an emergency when, the supported person's health would be put at risk if the order was not acted on immediately. A written record must be made by the employee of the instructions and the instructions read back to the prescriber to confirm they have been correctly heard. Ideally a witness should be present to confirm the information. The prescribers name and contact details should be recorded. Written confirmation should be obtained as a matter of urgency and certainly within 24 hours. All relevant documentation should be updated. Verbal orders cannot be accepted for controlled drugs.

5.7. If a pharmacy dispensing label becomes illegible it cannot be used. See appendix G for advice for managing this situation.

5.8. General Sales Licence and Pharmacy only ("over the counter") medicines may be administered without a prescription label present but should be authorised by a prescriber as per 5.2 and 5.3.

5.9. The administration of a medicine will be documented on a medicine administration record (MAR). This will normally be a Diverse Abilities MAR, transcribed from the prescriber's instructions on to an agreed format (see appendices L and M) by a manager, registered nurse, team leader or lead support, unless a pharmacy provides a printed MAR sheet (Supported Living). The MAR must be checked by a second employee from this list, both of whom must be deemed competent to do so (see section 10). The employees who produce and check the MAR are accountable for the information they transcribe on to the MAR and must sign each form.

5.10. A record will be kept on MARs of all medicines brought into a Diverse Abilities service (appendices L and M) and the pharmacy label checked against consent forms on all labelled medicines unless the person's next of kin assumes responsibility for a medicine for the duration of a service session. If a discrepancy is discovered, then the prescriber should be contacted. Labels must never be altered.

5.11. Similarly, a dated record should be kept on MARs of all medicines sent out of a Diverse Abilities service or that are wasted, in order to provide a complete audit trail.

5.12. Each MAR will contain the following information:

5.12.1. Name, date of birth and if possible a photograph of the person to receive medicine.

5.12.2. Name of the medicine (this will normally be the generic name of the medicine, except in cases of anti-epileptic drugs, when a trade name can be used).

5.12.3. Strength of medicine

5.12.4. Exact dose to be administered (avoid unnecessary use of decimal points e.g. write 3mgs rather than 3.0mgs)

5.12.5. Exact amount to be administered (e.g volume, number of tablets etc.)

5.12.6. Time, frequency or circumstances for administration.

5.12.7. Route of administration.

5.12.8. Additional instructions/notes such as preparation details.

5.13. There will be space on the MAR to record the details of each administration along with two spaces for both employees involved in checking the medicine to initial.

5.14. Controlled drugs (CDs) will also be recorded in a separate, bound book kept for this purpose. One page should be allocated for each CD preparation per person supported. As well as detailing the exact amount of the medicine that is brought in to the service, used and a current balance after each administration, a weekly stock check of these medicines will also be carried out. Two employees, both of whom have basic medicine training, should witness all entries in a CD book. If there is a balance error this should be treated as a medicine incident – see section 9. A list of controlled drugs in the UK is available from https://www.gov.uk/government/publications/controlled-drugs-list--2

5.15. Cytotoxic and cytostatic medicines should be indicated on the MAR sheet as these can be harmful to pregnant women. (Employees who are pregnant or trying to become pregnant should consult a senior manager from their service so that their work can be risk assessed and altered if necessary). A list of such medicines is in appendix F. If in any doubt, a pharmacist should be contacted for advice.

5.16. If a person starts any new medicines, the employee writing the MAR should look up the medicines compendium (www.medicines.org.uk) to check for properties that may pose a risk to any employees and need for special storage facilities.

5.17. A list of members of staff who have administered medicine during the current year will be kept in each service/location. Any member of staff or agency staff who administer a medicine must complete this once every year. This list should record names, dates of training and both full and initialled signatures of medicine administrators.

## 6. Storage of medicines

6.1. Medicines are the property of the person for whom they are prescribed and should be treated as such. Medicines will only be used for the person for whom they are prescribed.

6.2. In most Diverse Abilities settings medicines should be stored in a designated, locked cupboard or trolley at the correct temperature (room temperature should be less than 25°c). The trolley should be locked and secured to the wall when not in use to render it "not readily portable". Those medicines that require refrigeration will be stored in a lockable refrigerator in an area not accessible by people we support. The temperature must be maintained between 2-8°c, maximum/minimum temperatures monitored daily and recorded on the temperature log (appendix L). This contains instructions for actions to take if the temperature is outside these limits.

6.3. In Diverse Abilities settings (with the exception of Supported Living Services) controlled drugs will be stored in a dedicated cabinet which must meet British Standard BS2881:1989 security level 1.

6.4. Where the setting is the supported person's own tenancy (as in Supported Living services) and support is provided by Diverse Abilities employees, a lockable facility will be available for medicine storage. Those medicines that require refrigeration will be stored in the property's normal kitchen refrigerator and the temperature monitored daily to ensure it is maintained between 2-8°c. A risk assessment should be carried out to minimise risk to any other people who live in the same property. Employees will only provide guidance and recommendations regarding storing medicines in line with this policy.

6.5. Where the setting is the supported person's own home and overall responsibility for medicine administration lies with next of kin or another representative (as in Shapes service), storage of medicines is the responsibility of the person's next of kin/representative.

6.6. An exception to the above policy will occur when medicines for emergency use need to be carried with a person we support. This should be documented in the care plan and medicines carried ideally in a named, orange "MedPac" bag for easy

identification, or another container recognisable to employees of the service. The "MedPac" will accompany the supported person wherever they are. A plan detailing the precise circumstances under which this medicine should be given will be carried in this same bag as well as in the care plan.

6.7. Employees who administer medicines should check that a service has sufficient stock of a medicine for at least the duration of a person's use of the service or for at least a week if the service is long term (Langside or Beehive). If there is insufficient stock, the person's next of kin should be asked to obtain more supplies.

6.8. If a person who is supported has capacity to be responsible for their own medicines a risk assessment should be carried out to determine whether this poses a potential risk to others in the service. An agreement should be reached between that individual and the employees supporting them about where those medicine should be stored that is both safe for all users of the service and accessible when required for the individual concerned.

6.9. Some services may find it useful to keep a general stock of paracetamol (e.g. Langside, Smithers). This should only be used according to directions as in this policy. Reasonable checks must be made that this is a suitable preparation for an individual (e.g. allergy to any ingredients, sugar-free requirement etc.).

6.10. Keys to any place where medicines are stored must be kept secure at all times, either locked away or carried by a member of staff. It is the responsibility of the senior employee administering medicines at that time (e.g. on each shift) to keep keys secure. Key holders should be competent and experienced at administering medicines. If an employee accidentally takes medicine keys away from their place of work they must return the keys as soon as possible and in time for the next medicines to be administered on time.

6.11. Employees who carry their own medicines are responsible for ensuring the safety of those medicines. Medicines must be kept out of sight and ideally locked away in a staff locker or office. It is advisable for any members of staff who may require medicines urgently (e.g. "epipens" or inhaled drugs for acute asthma) to advise their line manager and colleagues of the location of medicine and to share any emergency plans with their line manager. Any medical condition that may affect their work must be disclosed to their line manager.

6.12. No medicines should be carried or stored in a Diverse Abilities service other than as detailed above.

6.13. If medicines need to be transported between services or outside of the service environment they will normally be carried in a named orange "MedPac" bag. If this is not possible (e.g. due to volume of medicines to be transported) they should be in an easily identifiable, labelled bag, separate to other equipment/luggage. A member of staff should be designated to be responsible for medicines during transit.

6.14. When medicines are returned to the person responsible for the person we support they should be signed out on the MAR to maintain audit trails. Medicines will normally be returned at the end of the school year (Langside) or after a short break (short stay).

6.15. Other organisations using buildings owned by Diverse Abilities are entirely responsible for medicines used in their proceedings. No medicines used by other organisations will be stored in Diverse Abilities facilities.

## 7. Process of administering medicines

7.1. The normal procedure for administering medicines is outlined in appendix C. The process of administering medicines should not be solely a mechanistic task to be performed automatically, but requires the exercise of thought and reasonable judgement within an employee's role.

7.2. Medicines must only be administered to one person at a time. The whole procedure of administering a medicine to an individual should be carried out by employee(s) without being distracted by other tasks until the procedure has ended.

7.3. Medicines must be taken directly from the original container as supplied or purchased. Prescription medicines must be supplied and labelled by a pharmacist, or from a monitored dosing system supplied by a pharmacy.

7.4. Medicines should only be prepared for administration (e.g. by drawing into a syringe) immediately prior to use. If a medicine administration will take a long time (e.g. through a pump, or by a person drinking a solution over a long period of time) robust procedures should be in place within the service to ensure the medicine is not contaminated or consumed by others.

7.5. Employees must never administer a medicine that has been prepared by another, including next of kin, unless they have witnessed the whole procedure.

7.6. Normal hand washing should be carried out before and after each medicine administration session to an individual person and therefore between providing care for each person we support.

7.7. Medicines will not be altered in any way (e.g. tablets will not be crushed or capsules opened or liquids diluted) unless agreed by prescriber and pharmacist and documented on the MAR.

7.8. Gloves should be worn by all employees if it is necessary to prepare tablets/capsules for administration by crushing or splitting them and when administering medicines with carcinogenic/mutagenic potential (refer to appendix F). The gloves should be disposed of after administration.

7.9. Medicine administration will be carried out by an employee who has received appropriate training and been deemed as competent by a competent assessor. Wherever possible a second trained employee must check every stage of the process (including the person to whom the medicine is administered) and countersign the MAR. Both signatories carry equal responsibility for the administration of the medicines.

7.10. If a competent and trained employee is working alone with one named person (e.g. in the Shapes or Supported Living services) they may administer medicines without a second employee checking.

7.11. The dignity of the person supported will be maintained as much as possible throughout the procedure of administering medicines.

7.12. The person supported will be involved in the administration of their medicines as much as possible. The co-operation of that person, according to their ability, will be gained before each administration of a medicine. In exceptional circumstances it may be regarded as in a person's best interests to administer medicine "covertly". This decision will be reached by a group of people (best interest meeting) including next of kin, the prescriber and manager of the service, and will be documented in the care plan. A template for this is provided in appendix K. This decision will be reviewed regularly and at least annually.

7.13. If a regular medicine is not administered, the reason should be documented on the MAR.

7.14. If a medicine is administered orally or enterally and the person we support vomits within an hour this should be recorded on the MAR. Likewise if a medicine is administered rectally and a person has a bowel action within 60 minutes this should be recorded on the MAR.

7.15. If a person's next of kin is present and administers a medicine, this is at their sole discretion and Diverse Abilities assumes no responsibility for this action. No

record need be kept of this unless it is a medicine normally administered by Diverse Abilities employees, in which case the MAR should be used to record why Diverse Abilities have not administered that dose.

7.16. If a controlled drug is administered, this should be recorded in the controlled drugs book for that service.

7.17. **As and when required medicines (PRN medicines) and variable doses.**

7.17.1. Certain medicines will be required only in specific circumstances, rather than on a regular basis. Likewise some medicines may be prescribed with a variable dose depending on circumstances. Consent from a registered prescriber and next of kin will be obtained for the administration of such medicines in the same way as for regular medicines. In addition, instructions on the circumstances under which the medicine should be administered will be clearly documented on the MAR, along with instructions regarding frequency, minimum and maximum doses and maximum allowed in a 24 hour period.

7.17.2. A person's care plan should document how they demonstrate the need for PRN medicines, for example, how an employee would know if a person has pain requiring analgesia. An example format can be found in Appendix K.

7.17.3. If a medicine prescribed for PRN use is administered frequently, or if the medicine does not have the expected effect, the person supported should be referred back to the prescriber for a review of their medicines.

7.17.4. The exact time of administration and the amount given must be recorded on the MAR sheet. Both individuals involved in checking and administering the medicine should sign the MAR and carry equal responsibility for the administration.

**7.18. Over the Counter (OTC) medicines and complementary therapies**

7.18.1. Over the counter medicines or non-prescribed medicines will only be administered within Diverse Abilities with the agreement of a pharmacist or a registered prescriber. Due to the complex health needs of many of the people we support, within Diverse Abilities all other medicines must be authorised in the same way as prescription only medicines to avoid problems of interactions and adverse effects.

7.18.2. There are a small number of borderline topical products (see appendix E) which can normally be treated as toiletries/cosmetics and applied without further authorisation. These should usually be supplied by the person supported

or the person responsible. However, these products may also be prescribed as treatment for a medical condition by a health care professional. If this occurs, the product should be treated as an "over the counter" medicine for the duration of treatment and recorded on a MAR chart. When the medical condition has resolved, the MAR sheet can be discontinued.

7.18.3. The people we support and/or their next of kin may wish to use complementary therapies. Due to the risk of interactions and adverse effects, the same procedures should be undertaken for complementary therapies as for prescribed medicines. Written directions should be obtained from a person qualified and accredited in the particular therapy, along with consent from the physician normally co-ordinating the person's care who will be aware of their normal medicines and from the person supported or their next of kin. The Diverse Abilities employee administering the treatment will be accountable for their actions in the same way as they are when administering prescribed medicine, therefore must ensure that they have sufficient training and skills to carry out the procedure correctly and safely.

7.18.4. Diverse Abilities employees will not offer advice or recommendations to service users regarding over-the-counter medicines or complementary therapies unless they are qualified to do so, registered with a relevant professional body and allowed to do so in the terms of their job description.

7.18.5. Any complementary therapist who visits a service may only treat a person we support with the full knowledge and consent of the person responsible for decision making for that person (parent, deputy or best interest group). Complementary therapists should take full responsibility for their work with the people we support and Diverse Abilities cannot be held accountable for their actions. Service managers should have due diligence in ascertaining that visitors are appropriately qualified to provide therapy and follow the policies of the service.

## 8. Disposal of medicines

8.1. Medicines that are no longer required by a person must be disposed of in the correct way. This includes medicines that are discontinued, medicines that are beyond their expiry date, medicines that have been spoilt in some way and excess quantities of medicines.

### 8.2. For Children's Services and Beehive Day Centre:

8.2.1. This is usually the responsibility of a person's next of kin in which case the medicine should be returned to the next of kin. If this is not possible the medicine should be taken to a pharmacy for disposal. The amount disposed of and the current balance left in stock should be recorded on the MAR.

8.2.2. Single doses of medicines (e.g. a tablet that has fallen on the floor or a dose of liquid that has been drawn up in error) other than controlled drugs, that need to be discarded may be disposed of in a yellow clinical waste bin unless the environment is a domestic home in which case next of kin should be asked to dispose of the medicine.

8.2.3. Single doses of controlled drugs must be disposed of as 8.2.1. The amount discarded and the current balance in stock must be recorded in the controlled drugs book.

8.2.4. If liquid or medicines need to be taken to a pharmacy for disposal, they should either be in the original container or placed in a leakproof container. The lid should be sealed with a label that clearly states "WASTE MEDICINE FOR DISCARDING" with a date and signature. These products should be stored in a separate area of the medicine cabinet until they can be taken to a pharmacy which should happen within a week.

8.2.5. Cytotoxic drugs such as methotrexate must be disposed of in a separate yellow bin, clearly labelled for "cytotoxic" waste. These bins can be obtained from either the Children's Community Nurses or from a pharmacy/GP. Care should be taken not to overfill yellow bins above the filling line.

### 8.3. For Supported Living Services

8.3.1. Any medicines no longer required, including single doses, should be taken to a pharmacy for disposal. Under no circumstances should any medicines be disposed of in a normal waste bin. The amount disposed of and the current balance left in stock should be recorded on the MAR. Prepare the medicine for disposal as stated in 8.2.4.

## 9. Errors and adverse events

9.1. It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents in the administration of medicines. It is important to distinguish between adverse incidents which are not the result of direct action by an employee, mistakes that are made due to causes such as pressure of work and

malpractice where the incident is a result of reckless or incompetent work or is concealed.

9.2. In the event of an error or adverse incident, the most senior employee available on site should be made aware of the incident. This should take place as soon as possible. They should then make their first priority the immediate safety of the people we support. The person affected by the error or incident should be checked and appropriate measures taken to reduce the impact of the error. This will be likely to include contacting an appropriate registered prescriber, pharmacist or advice service ("111") and implementing any advice given.

9.3. In the case of a child or a person who does not have mental capacity the person's next of kin/representative should be informed of the error or incident, the immediate steps that have been taken and assured that the incident will be investigated. If not already involved, a member of the senior management team will be informed of the incident. The incident and immediate action taken should be recorded in the records of the person we support as soon as possible or on the same day as the incident took place.

9.4. If the person affected by the error or incident is supported by social services and/or has a lead professional (health or social care) then the lead professional should be informed of the incident as soon as possible.

9.5. If the incident involves a controlled drug the above policy will be followed, but in addition it must be borne in mind that a criminal offence may have been committed (e.g. if controlled drugs are missing). The senior employee must contact the senior manager on call in the case of any adverse incident involving controlled drugs and a decision should then be taken as to whether police involvement is necessary.

9.6. When these actions have taken place the employee(s) who made the error and/or noticed the incident will be asked to complete a medicine incident report to record the circumstances (appendix M).

9.7. Errors that have had an impact or potentially had an impact on a person we support must be reported to the commissioning service, local authority or social services as appropriate.

9.8. A thorough investigation should be conducted by the senior employee taking into account:

9.8.1. Environmental factors.

9.8.2. Pressures of work.

9.8.3. System failures.

9.8.4. History of similar incidents with the same or different employee.

9.8.5. Attitudes of the employee(s) concerned to the incident.

9.9. Adverse incidents (such as recognising poor practice by another organisation or a family member) that are not the result of the actions of an employee should not be treated as errors. Employees who highlight unsafe practice are safeguarding the people we support and will be encouraged to discuss concerns in an open and supportive environment.

9.10. The actions to follow after such an investigation are at the discretion of the manager concerned, but it should not be an automatic course of action to take disciplinary measures against an employee who has made a medicine error that is a genuine mistake. It is important that actions are seen to be consistent across Diverse Abilities. However the very different nature of the various services may necessitate different action, e.g. an employee working in a team may be safe to continue administering medicines with the supervision and support of colleagues, but this is not an available option for employees in lone working situations, e.g. supported living. In all situations the employee(s) concerned should be encouraged to reflect on the incident to identify areas of good practice and areas for improvement.

9.11. Actions may include:

9.11.1. Informal discussion with an employee.

9.11.2. Review of policies, procedures and documentation.

9.11.3. Suspension of an employee from administering medicines until specified criteria has been met (e.g. further training).

9.11.4. Requiring employee to be supervised in medicine administration until specified criteria has been met

9.11.5. Disciplinary proceedings instigated.

9.12. The actions taken should be recorded on the medicine incident report.

9.13. Medicine incident reports should be collated, summarised and stored by the manager of each service. These forms should be reviewed by each service on a regular basis to detect patterns of incidents. If a pattern of errors/incidents is noticed concerning one employee, disciplinary action may be necessary. A copy of each

incident report that relates to any employee in any way will be sent to the HR department.

9.14. Patterns of incidents concerning systems, documentation or pressure of work should be shared across the organisation in order to continually improve working practices.

9.15. The incident should not appear on the employment record of an employee unless the incident is judged to be a disciplinary matter and/or the employee is suspended from administering medicines.

9.16. Managing a medicine error or incident can be a distressing experience for all employees involved. Appropriate support should be provided for all those concerned to ensure that the people we support are kept safe and that we learn from mistakes and adverse incidents.

## 10.Training

### 10.1. General training

10.1.1. All employees who work directly with the people we support will receive brief, basic medicine awareness training on entering employment with Diverse Abilities as part of their induction programme. This will include an introduction to the medicine policy and instructions not to be involved with the medicine administration process until further training has been satisfactorily completed.

### 10.2. Basic training

10.2.1. Training in the administration of medicines involves both theoretical training and practical competency assessment (a more detailed breakdown of the training process is in appendix H.)

10.2.2. Employees may not take part in medicine administration until they have received basic training and been assessed as competent by a competent assessor (see 10.3).

10.2.3. All employees who will administer medicines as part of their role will be given a competency document to record clinical skills training and competence. This will be kept in their normal place of work. Employees are responsible for ensuring this is up to date and available for inspection at all times.

10.2.4. If an employee is not deemed to be competent after training, they will need to go through the training process again. If an employee fails to meet the

standards a second time they must meet with their manager and their role in Diverse Abilities should be discussed.

10.2.5. Registered health professionals (e.g. nurses, physiotherapists) will follow the same clinical skills programme as other staff, but will be expected to be responsible for assessing their own competence and clinical skills in line with their professional regulation. They will also be expected to extend their skills as needed for their work by attending external training and courses and participating in other relevant CPD (Continual Professional Development) activities. These can be recorded on the competency document.

10.2.6. Theoretical training must be updated at least every two years by attending a refresher course or completing an appropriate distance learning/online training module. Employees are welcome to ask for additional training and support at any time. This should be raised with line managers.

10.2.7. Regular competency assessment (at least annually) of employees clinical skills in administering medicines will be carried out by assessors. This will be recorded on the competency document.

### 10.3. Assessors

10.3.1. Competent assessors will include the managers of services, registered nurses, pharmacists and experienced lead support workers as determined by managers.

10.3.2. Assessors must be regularly involved and experienced in administering medicines and familiar with the training package and medicine policy.

10.3.3. Assessors are responsible for keeping up to date with current knowledge by continuing professional development that will include communicating with appropriate health care professionals, attending appropriate study days, checking latest advice from the Medicine and Healthcare Regulatory Authority and being alert to new national and local policies and guidelines.

10.3.4. All assessors should attend training in competency assessment at least every two years.

### 10.4. Training in administering medicines by specialist techniques

10.4.1. Basic medicine training as detailed above covers giving medicine by mouth, application to the skin, installation of eye, nose or ear drops and inhaled medicine.

10.4.2. For examples of specialised techniques of administering medicine see appendix B.

10.4.3. Any clinical procedure that is delegated to employees who are not registered health care professionals should be risk assessed for safety and appropriateness. This will be held in the clinical skills guidelines for the most common clinical tasks, or in an individual care plan for tasks that are less common. Appropriate advice must be sought and documented from relevant health professionals.

10.4.4. Training to administer medicines by a specialist technique, including as part of emergency procedures will be provided as part of the clinical skills training programme. The training will include both theory and competency assessment and the level of skill acquired by the employee will be indicated.

10.4.5. The health care professional providing the training should have an appropriate nursing/medical or therapy qualification, be registered with the appropriate governing body for their profession. They should also have a relevant teaching and assessing qualification. They must have a minimum of two years' experience of practicing the particular skill they are teaching and keep their own knowledge and skills current by attending training courses/seminars/conferences as appropriate.

10.4.6. Certain medicine administration, such as the administration of buccal midazolam, is covered by specific local or national training guidelines which will be followed by Diverse Abilities.