

# Domiciliary Care Service User Guide

## **Welcome...**

Welcome to J.A.D Direct Ltd. This guide gives you information about our agency and what we can offer.

We will provide you with the assistance you need as detailed in your care plan. This has been drawn up and agreed with you, following an assessment of need by the General Manager / Team Leader / Social Worker or representative.

The guide gives you information about what you can expect and what to do if you are unhappy about the support you are receiving.

## **Aims & Objectives**

J.A.D Direct Ltd is a domiciliary service that offers individuals the opportunity to live independently at home, with an individualised package of support. We also offer an Outreach Service for children and young people aged 4-18 years.

The service offers the opportunity for individuals living at home, to have the support of trained staff to develop, maintain welfare and choice, support with daily living skills, support with emotional needs, support with personal care, whilst maintaining a level of independence at home and empowering the individual.

J.A.D Direct Ltd wants to offer a managed service that offers a positive, fulfilled future to those who need assistance and be able to see individuals maintain self respect, confidence, skills, life-style and prospects that are comfortable and at a level that they feel is possible for them to manage independently whilst remaining in their own environment plus within their local community.

We pride ourselves in offering this opportunity to an individual for as long as they need it without the restrictions of time, and individualising, reviewing and managing their needs, with their input and making support a success.

Person centred care forms the core of the service we provide and our staff are committed to meeting our aims and objectives:

- To deliver a service of the highest quality that will improve and sustain the individual Service User's overall quality of life.
- To ensure that the service is delivered flexibly, attentively and in a non-discriminatory fashion while respecting each individual Service User's right to independence, privacy, dignity, fulfillment, and the rights to make informed choices and to take risks.
- To ensure that each individual Service User's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.
- To match the nominated support worker as closely as possible with the individual Service Users and respecting the need to change the support worker in the event of subsequent non-compatibility.

- To manage the care service efficiently and effectively to make best use of resources and to maximise value for money for the Purchaser / Service User.
- To involve individual Service Users and Carers in the provisions, management and development of services which will be monitored regularly as part of the quality assurance framework ensuring that the services run in the best interests of all our individual Service Users.

To ensure that all individual Service Users are aware of the procedures of making compliments, comments and complaints.

## **Who We Are**

### **Our Philosophy**

JAD Direct Limited is a domiciliary care agency, founded in 2009 by the company directors Angela Jackson and Danielle Manley.

The organisation provides care for adults living in their own homes and an outreach service for children and young people aged between 4 to 18 years. As a service we believe that where possible, all individuals should have the opportunity to live and receive outreach support from within their home environment and to have a choice of support that is right for them.

JAD Direct Limited are able to provide an individualised package of support for individuals aged 4+ with learning difficulties, mental health needs, challenging behaviour, sensory impairment, physical disabilities, complex health and personal care needs, the elderly, those suffering with dementia and also palliative care.

The provision for domiciliary care is evolving and reflects changes at the interface between health and social care. JAD Direct Ltd has developed in order to display a commitment to continuous improvement, quality services and support, which assures an excellent quality of life and health for the individuals and which contributes to maintaining their development, independence, privacy, dignity, life fulfillment and the right to make informed choices and to take risks.

As an organisation we also provide an accommodation officer who if needed can help to assist and facilitate all accommodation requirements including moving on independently, progression from children's to adult services, discharge from hospital, completion of college placement, a change in circumstances to any current living situations or finding the right property to fulfill your needs and requirements all within a community of choice.

Our mission is to be the leading provider of specialist health and social domiciliary care and the preferred partner of public sector purchasing.

The organisation operates from the company's offices at Unit 37, Nelsons Business Park, Long Lane, Aintree, Liverpool L9 7BN. The premises are secure, suitable and equipped for the purpose.

### **Caring for the future**

JAD Direct Limited is a domiciliary care service that offers the opportunity to live independently at home, whilst being provided with a tailor made, personalised package of support.

The agency also provides a Children's Outreach Service for children and young people aged 4 to 18 years. The service offers the opportunity for individuals living at home to have the support of trained staff, to maintain welfare and choice, support with daily living skills, emotional needs support with personal care whilst maintaining a level of independence and empowering the individual.

A full and comprehensive assessment is carried out for each individual. This will be inclusive of the individual, however where required input and feedback from family, schools and colleges, advocate, staff teams and any other relevant parties is very much valued.

Everyone is treated as an individual, ensuring all needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.

We strive to provide an open positive inclusive stimulating and secure atmosphere where the individual feels comfortable and confident with the care they receive and from the staff team who provide their package.

As an organisation we collaborate with other services / professionals to maximise independence and to ensure the individuals inclusion into their community.

For all Children and Young People Outreach Services information, please see our specialised brochure and website. [www.jadchildrensservices.com](http://www.jadchildrensservices.com)

## **An Overview Of The Delivery Of Your Care**

The Manager / Responsible Individual will visit you, your family or representative and undertake an assessment of your needs. They will carry out a social care assessment with you to identify what support you may require at home, or in the community to meet your needs. A copy of this assessment will be left in your home for reference by your Support Worker/s.

The Manager / Responsible Individual will also conduct a basic Risk Assessment in order to ensure that work can be undertaken safely in your home. If required a Moving and Handling Risk Assessment will also be undertaken in order to identify any equipment and/or handling techniques needed for care and support to continue to be provided. A copy of these assessments and a Care Plan will be left in your home for reference by your Support Worker.

A Service User Log Sheet will also be left with a Care Plan pack. This will be used by the Support Worker to record information about their visit and a summary of tasks carried out and provides information for other Support Workers, Relatives, Doctors and Health Visitors.

Your Care Plan and Risk Assessment will be formally reviewed 3 monthly by a Senior Support Worker or Manager to see if your needs have changed. However, Support Workers will monitor your Care Plan and if at any time it is felt your needs have changed he/she will let your Manager know.

The name and contact number of the Manager / Responsible Individual who will be responsible for your care is:

Manager: Danielle Manley – 07881606781  
Angela Jackson – 07930865059

You can contact these persons if you have any queries or concerns about the service we provide to you.

## **What Range of Support Needs can we meet?**

- Staffing to meet the needs of individual Service Users for 365 Days of the Year
- 24-Hour On-Call Support Service
- Fully Trained Support Staff
- Fully Trained Support Staff in Epilepsy, Learning Disabilities, Physical Disabilities, Autism, Challenging Behaviour Awareness, Sensory impairments, Mental Health, Palliative Care.
- Fully Trained Support Staff to deliver standards for all forms of disabilities
- Fully Trained Support Staff to deliver Daily Living Skills to the individual Service Users and are aware of the importance of maintaining Dignity and Privacy at all times
- Meal preparation

- Domestic tasks
- Shopping
- Access to community and social inclusion. (Outreach)
- Assistance and support to attend healthcare appointments, dentist, doctors, clinics etc.

An individual Service User Care Plan is produced through consultation with each user, including information about care needs, wishes', preferences and personal goals.

Key personal and care support is provided with:

- Dressing and un-dressing
- Bathing, washing, shaving and oral hygiene
- Toilet and continence requirements
- Medication requirements and other health related activities
- Manual handling
- Assisting with feeding needs
- Handling personal possessions and documents.

Specialist tasks:

There are aspects of the service that we provide which require our carers to be trained specifically to undertake such tasks. The Care Worker will be trained in the procedure before performing the task with the individual Service User, and a trainer with a relevant qualification will sign a form to indicate that the Support Worker has completed the training and is competent in undertaking the task.

Tasks requiring specialist training include:

- Assisting with artificial feeding (except medication)
- Catheter care – changing bags, monitoring output
- Assistance with eye or ear drops
- Ileostomy and Colostomy care – changing of bags
- Skin prick tests for diabetics

Support Workers will NOT undertake tasks that require the skills and expertise of clinical professionals. Such tasks include:

- Toe and nail cutting
- Ear syringing
- Removing or replacing urinary catheters
- Bowel evacuations
- Bladder wash outs

- Injections – involving assembling syringes, administering intravenously controlled drugs
- Filling of oxygen cylinders
- Lifting from the floor unaided
- Tracheotomy care – changing tubes
- Any invasive procedures.

JAD Direct Ltd does not provide nursing care services, at this time

### **What can you expect from our Support Staff**

Your Support Worker should:

- Complete the tasks in your Care Plan
- Arrive as near as possible to the time stated in the Care Plan. If, however they are delayed by an emergency or road conditions every effort will be made to contact you.
- Wear a uniform with the I.D badge including JAD Direct Ltd information, which will be shown at assessment
- Be polite and courteous
- Maintain a good standard of appearance
- Keep all your personal and financial matters strictly confidential
- Respect your rights and dignity and promote your independence at all times
- Respond to changes in your needs and help to put you in touch with other agencies when necessary
- Show respect for your home, belongings and personal standards
- Have the knowledge, skills and competence to carry out their work with you the individual Service User and the operation of JAD Direct Ltd.

JAD Direct Ltd believes that its individual Service Users have a right to speak freely about how the service is organised, run and how it develops over time, as it will impact on themselves the greatest. In accordance with this belief we offer the following strategies to maintain individual Service User involvement:

- Three monthly individual Service User visits from the Manager / Responsible Individual where there is an opportunity for the individual Service User to express how they are feeling, how their support is, what changes they feel are needed and we also take this opportunity to review any Policies and Procedures so that the individual Service Users have involvement of how these are written, their content and how these should be published in accordance with the needs of each individual in mind for example, Braille, Large print, Language etc.
- Care planning: It is here where the individual Service Users can impact the service we provide them in accordance with their needs. At this point which is regularly reviewed, the individual Service User's needs are planned according to the time available to their support. We can use this time to specifically target the areas where they feel their support is most needed, but allows us to work alongside the individual Service User in ensuring that their package of support is based around them and concentrates on Person Centred Planning.
- Annual Quality Assurance: With any service provider there is an importance to assess, improve and develop the service you provide, and the best judges are the people who receive the service. As part of the service

we have an annual quality assurance check that involves questionnaires, meetings planning, all of which the individual Service Users are involved in to ensure that their service, support and specific needs are being met.

These are just three of the ways we intend for our Service Users to be involved in the operation of JAD Direct Ltd.

## **Complaints Procedure**

Within JAD Direct Ltd we have a Complaints Policy and Procedure. The Complaints Policy and Procedure is there to support all levels from the individual Service User to employees to family, friends and Managers. All Complaints made are completely confidential. JAD Direct Ltd as a service commit to deal with complaints within the Management Team swiftly and in an appropriate manner.

## **Complaints, Concerns, Comments & Compliments**

With respect to individual Service User's feedback concerning the Quality of Care Services provided this information is formally reviewed for content and possible action. These reviews classify individual Service User feedback as follows, and is considered as positive through to negative feedback:

Types of feedback

Compliments – positive input regarding aspects of the Care Service

Comments – still positive, but possible scope for improvement

Concerns – negative feedback where action may be required to address a problem

Complaints – serious concerns on the part of the individual Service User, requiring formal action as described below:

There is a formal process for the management and handling of complaints from individual Service Users. This is documented in the complaints procedure. The Policy provides for appropriate investigation and a timely response to the complainant, and if required the means for the individual Service User to take the complaint to the appropriate regulatory authorities. This is explained in the Service User Guide and the individual Service User is also made aware of the right to complain prior to finalising the Care Service Contract.

To ensure that the service we provide matches your needs and your expectations we welcome any comments you may care to make.

As one of our clients you are perfectly entitled to make complaints at any time. If you wish to complain about the service you receive from us then you should follow the steps below:

- If possible the problem should be discussed with the person providing the service or your Manager who will do their best to resolve the problem quickly.
- If you feel unable to discuss the problem with your Manager or you feel they are unable to solve the problem then you should contact a proprietor.
- If possible at this stage you should record your complaint in writing and send it to JAD Direct Ltd. You may wish to ask a friend or relative to write out the complaint for you, which if possible you should sign.
- If you are not happy about making the complaint yourself and you do not know someone who is prepared to talk to us on your behalf, we will be happy to find someone from an independent organisation to act as an advocate for you.
- If we receive a written complaint it may take a little time to consider it fully but we will write to you within one week to acknowledge receipt of the complaint and inform you of the steps we are taking to resolve it.

- If no immediate solution is found we will investigate the complaint fully, contacting those concerned. We will then write to you within a further three weeks with details of our findings, any action we have taken, and proposals to resolve your complaint.
- If at any stage in the proceedings you feel your complaint has not been dealt with you can contact the Care Quality Commission (CQC), see overleaf for contact details.
- It is the policy of the Organisation to strive to ensure that compliments outweigh complaints.

If at any stage in the proceedings you feel your complaint has not been dealt with you can contact the CQC. This is a national body which regulated the conduct of Domiciliary Care Agencies in England. There are a number of Regional Offices from which Commissioners carry out their duties. The address of the CQC Regional Office which is responsible for regulating your care is:]

CQC  
National Customer Services Centre  
City Gate  
Gallow Gate  
Newcastle-Upon-Tyne  
NE1 4PA

JAD Direct Ltd ensures that its entire staff are highly skilled and are trained in identifying abuse situations and providing a service that safeguards protection of vulnerable adults, children and young people. We employ in-depth policies which all our Support Workers are aware of and practice, and follow the steps to take if they have any concerns regarding possible abuse situations. However, if you are concerned about such a situation your first step is to contact the registered Manager who will instigate the company's abuse procedure.

### **Access to JAD Direct Ltd**

We naturally want to ensure that all individual Service Users who wish to use our service are fully informed before they make their choice, and where needed a family member / advocate also have access to this information. We aim to ensure that the commencement of our service is structured and smooth ensuring that the individual Service User remains calm, informed, involved and key to reduce the prospect of uncertainty.

We have a Policy Procedure in place for Admissions into JAD Direct Ltd and feel that the initial stage of the Admission is for the Management of JAD Direct Ltd to visit the Service User at their home. This visit is kept informal, introducing ourselves and the service to the individual Service User or representative. We keep this informal to create security and safety for the individual Service User and to ensure the consultation period remains calm from the beginning to support commencing. At this meeting we will carry out an Assessment to establish the needs of the individual Service User. This needs to be inclusive of the individual Service User, however where required input and feedback from family, school / advocates is very much valued. The Assessment will cover such topics as Individual Support Needs, Current Health Needs, Choices, Behavioural Issues, Medication and Religious and Cultural Needs. There are more areas and the scope is open to discussion and honest communication with all parties involved. From this initial assessment, establishing the care needs could be met, we would offer the individual Service User an opportunity to meet some of the Support Team. This would also be an informal visit that would allow the individual Service User the opportunity to meet with the staff, and ask any questions that they may have. This integration process will help join the period prior to support commencing. When the individual Service User is happy with the service and agrees that this is the choice they wish to make in which they want to receive support we would agree with Care Management a date, but would also offer at least eight weeks revisionary period with the individual. We will deliver support and empathy at both levels of Admission maintaining certainty and security throughout. JAD Direct Ltd will not offer a service if we feel we cannot meet the full needs that the individual Service User requires, as this would prove detrimental to the welfare of the individual. We see this as a support process and minimal disturbance to their lives. It is important to include, offer choice and create independence for the individual Service User, encouraging them to maintain aspects within their lives.



## **Religious and Cultural Services**

We understand that every individual Service User has their own independence choice and possible variation of culture and religion. Within JAD Direct Ltd we promote this and at all times offer ways in which we can accommodate these needs. This may involve bringing the need to the individual's Service User's home or visiting a local venue, whether this is a church, mosque, spiritualist environment, we will endeavour to meet the need. Naturally we extend this to Festive and Religious Occasions where we may need to cater for their specific needs. For example Ramadan, Christmas and extend this to areas such as Chinese New Year. Every culture is different and we embrace this and all of the Support Staff would be given the required information to ensure their understanding.

## **Care Planning and Risk Assessment**

At JAD Direct Ltd we feel that successful Care Planning impacts significantly on the welfare of the individual Service User. We have a Care Planning System that is fully detailed and designed to meet all aspects of care for the individual Service User. The layout of this is user friendly and meets all aspects of Dignity, Respect and Privacy of the individual Service User. At every stage of the Care Planning Process we welcome input from individual Service User, school, college, family, friends and Care Management Professionals. We commit to review Care Plans and Risk Assessments on a monthly basis and make any necessary changes that are agreed with the individual Service User. There are occasions where we need to make changes where the individual Service User is unable to communicate with us, we will seek advice and commitment from family and Care Management teams.

As part of our Care Planning Process we will hold Six Monthly Review Meetings to ensure that the service we provide and the provision of support still meets with the needs of the individual Service User. It is important that all parties involved in the individual Service User's life are involved in this in addition to the individual Service User, and you will be invited accordingly by letter at least two weeks prior to the meeting. You will have access to the Care Plans and Risk Assessments prior to the meeting enabling you to prepare comments, feedbacks and possible suggestions that you wish to put forward. This is agreed prior to the meeting with the individual Service User and the Care Management Team. Our ultimate objective is to provide well established, well prepared and informed Care Planning for our individual Service User to empower them in a safe and agreed way.

## **CONFIDENTIALITY POLICY**

JAD Direct Ltd recognises that there are circumstances in which it would be necessary to share confidential information and it therefore adopts the following policy guidelines in order to protect tenants, staff and individual Service Users.

JAD Direct Ltd

Information will only be shared on a "need to know basis" when it is in the best interest of the individual Service User.

Confidentiality must never be confused with secrecy.

Informed consent should be obtained but, if this is not possible and others are at risk, it may be necessary to override this requirement.

Decisions about who needs to know and what needs to be known should be taken on a case-by-case basis.

Confidentiality designed to protect the management interests of an organisation must never be allowed to conflict with those designed to promote the interest of the individual Service User.

In certain circumstances it would be necessary to exchange or disclose personal information. Therefore in these circumstances information will need to be shared in accordance with the Data Protection Act 1998 where this applies.



## **CONFIDENTIALITY POLICY**

### **Good Practice Guidelines**

Whilst papers and records belong to JAD Direct Ltd, staff should be aware that information contained within them belongs to the individual Service User and as such the views and wishes of the individual Service User should be respected when sharing the information they give.

The individual Service User must agree before any information is shared with other associated professionals.

Information should only be shared for the purpose of providing support for the protection of the individual Service User.

Staff should always act in a professional manner.

It is vital that all staff observes the upmost discretion with regard to their duties.

Staff should always remember that all information held on the individual Service User, or staff is strictly confidential.

Discussion on matters relating to individual Service User / Staff should, at all times, be conducted in a professional manner and in private. It is particularly important that in such situations staff do not talk about one individual Service User to, or in front of, another individual Service User or in the proximity of relatives or other members of staff not within the working team for the individual Service User. No information relating to individual Service User's specific support should be given to relatives or visitors other than by the Manager.

Idle gossip has zero tolerance in JAD Direct Ltd. Staff should be aware that breach of this policy, will result in disciplinary action and could lead to dismissal.

### **Procedure**

Decisions about sharing information need to be taken on a case by case basis. Therefore, before you share information you need to ask yourself the following questions:

Do I have permission of the Service User to disclose personal information?

Do I have the permission of the Proprietor to disclose employment / work related information?

Are other people at risk?

Do I have the correct level of seniority to disclose this information?

The sharing of information must always be discussed with the individual Service User, Senior Manager or Proprietor.

## **ACCEPTANCE OF GIFTS & GRATUITIES POLICY**

JAD Direct Ltd is concerned that the individual Service User, or representative, family and friends, may place members of staff in a difficult position by asking them to accept gifts or to assist them in the preparation of wills, deeds of gifts, or any other document purporting to transfer property. JAD Direct Ltd are also concerned that Service Users may bequeath gifts to employees of JAD Direct Ltd which could subsequently be disputed by the individual Service User's relatives or beneficiaries. You will appreciate that this could cause embarrassment to you and to the organisation.

CQC and the National Minimum Standards expect JAD Direct Ltd to provide all employees with written guidance on this matter.

In order to reduce the risk of any misunderstanding that undue influence has been used by you, JAD Direct Ltd would like to draw your attention to the dangers which exist, and to point out that you should not accept

gifts or money from individual Service Users bequeath under their wills. You should notify your Manager or the Proprietor immediately if you suspect that any such gift or bequeath is made. If, however, a individual Service User insists on making a gift, then they must be advised to seek advice from their Manager or the Proprietors, who may choose to refer the matter to the Registration Authority. CQC have asked that JAD Direct Ltd communicates the following to you:

“Staff or their relatives must not agree to be an executor of an individual Service User’s, (Service Users) will. Staff or their relatives must not accept gifts or agree to be a beneficiary of a individual Service User’s will and if they find this is so, they must report this to their Manager or the Proprietors and to the Service User’s Care Manager immediately.”.

In addition you must not help with or offer advice on the preparation of wills, deeds of gift, or any other documentation purporting to transfer property. If a individual Service User wishes to make a will, you should recommend to them that they seek independent advice and assistance, which can be organised by the Manager or the organisation or the Proprietors.

You should also be aware that you must not act as a witness to an individual Service User’s will and in no circumstances become an executor of an individual Service User’s will. If you are asked for advice by individual Service Users, or asked to sign forms of any description, or to be a party to a financial arrangement of their affairs, or are in any doubt about a request of this kind, you should inform your Manager or the Proprietors without delay.

This policy will be reviewed on an annual basis to ensure that it is being effectively implemented.

## **MEDICATING ADMINISTRATION IN THE COMMUNITY POLICY**

### **(Domiciliary Care)**

Contents

1. Introduction
2. Agreements
3. Self Medication
4. Training
5. Containers
6. Safe Storage
7. Administering Medicines
8. Covert Administration of Medicines
9. Safe Disposal
10. Side Effects
11. Recording
12. Monitoring and Review
13. Medication Risk Assessment Guidance
14. Medication Risk Assessment

## **1. Introduction**

Our approach with JAD Direct Ltd, is to promote certain centred assessment when determining intervention with Medication in the community. This includes practical support with understanding medicines, valuing a person's independence and helps them to remain in their own homes.

JAD Direct Ltd believes individual Service Users should be encouraged to administer their own medication to maximise independence and to enable them to keep control of their own lives. It is important that the individual Service User's rights, dignity and independence should be promoted at all times. Assessors need to consider the risks involved in a individual Service User self medicating in consultation with relevant medical professionals, such as doctors, district nurses and pharmacists, so that it can be established so that some will be able to do this completely, some will need supervision and a little assistance but for others the administration of medication will need to be undertaken by a Care Worker.

Where Care Workers administer medication, or assist in the administration of medication, appropriate accredited training and procedural guidance will be in place to safeguard both the individual Service User and the worker.

In assisting in this healthcare task, social care staff and health colleagues will seek to work co-operatively. Domiciliary care – National minimum standards - Standards 10 Medication and health related activities.

## **2. Agreements**

Assistance with medication will only be provided where the individual Service User has been assessed as being unable to administer their own medication (in full or in part), and the exact nature of the assistance specified on the Care Plan, and there is no carer or other appropriate person to do so and other care is being provided when the individual Service User needs assistance with medication. The assistance needed can take a variety of forms and this should be specified on the Care Plan:

### **OPTION 1**

Support on medication requires help ordering and collecting prescriptions and advice on safe storage. In practice family/neighbours and/or pharmacy delivery will be the first option to meet these simple needs.

### **OPTION 2**

On medication, requires supervision with self medication and/or reminding to take medication.

### **OPTION 3**

On medication, requires help to open containers or total medication management, which may include some direct administration.

### **OPTION 4**

Total medication management, which may include some direct administration and invasive procedures.

Assistance with medication will only be provided with the written consent of the Service User, obtained when the care plan is established and again when it is reviewed. Where the individual Service User is deemed to lack mental capacity to consent, consent must be sort from their carer, relative or advocate on the grounds that it is in the individual Service User's best interest. In all cases the individual's general well being and beliefs before they became unable to express their views, must be taken into account as well as their physical health. No-one can give consent to treatment on behalf of another adult but generally health professionals and their colleagues are normally allowed to provide treatment which they believe to be in the best interests of the person, having taken into account the advice from significant persons and carers. Assistance with medication will only be provided when written details of the medication have been obtained from a health professional. Details of the assistance required will be included in the support plan and agreed by the domiciliary care provider. Information, preferably in a printed format must be obtained from an appropriate medical professional such as a GP, pharmacist or prescribing nurse. It is important that the exact nature of the assistance required is recorded on the support plan and time allowed for this procedure. The nature of the help falls into four broad categories:

Verbal reminders to take medication at the correct time.

- Assistance with the preparation of taking the medication e.g. shaking the bottle or removing the lid.
- Giving physical assistance e.g. removing the tablet from a monitored dosage system or container and giving to the individual Service User or pouring a measured dose into a container for the individual Service User to swallow.
- Physically giving the medication or application of a cream or ointment to the skin.

Individual Service Users may wish to treat minor ailments with over the counter preparations (such as paracetamol) or complimentary therapies (such as herbal or homeopathic or ayurvedic remedies or aromatherapy oils). They may be assisted to do so as long as the pharmacist, GP or District Nurse has confirmed that there is no contra-indication with existing medication or an existing medical condition, and a record is kept. If the homely remedy is requested over a period exceeding 48 hours then the Service User must be referred to the GP for his opinion.

Assistance with the use of non-medical, skincare preparations is acceptable as long as the appropriate health professional has confirmed that there is no skin or tissue viability problem and this is recorded and as long as any change to the skin condition is immediately reported to the appropriate healthcare professional and the application ceased.

Social care staff must not administer controlled drugs or cytotoxic drugs.

## **MEDICATING ADMINISTRATION IN THE COMMUNITY**

### **(Domiciliary Care)**

Consent Form

I ..... authorise JAD Direct Ltd to support with assistance in maintaining my medication routine.

Signed: ..... Date: ..... Notes:

### **3. Self-Medication**

If an individual Service User is choosing to administer their own medication, but there are concerns about their ability to do so, this should be referred back to the care manager.

### **4. Training**

All workers will receive medication awareness training as part of their induction.

- Introduction to medicines and prescriptions
- Medicine supply, storage and disposal
- Safe administration of medication
- Quality control and record keeping
- Accountability, responsibility and confidentiality

### **5. Containers**

Medicines must only be administered from an approved and properly labeled container. An approved container should be one that has been supplied by a pharmacist or doctor. Secondary dispensing e.g. by a family member or others is not acceptable in any circumstances. The label on the container will give details of the required dose and may include other instructions (such as “complete the course” or “avoid alcohol”). Instructions such as “as directed” or “1/2 tablets” are not acceptable. Where instructions are unclear the pharmacist, prescribing doctor or prescribing nurse must be contacted for information. Verbal advice obtained in this

way must be recorded on the medication record. Instructions relating to the timing of the taking of medicines (including its relationship with eating) are very important and must be followed. Administration of medicines from a container whose label has been altered is unsafe, unless altered and signed by the individual's GP or prescribing nurse. If a label has been altered in any other way the assistant must alert their line manager who will then contact the doctor, prescribing nurse or pharmacist and seek their advice. Verbal advice obtained in this way must be followed up with a fax and then recorded on the medication record. Containers will usually have child resistance closures. If a Service User is self-medicating (in full or in part), "easy open" containers may be more appropriate and can be arranged by the pharmacist. Where the medication regime is complex and a Service User is experiencing difficulties with compliance or where a number of people are involved in administering medicines or where there are concerns that an individual Service User may take extra doses or where an independent support provider is restricted by the terms of its insurance, the appropriateness of an alternative dispensing method (such as a prefilled compliance aid prepared by a pharmacist or dispensing GP) should be discussed with the GP and the pharmacist, who will need to agree the final arrangements.

## **6. Safe Storage**

An initial risk assessment by an assessor should highlight any particular problems relating to safe storage. There may be issues relating to the storage of certain medicines such as the avoidance of heat and humidity, limited shelf life etc. The safe storage of medicines is the responsibility of the individual Service User or representative but social care staff should assist with this and raise any concerns with their line manager who may then contact the pharmacist or other appropriate healthcare professional or the individual Service User's family. For instance consideration should be given to strong medicines out of reach of any children who may visit. Where a Service User is confused or otherwise thought likely to say additional doses, a safe storage strategy must be considered in co-operation with others involved in the care of the individual, and recorded. Any sign of taking additional doses or of tampering with the container must be reported to the GP or pharmacist and recorded.

## **7. Administering Medicines**

Before taking on the administration of medicines as part of a Care Plan:

1. Social care staff will have undertaken training
2. Have the written consent of the Service User or their representative
3. Written information about the medicines to be administered and the means of administration will be held in the individual Service User's Care Plan and personal file
4. Appropriate recording systems will have been established in the individual Service User's home

When administering medicines, social care staff will:

1. Wash their hands
2. Where a clinical tasks protocol is in place, undertake such preparations and infections control procedures as required
3. Check the individual Service User's identity
4. Explain to the individual Service User what they are about to do and obtain their consent, either verbally or non-verbally
5. Check against the medication record, care plan and risk assessment that the medication has not been changed
6. Check the physical state of the medicines, including the expiry date and labeling and that it has been suitably stored
7. Check the required dose and any special information; such as do not give with milk products

8. Contact the line manager if there are concerns that the dose has been given by somebody else
9. Measure with the supplied liquid measure or count the dose and give it to the individual Service User, if it is not in a compliant aid
10. Record on the medication sheet that the medicine has been given or that it has been offered and refused
11. Return the medicines to a safe storage place as identified on the risk assessment
12. Return the medication record sheet to the individual Service User's notes
13. Wash their hands.

Refused doses of regularly prescribed medication should be reported to the GP, as appropriate, and recorded. Should care staff miss, omit or in any way mal-administer a dose: the error should be reported to the line manager and the relevant health professional consulted. If following consultation with a health professional there is a belief that the error could have led to harm and injury, CQC and the individual Service User's carer must be informed in writing. The error must be recorded on the Service User's file. Errors should be reported as incidence under the accident / incident reporting system. In the few instances where it is necessary to collect medicines from the pharmacist on behalf of the individual Service User, this must be by negotiation with the service provider and any medication collected must be recorded on the medication record.

## **8. Covert Administration of Medication**

Disguising medication in the absence of informed consent may be regarded as deception. A clear distinction should always be made between those individual Service Users who have the capacity to refuse medication and whose refusal should be respected, and those who lack capacity. Among those that lack capacity, a further distinction should always be made between those who of for whom no disguising is necessary because they are unaware that they are receiving medication, and others who would be aware if they were not deceived into thinking otherwise. There may be rare occasions where covert administration may be considered as a necessity to prevent an individual Service User missing out essential treatment. In these circumstances, the care manager must convene a meeting of all the involved professionals and carers and family of the individual Service User to assess the care needs of the individual and how best these can be met. No-one can give consent to treatment on behalf of another adult but generally doctors, nurses and therapists are normally allowed to provide treatment which they believe to be in the best interests of the person taking into account not just their physical health but their general well being and beliefs. The decision must be recorded on the care plan and the details of any covert administration recorded on the individual Service User's medication chart. The stability of medication may be altered by administering it in a covert way, e.g. in food, so this should be checked with the pharmacist.

## **9. Safe Disposal**

Refused or wasted doses should be disposed of by returning them to the pharmacist in the supplied pot or compliant aid. This could be done at the same time as collecting the new prescription. With the consent of the Service User or their carer, medicines that are out of date or not longer used must be returned to the pharmacist for safe disposal and recorded.

## **10. Side Effects**

In the event that the individual Service User expresses concerns about their medication or indicates that they will not follow the prescribed doses regime (e.g. because of side effects) they must be referred to the appropriate healthcare professional.

Where social care staff become aware of any changes in the individual Service User's behaviour or physical condition they must contact their line manager who will pass observations to the appropriate healthcare professional.

## **11. Recording**

Details of the assistance required and the individual Service User's consent will be recorded as part of the Care Plan.

Details of medicines to be administered and their means of administration will be in the individual Service User's file.

Medicines subsequently prescribed will be added to the Service User's file by the Team Leader / Support Staff. The cessation of a particular medicine will also be noted on the Service User's file.

A medication record will also be kept in the individual Service User's home. This will be a clear and current record, signed and dated, and accessible to other care providers (formal and informal). It will record details of prescribed medicines:

1. Record changes and additions to prescribed medicines
2. Note the collection of any prescribed medicines from the pharmacist
3. Note the administration of prescribed medicines and of over the counter preparations
4. Note any refusal of medication, or other concerns, and the action taken to report this
5. Note any concerns about the taking of additional doses or tampering with containers and the action taken to report this
6. Note the disposal, with consent, of any medication
7. Record any verbal advice given by the pharmacist or other healthcare professional.

When the medication record in the individual Service User's home is completed, it will be retained in the individual Service User's home for four weeks and then returned to the line manager's office for safe keeping in compliance with National Minimum standard 10 – Medication and health related activities.

In the event of death of the Service User, all paperwork relating to medication must be returned to the office with any other paperwork as soon as possible.

## **12. Monitoring and Review**

Medication adherence and the appropriateness of administering medication will form a part of the normal review meeting / visit, which will be completed on an annual basis unless there are causes for concern. Concerns about adherence should be referred back to the care manager, care assessor or appropriate health professionals for review. The effectiveness of the policy will be monitored through staff supervision, the incident reporting procedures and the external inspections of CQC.

## **13. Medication Risk Assessment Guidance**

### **Purpose**

This form is used to highlight the risks associated with the administration of medication and the risk reduction measures which can be put in place. It seeks to meet:

Domiciliary Care – National Minimum Care Standards 10.4 and 12

### **The Process**

Risk assessment is the basis of good practice in the delivery of services. The potential individual Service User along with their carers and all involved professionals should be actively involved in the process as sound risk assessment and the reduction of such risks in a systematic way improves the safety of all involved. Consider the number of people involved in the delivery of this service e.g. domiciliary care staff, day centre staff etc as



all will need to be trained and made aware of the assessment and the risk reduction measures. The completed risk assessment should be stored in the home with a copy on the individual Service User's office file and in any other establishments they may access.

When to use the medication risk assessment

When the outcome of an assessment of need highlights that there are medication issues, which need to be addressed for the safety and well being of the individual.

When medication administration is required there are also likely to be issues for the members of staff assisting with this.

Location is the place where the medication takes place and therefore it is possible that there could be more than one location listed.

The level of risk should be identified against the likelihood of an incident occurring and, should it happen, the severity of the consequences e.g. if the Service User has a known history of overdoses which have required emergency medical treatment, then the risk would be high. The initial risk should be identified and assessed and then re-assessed after appropriate control measures have been put in place. It is unrealistic to totally eliminate risk, the aim is to minimise and control it.

Storage arrangements:

The safe keeping of medicines should be seen as a priority both in terms of preserving the efficacy of the medication and by keeping them stored securely to prevent inappropriate use.

Disposal issues:

The safe disposal of medication needs to be addressed. Most pharmacists will provide a bottle for wasted doses. Normally it would be expected that the person who collects the medication would take an active part in its disposal but if the medicines are delivered by the pharmacy, the drivers are not responsible for returning the medication so an alternative must be found.

Compliance / Capabilities issues:

Non-compliance might occur for a variety of reasons. Some people may have memory problems whilst others find it difficult to adhere to a medication regime for physical problems.

Other:

There may be other issues specific to an individual case, which require control measures to be introduced to minimise risk.

## **Safe Keeping of Keys**

JAD Direct Ltd does not allow Support Workers to hold keys to an individual Service User's property.

In emergency situations JAD Direct Ltd will hold keys for a short period of time until the social services department or the individual Service User install a door entry system or key safe. In these situations a written agreement is in place between the purchaser and the company. Where keys are held a sufficient number of keys will be required to cover for emergencies and a signed agreement will be completed by all parties.

Under no circumstances should you give a key to your property directly to a support worker without the expressed written agreement of JAD Direct Ltd.

Accommodation and Meals (Sleep-in duties)

You are required to provide meals for Support workers on residential duty and adequate facilities to rest and sleep for JAD Direct Ltd support workers on sleep-in duties.

## **Travel Expenses**

Where it is necessary for a support worker to use their car or public transport to shop or collect pension monies on your behalf the actual bus fair or travel allowance at the rate of £0.20 per mile will be added to the amount payable on the invoice.

JAD Direct Ltd is there to support individuals who have vulnerability, but to empower these individuals to optimise their lives and create, dignity, independence, social inclusion and choice within their own environment that is specific to their needs. We want to share in their lives and move forward in giving those individuals the belief and self-awareness that they can achieve in life any goals and aspirations that they set for themselves.