

**Welcome to**



**Bespoke Health & Social Care**

**Carer / Nurse Welcome and**

**Induction Handbook**

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## **1. Introduction**

Welcome to Bespoke Health & Social Care. Our aim is to provide an effective healthcare recruitment service to both our Clients and our Workers. We operate nationwide which means regardless of where you are based we will be able to help you find your ideal job. We have built a solid reputation since the company was established and continue to provide a quality service.

This handbook contains policies, procedures and statements that are informative, which will be of assistance to you during each client you care for. It is not practical for such a handbook to cover every situation, which may arise during the course of your work, nor does its content replace any policies and procedures, which may be in place at the local hospital, trust or home to which you are assigned.

You should read it thoroughly and familiarise yourself with the information provided. It is important that you fully understand everything covered in it. Whilst this handbook outlines some of Bespoke Health & Social Care's policies, this is not an exhaustive list but you can find all of our full Policies and Procedures on our website [www.bhsc.care](http://www.bhsc.care)

Parts of the handbook will be updated from time to time to reflect any changes. Whenever this happens we will give you notification.

It is your responsibility to review the changes and seek advice if you do not understand any of the contents of this handbook.

It is important that you thoroughly read through the handbook and understand what is required of you.

If you have any questions please raise them with your Regional Care Manager at the earliest opportunity.

On behalf of all the team, we would like to take this opportunity to welcome you to Bespoke Health & Social Care.

## 2. Agency Worker Handbook Declaration

I have read a copy of the Agency Worker Handbook, which outlines the goals, policies, benefits and expectations of Bespoke Health & Social Care Ltd (BHSC) and its Clients, as well as my responsibilities as an Agency Worker. I have familiarised myself with the contents of this handbook.

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Agency Worker Handbook provided to me by Bespoke Health & Social Care.

I understand this handbook is not intended to cover every situation that may arise whilst on assignment, but is simply a general guide to the goals, policies, practices, benefits and expectations of Bespoke Health & Social Care.

Updates to this manual will happen from time to time. Whenever this happens BHSC will notify me. I agree to familiarise myself with these changes before undertaking any further shifts through BHSC.

I understand that the Staff Handbook is not a contract of employment and should not be deemed as such.

Print Name.....

Profession.....

Registration No (if applicable).....

Signature.....

Date .....

I hereby give permission for Bespoke Health & Social Care to allow access, as a minimum, to my personnel files as part of any official audit, or Client compliance purposes. These personnel files will be viewed in accordance with the requirements of the Data Protection Act 1998.

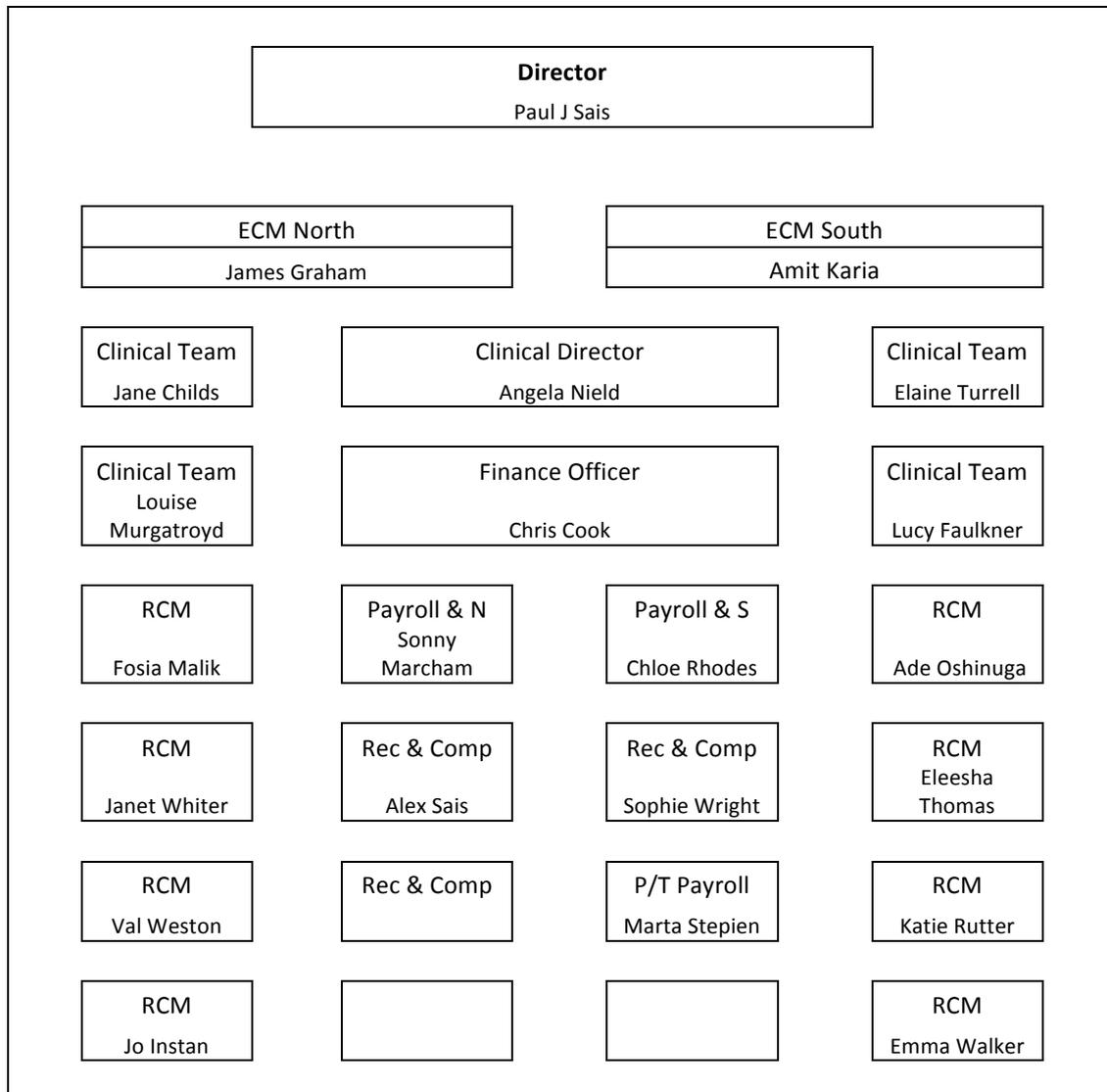
Signature: .....

Date: .....

### 3. BHSC Organisation structure

To meet the team full Bespoke Health & Social Care team please log on to our website

[www.bhsc.care/meet-team/](http://www.bhsc.care/meet-team/)



#### 4. Useful Numbers

Regional Care Manager	
Clinical Support Team	
Bespoke Office Payroll	payroll@bhsc.org.uk
Bespoke Office Payroll	07718 424390
ISS Customer services	0800 028 4211 info@issgroup.co.uk

## 5. CONTRACT FOR SERVICES FOR TEMPORARY WORKERS (TERMS OF ENGAGEMENT)

### 1. DEFINITIONS

1.1. In these Terms of Engagement the following definitions apply: –

“Assignment”	means the period during which the Temporary Worker is supplied to render services to the Client;
“Client”	
“Employment Business”	means Bespoke Health & Social Care Ltd.
“Temporary Worker”	means
“Relevant Period”	means the longer period of either 14 weeks from the first day on which the Temporary Worker worked for the Client, or 8 weeks from the day after the Temporary Worker was last supplied by the Employment Business to the Client.

1.2. Unless the context otherwise requires, references to the singular include the plural.

1.3. The headings contained in these Terms are for convenience only and do not affect their interpretation.

### 2. THE CONTRACT

2.1. These Terms constitute a contract for services between the Employment Business and the Temporary Worker and they govern all Assignments undertaken by the Temporary Worker. However, no contract shall exist between the Employment Business and the Temporary Worker between Assignments.

2.2. For the avoidance of doubt, these Terms shall not give rise to a contract of employment between the Employment Business and the Temporary Worker. The Temporary Worker is engaged as a self-employed worker, although the Employment Business is required to make statutory deductions from the Temporary Worker's remuneration in accordance with clause 4.1.

2.3 No variation or alteration to these Terms shall be valid unless the details of such variation are agreed between the Employment Business and the Temporary Worker and set out in writing and a copy of the varied terms is given to the Temporary Worker stating the date on or after which such varied terms shall apply.

### 3. ASSIGNMENTS

3.1 The Employment Business will endeavour to obtain suitable Assignments for the Temporary Worker to work as a support worker. The Temporary Worker shall not be obliged to accept an Assignment offered by the Employment Business.

### 4 REMUNERATION

4.1 The Employment Business shall pay to the Temporary Worker (via I.S.S) remuneration calculated **at a minimum** hourly rate of £6.70 being the minimum rate of remuneration that the Employment Business reasonably expects to achieve, for all

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hours worked (to the nearest quarter hour) to be paid weekly in arrears, subject to deductions in respect of PAYE pursuant to Sections 44-47 of the Income Tax (Earnings and Pensions) Act 2003 and Class 1 National Insurance Contributions and any other deductions which the Employment Business may be required by law to make.

- 4.2 Subject to any statutory entitlement under the relevant legislation, the Temporary Worker is not entitled to receive payment from the Employment Business or Clients for time not spent on Assignment, whether in respect of holidays, illness or absence for any other reason unless otherwise agreed.

## **5 STATUTORY LEAVE**

- 5.1 For the purposes of calculating entitlement to paid annual leave pursuant to Working Time Regulations 1998 under this clause, the leave year commences on 1<sup>st</sup> (first) of April.

- 5.2 Under the Working Time Regulations 1998, the Temporary Worker is entitled to 5.6 weeks' paid leave pro rata. This will be paid as and when a Temporary Worker works and will be identified on their I.S.S payslip.

- 5.3 Where a Temporary Worker wishes to take leave during the course of an assignment s/he should notify the Employment Business of the dates of his/her intended absence giving notice of at least twice the length of the period of leave that s/he wishes to take. In certain circumstances the Employment Business may give counter-notice to the Temporary Worker to postpone or reduce the amount of leave that the Temporary Worker wishes to take and in such circumstances the Employment Business will inform the Temporary Worker in writing giving at least the same length of notice as the period of leave that has been requested.

- 5.4 Entitlement to payment for leave accrues in proportion to the amount of time worked continuously by the Temporary Worker on Assignment during the leave year. The amount of payment which the Temporary Worker will receive in respect of periods of annual leave taken during the course of an Assignment will be calculated in accordance with and paid in proportion to the number of hours, which the Temporary Worker has worked on Assignment. This holiday entitlement pay will be paid weekly in arrears.

- 5.5 In the course of any Assignment during the first leave year the Temporary Worker is entitled to request leave at the rate of one-twelfth of the Temporary Worker's total holiday entitlement in each month of the leave year.

- 5.6 Where a Bank holiday or other public holiday falls during an Assignment and the Temporary Worker does not work on that day, the public holiday shall count as part of the Temporary Worker's paid annual leave entitlement.

- 5.7 None of the provisions of this clause regarding the statutory entitlement to paid leave shall affect the Temporary Worker's status.

## **6 SICKNESS ABSENCE**

- 6.1 The Temporary Worker may be eligible for Statutory Sick Pay provided that s/he meets the relevant statutory criteria.

- 6.2 Please refer to I.S.S sickness and absence policies.

## **7 TIME SHEETS**

- 7.1 At the end of each week of an Assignment (or at the end of the Assignment where it is for a period of one week or less or is completed before the end of a week) the Temporary Worker shall deliver to the Employment Business a time sheet duly completed to indicate the number of hours worked during the preceding week (or such lesser period) and signed by an authorised representative of the Client.
- 7.2 Subject to clause 7.3 The Employment Business shall pay (via I.S.S) the Temporary Worker for all hours worked regardless of whether the Employment Business has received payment from the Client for those hours.
- 7.3 Where the Temporary Worker fails to submit a properly authenticated time sheet the Employment Business shall, in a timely fashion, conduct further investigations into the hours claimed by the Temporary Worker and the reasons that the Client has refused to sign a timesheet in respect of those hours. This may delay any payment (via I.S.S) due to the Temporary Worker. The Employment Business shall make no payment to the Temporary Worker for hours not worked.
- 7.4 For the avoidance of doubt and for the purposes of the Working Time Regulations, the Temporary Worker's working time shall only consist of those periods during which s/he is carrying out activities or duties for the Client as part of the Assignment. Time spent travelling to the Client's premises; lunch breaks and other rest breaks shall not count as part of the Temporary Worker's working time for these purposes.

## **8 CONDUCT OF ASSIGNMENTS**

- 8.1 The Temporary Worker is not obliged to accept any Assignment offered by the Employment Business but if s/he does so, during every Assignment and afterwards where appropriate, s/he will: –
- a) Co-operate with the Client's reasonable instructions and accept the direction, supervision and control of any responsible person in the Client's organisation;
  - b) Observe any relevant rules and regulations of the Client's establishment (including normal hours of work) to which attention has been drawn or which the Temporary Worker might reasonably be expected to ascertain;
  - c) Take all reasonable steps to safeguard his or her own health and safety and that of any other person who may be present or be affected by his or her actions on the Assignment and comply with the Health and Safety policies and procedures of the Client;
  - d) Not engage in any conduct detrimental to the interests of the Client;
  - e) Not at any time divulge to any person, nor use for his or her own or any other person's benefit, any confidential information relating to the Client's or the Employment Business' carers, business affairs, transactions or finances.
- 8.2 If the Temporary Worker is unable for any reason to attend work during the course of an Assignment s/he should inform the Client and/or the Employment Business within 12 hours of the commencement of the Assignment or shift.
- 8.3 If, either before or during the course of an Assignment, the Temporary Worker becomes aware of any reason why he may not be suitable for an Assignment, he shall notify the Employment Business without delay.

## **9 TERMINATION**

- 9.1 The Employment Business or the Client may terminate the Temporary Worker's Assignment at any time without liability.

- 9.2 The Temporary Worker may terminate an Assignment at any time by providing four weeks notice without liability.
- 9.3 If the Temporary Worker does not inform the Client or the Employment Business [in accordance with clause 9.2] should they be unable to attend work during the course of an assignment this will be treated as termination of the assignment by the Temporary Worker in accordance with clause 9.2 unless the Temporary Worker can show that exceptional circumstances prevented him or her from complying with clause 9.2.
- 9.4 If the Temporary Worker is absent during the course of an assignment and the contract has not been otherwise terminated under clauses 9.1, 9.2 or 9.3 above the employment business will be entitled to terminate the contract in accordance with clause 9.1 if the work to which the absent worker was assigned is no longer available for the Temporary Worker.
- 9.5 If the Temporary Worker does not report to the Employment Business to notify his availability for work for a period of three weeks, the Employment Business will forward their P45 to his last known address.

**10 LAW**

- 10.1 These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England & Wales.

***Signed by the Temporary Worker***

.....

Print Name

\_\_\_\_\_

Date \_\_\_\_\_

## **6. Compliance**

The process of reaching and maintaining compliance with government legislation and Client requirements are managed by BHSC.

Regional Care Managers will advertise, interview and recruit all new applicants and they will ensure that all new applications are processed efficiently and accurately to maintain each workers' records at full compliance standards, ensuring that you never find that you are unable to work in a particular area because an item in your file is missing or has lapsed.

Once your recruitment file, including qualifications, references, health & training has been established, you will be offered assignments.

We will alert you whenever any of your documentation requires updating, and you should immediately take steps to ensure that these items are updated. In most instances many of our contracts do not offer any grace period so once a document has expired, you will be required to immediately stop working on your assignment.

In the case of annual mandatory training, which is required and appropriate to your roll and client, a refresher course should be booked, or you should provide evidence of completing in good time to ensure no gaps in your work offerings.

Please contact your Regional Care Manager (RCM) if you require any assistance.

## **7. Training & Induction**

After you have completed the application, registration process, provided BHSC with all of the necessary compliance requirements and completed a meet and greet with your potential client/s, you will undertake an individual induction programme that is appropriate to your role and the client you will be supporting, and thereafter update training on an annual basis or as and when needed or required.

If you feel you require more training or supervision on specific clinical tasks then it is your responsibility to bring this to the attention of the clinical support team who will endeavor to support you and get through the process feeling confident and competent in delivering care for your client/s.

You must keep your knowledge and skills up to date throughout your working life. In particular you should take part regularly in learning activities that develop your competence and performance.

BHSC conducts regular training sessions in our through out our regions. Please contact your RCM to book your training update before your previous certificate expires.

## 8. General Rules of Conduct

As an Agency Worker to be deployed in the provision of the Services you need to be aware that at all times whilst on the Client's premises you:

- Are under the direction and control of the Client at all times.
- Must work according to the written care plan and where possible as directed by the Client and follow all reasonable requests, instructions, policies, procedures and rules of the Client (including any racial discrimination and equal opportunities policies).
- Shall not act in a manner reasonably likely to bring discredit upon the Client.
- Shall not unlawfully discriminate for any reason.
- Shall not falsify records, timesheets, expenses or attempt to de-fraud the Client or company in any way.
- Shall not corruptly solicit or receive any bribe or other consideration from any person, or fail to account for monies or property received in connection with duties performed.
- Shall observe the highest standards of hygiene, client care, courtesy and consideration when working in client's.
- Shall keep confidential information howsoever acquired whether relating to the Client, its business or relating to any other client or carer.
- Shall be competent in understanding and using both written and oral English.
- Shall be able to communicate effectively with the Client's, staff, other healthcare workers, carers and the general public.
- Be helpful, pleasant and courteous.
- Shall have legible handwriting.
- Shall be confident and able to deal with Client's needs .
- Shall be prompt and punctual.
- Shall maintain proper standards of appearance whilst at work.
- Shall be properly and presentably dressed in such uniform and protective clothing, or otherwise, as agreed between the Parties.
- Shall not engage in any form of physical or verbal abuse, threatening behavior, harassment/bullying or be otherwise uncivil to persons encountered in the course of work.
- Shall not at any time be, or appear to be, on duty under the influence of alcohol or drugs.
- Shall not at any time be, or appear to be, in possession of firearms or other offensive weapons.
- Shall not smoke whilst on duty it is forbidden.
- Shall not use the Client's telephone unless in an emergency situation.
  
- Shall under no circumstance accepted from clients, relatives or other interested parties.
- Shall not act as a witness to the will of any client for who care is being or has been provided.
- Are not permitted to give advice in relation to wills, investments or financial matters generally.
- Should arrive for duties at the requested time, and carry out your duties to the full in the allocated time. If it is found that attendance was not for the fully allotted time the Company has the right to reduce the workers pay accordingly.
- Shall not cover for a colleague or re-arrange cover it is not allowed unless it has been authorised by the Regional Care Manager before the event .
- Should not wear Nail Varnish / No Nail Extensions. And nails must be kept short.
- Should keep long hair tied back at all times during clinical hours of work.
- Should never swear or use inappropriate language whilst at work.

- Should never tolerate Bullying or participate in any type of bullying in the work place.
- Must respect your Client's wishes – it is their home.
- Pets / animals should be treat with respect.
- Appropriate clothing should be worn at all times.
- Should always wear appropriate footwear should also be worn, no open to shoe or high heels.

Also if you become pregnant please can you inform BHSC as soon as possible as we will need to carry out a pregnancy risk assessment for you around the client/s you are supporting.

Bespoke Health & Social Care has rules to ensure appropriate standards of conduct and to protect the interests of its clients. These are in addition to the duty of staff to comply with the law and any Professional Code of Conduct.

## **9. Booking Shifts, Communications, Attendance, Timekeeping and Cancellations**

Booking Shifts: You will need to contact your BHSC RCM monthly either by telephone or email, with your availability to work in order for them to complete the monthly Rota's for each client. If you have regular availability then you will be scheduled to work those shifts every month. If there are any changes to your availability then you must call your RCM ASAP in order for them to amend the Rota, as quickly as possible so the client is not affected by any changes

We appreciate that sometimes unavoidable things do occur however you must always try and give us as much notice as possible if you have to cancel a shift.

- If you feel unwell, but are unsure if you will need to cancel the shift still telephone your RCM to advise us of the situation so we can be prepared if a replacement is needed.
- To cancel a shift you have already accepted, please phone your RCM immediately. Shift cancellations will not be accepted by email or text.
- Please be accessible by phone when you have said you will be available.
- Please be prepared to answer calls number from a "private number" as our office number will be displayed this way and we may need to cancel you from a shift starts.
- Please ensure you always arrive for work at little earlier before the shift is due to start due to allow you to store your belongings, change if needed and be ready to start your shift.
- If running late for work, please contact your RCM before the shift is due to start and please give a realistic estimated time of arrival. If your journey is further delayed, please update us again.

It is always better for us to call ahead and inform a Client of lateness, than the Client calling us looking for a worker running late. This will look unprofessional and may affect future work allocation from that Client.

- Allow plenty of time to travel to work, particularly if travelling by bus or tube, which are frequently subjected to disruptions and can run behind time.
- When travelling to a new client, please work out your route carefully and ensure you have all the travel information you need before you leave home. If you need assistance your RCM will be happy to help you.
- It is not acceptable if you fail to inform us of your delayed arrival due to: no mobile phone credit, no number for BHSC or your RCM. Please make sure your mobile phone credit is topped up and you have all contact numbers required.
- We provide a 24-hour service 365 days a year. You may use this service if you have an urgent concern, difficulty or emergency that needs immediate attention. Please call during office hours if the situation is non-urgent.

## 10. Timesheets & ISS

### Introducing ISS

BHSC have partnered with **Intelligent Salary Services (ISS)**. **ISS** are experts in pay rolling temporary staff and we are confident ISS will deliver an excellent service to our workers.

### Why have BHSC chosen ISS?

We wanted to find a new third party payroll supplier that could quickly adapt to our needs and offer a high quality service. We assessed a number of providers and ISS was chosen as a credible, compliant and professional organisation that specialises in payroll that is registered with HMRC and ensures you Pay As You Earn.

### How does it all work and how does it affect me?

You will need to **submit your timesheets by 2.00pm on Monday** and you will also continue to receive payment weekly. The only difference is the payment will come from ISS.

### What about my payslips?

Payslips will be emailed to you each week and are available to you online 24/7. You will be issued within a personal Login address and password in due course to view all your details. You can also notify ISS of any changed in your circumstance online- such as change of bank details or address.

### Are there any additional benefits?

The good news is that you qualify to become a flexible worker, which means that your work expenses can be used to reduce the amount of tax you pay each week. You will take home more of the hard-earned money that you make without any extra effort and with no delays to your payments. ISS will grant you a subsistence allowance, process your travel expenses, and potentially other general work expenses thereby reducing your taxable income, and consequently the tax that you pay. **In short - The pay after tax that you receive will increase!**

### How does it all work?

**Subsistence Allowance:** An amount of £5 - £10 per day worked is automatically allowed as a tax deduction. BHSC will inform ISS of the number of days worked each month. ISS will make the appropriate allowances before calculating your Pay As You Earn (PAYE) Income Tax and National Insurance.

**Travel & General Business Expenses:** You may further reduce your tax and NI liability by claiming the cost of your weekly travel expenses. This is achieved by submitting your original receipts, and your receipts when using public transport, and/or notifying ISS of your work related mileage if using a personal vehicle.

### What does it cost?

ISS charges an administration fee, which is 4% of the gross pay and then capped at £23.00. Using ISS your net pay after all costs will typically be £5 - £25 per week higher as a flexible worker than being a regular temporary worker – the exact increase depends upon your pay rate, frequency of work, and expenses submitted.

### **What about tax records?**

**You will maintain a full tax record**, all your appropriate PAYE tax and National Insurance will continue to be paid to HMRC. ISS will issue you with the correct P60 or P45 (end of financial year tax documents), which detail all payments made to you, and the relevant tax deductions.

### **Why does employers NI appear on my payslip?**

This appears as ISS choose to add it as a line to your payslip as an expense, which is then offset. Due to the fact BHSC payroll you and then pay over a gross sum of money to ISS each week to cover the gross cost of that week payroll, this is NOT saying that you are paying employers NI, clearly this isn't legal and is further explained in Appendix A.

### **Why am I enrolled in a pension?**

As your 3<sup>rd</sup> party employer, ISS, by law, has to auto-enroll you into our chosen pension scheme. ISS makes no commission or financial gain of any sort by auto-enrolling you with NEST. Please see below, two links to the pension regulators website.

<http://www.thepensionsregulator.gov.uk/employers.aspx>

The second is a link to the 'For individuals' section of the website, which again confirms our requirement to auto-enroll. <http://www.thepensionsregulator.gov.uk/individuals.aspx>

Upon auto-enrolment into the NEST pension scheme, you will receive your NEST ID. **Once this has been received, you will be able to opt-out if you so wish.** Once you have received this ID, there are three ways for you to opt-out.

You can do this through the NEST website <http://www.nestpensions.org.uk/member-hub>, or by phoning them on 0300 020 0090 and following some automated instructions. Alternatively you are able to request a paper opt-out form on the same telephone number.

As soon as ISS receives notification from NEST, confirming you have opted-out, we will be happy to return any contributions already made on your behalf, to you.

### **Employers National Insurance**

With regards to Employer's NI, we confirm that "Employers NI is to be paid by the Employer not by the Employee".

We would also like to confirm that it would be unlawful for Employer's NI to be deducted from your salary. However, this is not the case with payments from ISS.

ISS invoices BHSC for the work you do, based upon the information we receive from them, confirming the work you have done. This is not your salary, but the income of ISS.

From this income ISS takes our administration margin of 4%, capped at £23.00 and pays over our employer's NI. Also from this income, ISS will also pay out your salary (minus tax and employee's NI.) as well as your expenses.

ISS process invoices in a similar manor to our competitors within the umbrella market. However, unlike some of our competitors ISS ensures, that a detailed breakdown of the invoice is sent to you along with each payslip showing exactly how we get from the gross

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invoice value, our income, to your salary and subsequently the amount of money that will be paid into your account.

**What is the Process?**

**ISS will give you a courtesy call within the next week to answer any of your queries.**

However if you have any questions what so ever in the meantime, please feel free to contact ISS directly:

**ISS Contact Details**      Tel: **0800 028 4211**

Email: [info@issgroup.co.uk](mailto:info@issgroup.co.uk)

Website: [www.issgroup.co.uk](http://www.issgroup.co.uk)

Your Timesheets must be filled out correctly each week, signed by your service user / allocated person and then scanned and emailed to payroll with your RCM copied into the email.

Timesheets must be sent to payroll Monday mornings without fail in order to be processed in time for payment to be made that week.

Your timesheet must be filled out correctly, with the correct service user name on and the hours added up accurately at the bottom. If any of the information is incorrect or not completed then this could lead to non-payment that week or until the problem is rectified

You will be paid weekly and on a Friday.

**Q: So if for any reason I am out of pocket through ISS Bespoke will fix things?**

**A: YES!! No one will be worse off through ISS that is our PLEDGE and our PROMISE**

## **11. Record Keeping**

Record keeping is a professional requirement of all Workers. Failure to maintain a record would cause considerable difficulties in respect of any legal proceedings, e.g. allegations of negligence. Information is essential to the delivery of high quality evidence-based health care on a day-to-day basis.

Records are a valuable resource because of the information they contain. This information can facilitate clinical decision making, improved client care through clear communication of the care plan rationale and progress, and facilitate a consistent approach to team working.

However, a record is only of use if it is correctly recorded in the first place, regularly up-dated, and easily accessible when it is needed. Everyone working in healthcare that records, handles, stores, or otherwise comes across information, has a personal common law duty of confidence to comply with this.

All client care and/or treatment and refusal of treatment and advice must be noted. It is advisable to note when telephone contacts are made. All client records should be kept confidential in line with the Data Protection Act 1998. If you require further information on this, please refer to the BHSC Clinical Support team.

Below are some of the BHSC documents that are essential and kept within the client's home. They are produced separately for each individual client and they must be read, understood and accurately recorded on.

### **Care Plans**

Every Client will have a care plan in their home devised by a member of BHSC Clinical support team, you will need to familiarise yourself with this as all your client's needs, information and likes are all in there. Important contact numbers will also be listed along with any other data you may need. The care plan must not be removed from their home but they can be read on shift using any spare time you have. If you feel any amendments are needed of something may possibly need changing, you must call the clinical team and they will update or amend the care plan as required. Care plans are reviewed at least 6 monthly or as and when needed.

### **Client Notes / Log Sheets**

Your service user will also have a log, which must be updated by all staff on a regular basis throughout your shift so that a record of what you have been doing, your client has been doing; any concerns or information can be documented. This is for your colleagues to look at for an over view of the previous day / week, and so that we can audit the service users needs etc. and so that we have a record of events. Remember – If you didn't document it, it didn't happen.

## **12. Medication Records**

If your service user has a medication management programme your CCM will be responsible for this and if you are expected to administer medication you must sign and document what you have given, how much and at what time. This must be noted in the Log sheets as well as the MAR chart / CD book depending on the medication type.

## 13. Complaints Procedure

### COMPLAINTS POLICY & PROCEDURE

#### PRINCIPLES:

Bespoke will endeavour to provide the highest standards of service possible in order to meet patient's present and future requirements. For this reason, we welcome comments, compliments or complaints so that we can correct any shortcomings if they arise. We will:

- Endeavour to provide an immediate resolution for minor verbal complaints or incidents, and where possible, a course of action within 24 hours.
- Acknowledge all written complaints within 3 working days from the date of receiving the complaint.
- Investigate all written complaints and report on the outcomes to the complainant within 15 working days (except where the nature of the complaint is such that an investigation would take longer).
- Agree in conjunction with the complainant the course of action to remedy any complaint.
- Keep a full written record of the nature and details of the complaint received, and the action taken to resolve it.
- All complaints are categorised which enable the Company to identify any pattern. The Company as a minimum undertakes an annual audit of complaints received.

#### CLIENTS COMPLAINTS PROCEDURE

##### How To Complain:

- In the unlikely event you find cause for complaint with our service or with a member of our staff, the following procedure should be followed in order for us to deal with your grievance quickly and effectively:
- If your complaint is of a minor nature or a verbal complaint and you feel it can be resolved by talking to someone please telephone your Regional Care Manager.
- If your complaint is of a more serious nature about the way you have been treated or with any aspect of our service, or you are unhappy with the conduct of a particular colleague please put your complaint in writing to your Regional Care Manager.

##### How the complaint will be dealt with:

- On receiving the complaint, we will log all details of the complaint on to the complaints file and a record will be placed on the client and Care worker file.
- Full details of investigation, the outcome and any action take, will also be fully recorded.
- We will investigate the complaint by undertaking a full discussion with you and any other persons who may be involved. At this stage, it may be necessary for an appropriate member of BHSC staff to visit you to take a written statement of events. This visit will be made with your full consultation at a time that is convenient to you.

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We will keep you informed of the details of our findings, the actions we have taken and proposals to resolve your complaint.

In the event of any specific allegations of abuse being made the CQC will be informed. In the event that a complaint of misconduct is made against a Registered Nurse, we will report this to the Professional Conduct Office of the Nursing and Midwifery Council and CQC. The nurse will be kept fully informed of the complaint at all stages.

During the course of the investigation, the worker you have made a complaint against will not be assigned any further work with you, and depending on the severity of the complaint may be suspended during the period of investigation.

If you are dissatisfied with the outcome provided by BHSC you may complain directly to:

Registered Manager  
Bespoke  
Foxhall Business Centre  
2 King Street  
Nottingham  
NG1 2AS

Please remember it is your absolute right to complain if you wish. It will not in any way endanger or jeopardies the service you are receiving from us.

### COMPLAINTS PROCEDURE

On receiving a complaint the Regional Care Manager will log the details of the complaint and categories according to BHSC codes of complaints. All complaints should be located in a separate folder and recorded on the Company one page pre-printed complaints form. Details of the complaint logged should include:

- Date.
- Name of person making the complaint.
- Details of the complaint.
- Initial action.
- Action taken to reach a satisfactory conclusion.
- Signature of the person dealing with the complaint countersigned by the manager.

This record should be placed on both the clients and staff members file.

### COMPLAINTS CODES

#### Level 1

Verbal complaint - Regional Care Manager to complete complaint form and send to Registered manager and Executive Care Manager.

- Staff member continually late for shift
- Payroll or timesheet issue
- Staff member Attitude or poor performance
- Attitude of BHSC staff

#### Level 2

## BHSC Induction book v3 January 2016

Written complaint – Regional Care Manager to complete complaint form and send to Registered manager and Executive Care Manager

- Failed service
  - Professional Misconduct
  - Error in drug administration
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- Where possible for verbal and minor complaints or incidents an initial investigation by the RCM should be undertaken. If by talking to the staff member and client involved a satisfactory outcome is gained then the BHSC staff member can provide an immediate resolution with a course of action within 24hrs and inform Registered manager of the outcome (level 1).
  - The RCM will acknowledge all written complaints within 3 working days from the date of receiving the complaint (Level 2).
  - An appropriate member of BHSC will investigate all written complaints by interviewing the health care worker involved, the client and any other relevant persons involved, for example clients partner, another healthcare worker. This must be conducted in a private location. A written report on the outcomes of the investigation of the complainant should be logged on the client's file and copy sent out to these individuals within 15 working days (Except where the nature of the complaint is such that an investigation would take longer). (Level 2).
  - Once the complainant has received your investigation outcomes, and then BHSC will agree in conjunction with the complainant the course of action to remedy the complaint to a satisfactory conclusion.
  - BHSC must keep a full written record of the nature and details of the complaint received, and the action taken to resolve it in the clients file.
  - In the event that a complaint of misconduct is made against a Registered nurse, the Clinical Director will report this to the Professional Conduct Office of the Nursing and Midwifery Council. You can report this on the Internet via the NMC website where there is a complaints form. The Nurse will be kept fully informed by the Clinical Director of the complaint at least every 7 days until resolved (Level 2).
  - In the event that a complaint of misconduct is made against a Registered nurse, the Clinical Director will also report this to the CQC.
  - Where serious allegations of theft, fraud or abuse are made the patient will be encouraged to call the police.

During the course of investigation, the healthcare worker who has had the complaint made against them will not be assigned to that client, and depending on the severity of the complaint (decided by the Registered Manager) may be suspended from all work for the Company until such time as the complaint has been investigated and a decision reached to the satisfaction of the patient.

If the client or the healthcare worker is dissatisfied with the outcome provided, they may appeal to the Registered Manager.

## **14. Disciplinary, Dismissal & Grievance Policy**

Whilst the company does not intend to impose unreasonable rules of conduct on its carers, certain standards of behaviour are necessary to maintain good relations and discipline in the interest of all carers. The company prefers that discipline be voluntary and self-imposed and in the great majority of cases this is how it works. However, from time to time, it may be necessary for the company to take action towards individuals whose level of behaviour or performance is unacceptable.

This disciplinary procedure is in two parts. Section A generally applies to those carers who have less than one year's continuous service with the Company, although the Company reserves the right to apply Section B instead to any such carer. Section B applies to those carers who have one or more years' continuous service with the Company.

### SECTION A

Before taking a decision to dismiss a carer on the grounds of misconduct or poor performance, the Company will, as a general rule and subject to any permitted statutory exceptions, comply with the following procedure:

#### Stage 1: Notification of allegations

The Company will notify the carer in writing of the allegations against him or her and will invite the carer to a disciplinary meeting to discuss the matter. The Company will also notify the carer of the basis for the complaint of alleged misconduct or poor performance.

#### Stage 2: Disciplinary meeting

Having given the carer a reasonable opportunity to consider his or her response to the allegations, a disciplinary meeting will then take place at which the carer will be given the chance to state his or her case. The carer may be accompanied, if requested, by a trade union official or a fellow carer of his or her choice. The carer must take all reasonable steps to attend that meeting. Following the meeting, the carer will be informed of the Company's decision in writing and notified of his or her right to appeal against it

#### Stage 3: Appeals

If the carer wishes to appeal against the Company's decision, he or she can do so to a Director of the Company within five working days of the decision. Appeals should be made in writing and state the grounds for appeal. The carer will be invited to attend an appeal meeting chaired by a senior manager or a Director. At the appeal meeting, the carer will again be given the chance to state his or her case and will have the right to be accompanied by a trade union official or a fellow carer of his or her choice. Following the appeal meeting, the carer will be informed of the appeal decision in writing. The Company's decision on an appeal will be final.

The Company reserves the right not to follow this Section a procedure in relation to the imposition of a period of suspension with pay on, or the issuing of a disciplinary warning to, any carer who has less than one year's continuous employment with the Company.

### SECTION B

Minor faults will be dealt with informally through counselling and training. However, in cases where informal discussion with the carer does not lead to an improvement in conduct or performance or where the matter is considered to be too serious to be classed as minor, for

example, unauthorised absences, persistent poor timekeeping, sub-standard performance, etc. the following disciplinary procedure will be used. At all stages of the procedure, an investigation will be carried out.

The Company will notify the carer in writing of the allegations against him or her and will invite the carer to a disciplinary hearing to discuss the matter. The Company will also notify the carer of the basis for the complaint of alleged misconduct or poor performance. Having given the carer a reasonable opportunity to consider his or her response to the allegations, a formal disciplinary hearing will then take place, conducted by a manager, at which the carer will be given the chance to state his or her case, accompanied if requested by a trade union official or a fellow carer of his or her choice.

The carer must take all reasonable steps to attend that meeting. Following the meeting, the carer will be informed in writing of the Company's decision in accordance with the stages set out below and notified of his or her right to appeal against that decision. It should be noted that a carer's behaviour is not looked at in isolation but each incident of misconduct is regarded cumulatively with any previous occurrences.

At each of the stages below, the entire process (set out above) will be followed Stage 1:

Written warning

The carer will be given a formal WRITTEN WARNING. He or she will be advised of the reason for the warning, how he or she needs to improve their conduct or performance, the timescale over which the improvement is to be achieved, that the warning is the first stage of the formal disciplinary procedure and the likely consequences if the terms of the warning are not complied with. The written warning will be recorded but nullified after six months, subject to satisfactory conduct and performance.

Stage 2: Final written warning

Failure to improve performance in response to the procedure so far, a repeat of misconduct for which a warning has previously been issued, or a first instance of serious misconduct or serious poor performance, will result in a FINAL WRITTEN WARNING being issued. This will give details of, and grounds for, the complaint, how he or she needs to improve their conduct or performance, the timescale over which the improvement is to be achieved and warn that dismissal will probably result if the terms of the warning are not complied with. This final written warning will be recorded but nullified after twelve months, subject to satisfactory conduct and performance.

Stage 3: Dismissal

Failure to meet the requirements set out in the final written warning will normally lead to DISMISSAL with appropriate notice. A decision of this kind will only be made after the fullest possible investigation. Dismissal can be authorised only by a senior manager or a Director. The carer will be informed of the reasons for dismissal, the appropriate period of notice, and the date on which his or her employment will terminate and how the carer can appeal against the dismissal decision.

## GROSS MISCONDUCT

Offences under this heading are so serious that a carer who commits them will normally be summarily dismissed. In such cases, the Company reserves the right to dismiss without notice of termination or payment in lieu of notice. Examples of gross misconduct include:

- Any breach of the criminal law, such as theft and unauthorised possession of Company property.
- Fraud, deliberate falsification of records or any other form of dishonesty.
- Wilfully causing harm or injury to another carer, physical violence, bullying or

Grossly offensive behaviour.

- Deliberately causing damage to the Company's property causing loss, damage or injury through serious carelessness.

- Wilful refusal to obey a reasonable management instruction.
- Incapacity at work through an excess of alcohol or drugs.
- A serious breach of health and safety rules.
- Harassing or victimising another carer on the grounds of race, colour, ethnic

Origin, nationality, national origin, religion or belief, sex, sexual orientation, marital status, age and/or disability.

The above is intended as a guide and is not an exhaustive list

#### Suspension

In the event of serious or gross misconduct, an carer may be suspended on full basic pay while a full investigation is carried out such suspension does not imply guilt or blame and will be for as short a period as possible.

#### Appeals

A carer may appeal against any disciplinary decision, including dismissal, to a Director of the Company within five working days of the decision. Appeals should be made in writing and state the grounds for appeal the carer will be invited to attend an appeal hearing chaired by a senior manager or a Director. At the appeal hearing, the carer will again be given the chance to state his or her case and will have the right to be accompanied by a trade union official or a Mow carer of his or her choice.

Following the appeal hearing, the carer will be informed of the appeal decision and the reasons for it, in writing. The Company's decision on an appeal will be final.

#### CARER GRIEVANCE PROCEDURE

##### Policy

The primary purpose of this grievance procedure is to enable agency worker to air any concerns that they may have about practices, policies or treatment from other individuals at work, and to produce a speedy resolution where genuine problems exist. It is designed to help all carers to take the appropriate action, when they are experiencing difficulties, in an atmosphere of trust and collaboration.

Although it may not be possible to solve all problems to everyone's complete satisfaction, this policy forms an undertaking by the Company that it will deal objectively and constructively with all carer grievances, and that anyone who decides to use the procedure may do so with the confidence that their problem will be dealt with fairly.

This grievance procedure is not a substitute for good day-to-day communication in the Company where we encourage carers to discuss and resolve daily working issues in a supportive atmosphere. Many problems can be solved on an informal footing very

Satisfactorily if all carers are prepared to keep the channels of communication between themselves open and working well.

This procedure is designed to deal with those issues that need to be approached on a more formal basis so that every route to a satisfactory solution can be explored and so that any decisions reached are binding and long lasting.

## PROCEDURE

If you cannot settle your grievance informally, you should raise it formally. This procedure has been drawn up to establish the appropriate steps to be followed when pursuing and dealing with a formal grievance.

### Stage 1

In the event of your having a formal grievance relating to your employment you should, in the first instance, put your complaint in writing and address it to your line manager. Where your grievance is against your line manager, your complaint should be addressed to an alternative manager or to the personnel department. A manager (who may not be the manager to whom your grievance was addressed) will then invite you to attend a grievance meeting to discuss your grievance and you have the right to be accompanied at this meeting by a trade union official or a fellow carer of your choice.

Every effort will be made to convene the grievance meeting at a time, which is convenient for you and your companion to attend. If this means that the meeting cannot be held within a reasonable period (usually within five working days of the original date set), we ask that you make arrangements with another companion who is available to attend. Any carer who is chosen to accompany another in a grievance hearing is entitled to take paid time off for this purpose.

You must take all reasonable steps to attend the grievance meeting. Following the meeting, the Company will endeavour to respond to your grievance as soon as possible and, in any case, within five working days of the grievance meeting. If it is not possible to respond within this time period, you will be given an explanation for the delay and be told when a response can be expected. You will be informed in writing of the Company's decision on the grievance and notified of your right to appeal against that decision if you are not satisfied with it.

### Stage 2

In the event that you feel your grievance has not been satisfactorily resolved, you may then appeal in writing to a Director of the Company within five working days of the grievance decision.

On receipt of your appeal letter, a more senior manager or a Director (who again may not be the person to whom your appeal was addressed) shall make arrangements to hear your grievance at an appeal meeting and at this meeting you may again, if you wish, be accompanied by a trade union official or a fellow carer of your choice.

You must take all reasonable steps to attend the grievance appeal meeting.

Following the meeting, the senior manager or Director will endeavour to respond to your grievance as soon as possible and, in any case, within five working days of the appeal hearing. If it is not possible to respond within this time period, you will be given an explanation for the delay and be told when a response can be expected. You will be informed in writing of the Company's decision on your grievance appeal.

This is the final stage - of the grievance procedure and the Company's decision shall be final.

#### Former carers

Ex-carers may also raise grievances after their employment has ended. In this case, the grievance procedure set out above will continue to apply, unless both parties agree in writing that a modified form of grievance procedure will apply instead. However, if your complaint relates to your dissatisfaction with a dismissal decision, you should not invoke the grievance procedure but should instead appeal against that decision in accordance with the appeal procedure with which you will have been provided.

## **15. Bullying & Harassment**

BHSC is committed to creating a working environment where every worker is treated with dignity and respect and where each person's individuality and sense of self worth within the workplace is maintained.

All Workers have a duty to treat those alongside whom they work with respect and dignity and to take all steps necessary to ensure that harassment does not occur. Whatever the form of harassment (whether by direct contact, written correspondence, the spoken word or by use of email/intranet) behavior of this nature can be objectionable and will not be tolerated by BHSC or any of the institutions we service.

Any worker, who is considered, after proper investigation, to have subjected a Client, another worker or anyone else alongside whom they work with to any form of harassment or bullying will be dealt with in an appropriate manner under BHSC complaints procedure.

This includes removal from our Temporary Staffing Register.

## **16. Medication Policy**

1. Introduction
2. Policy Scope and Aims
3. Overall Roles and Responsibilities
4. Assessing levels of support
5. Training and Competence
6. Principles of safely handling medication
7. Administration of Medications
8. Administering Drugs in an Emergency
9. Record Keeping
10. Disposal of Medicines
11. Controlled Drugs
12. Mistakes and Incidents
13. Audit and Risk Management

## **a. Introduction**

Care Quality Commission (CQC) Outcome 9: Management of Medicines, states that people using a service regulated by CQC:

Will have their medicines at the times they need them, and in a safe way  
Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf

This is because providers who comply with the regulations will:

Handle medicines safely, securely and appropriately

Ensure that medicines are prescribed and given by people safely

Follow published guidance about how to use medicines safely (CQC, 2010)

It is also intended that this policy is a statement of best practice throughout Bespoke Health & Social Care (BHSC)

## **b. Policy Scope & Aims**

- Bespoke Health & Social Care (BHSC) aims to encourage and support service users to self-medicate and independently manage their own medication. Assessments regarding ability to self-medicate will be completed by our clinical team and be used to ensure the service user remains independent and free of unnecessary intervention.
- Medicines should be administered in a way the service user finds acceptable without detracting from their human rights. This policy aims to challenge discrimination based on age, gender, disability, sexuality, faith, religion, culture, ethnic or national origin, trans-gender, marital status, and HIV status.
- Implementation of this policy is dependent on close collaboration between BHSC Clinical support team, the service user, the family, local pharmacist and other health professionals, with agreement of service users and carers
- This policy has been developed as best practice and considers the Medicines Act 1968 and subsidiary regulations made under that Act and Article 3 of the Human Rights Act 1998, the right not to be subjected to torture or to inhuman or degrading treatment or punishment. It also embodies the principles of the Misuse of Drugs Act 1971 and associated regulations, the Health and Social Care Act 2008, and subsequent guidance provided by the Care Quality Commission, the Mental Capacity Act 2005, and the National Service Framework for Older People 2001.
- This policy is written and reviewed by BHSC Clinical team and signed off by the Clinical Director
- Care workers must follow the guidance contained within the policy and accurately record all interventions. Should any problem be identified at a later date then BHSC care workers will be covered by the insurance policies of BHSC in respect of any claim against them arising in the course of their official duties. This is subject to their conduct not being dishonest, criminal or fraudulent, or the claim arising as a result of deliberate wrongdoing or recklessness. Carers must also act in good faith, in accordance with instructions and this policy.
- There are many circumstances that arise with medication, which will fall outside the scope of this policy. In any such circumstances care workers

- should discuss with their manager and follow any advice given. If asked managers should investigate, act in a logical manner and document any
- Process used until a permanent solution can be found. Advice may be obtained from the BHSC clinical team or the local Medicines Support Service or community pharmacist at any time.

### **c. Overall Rights & Responsibilities**

- All service users will be encouraged to take as much responsibility for their own medication as possible in order to promote their independence and wellbeing.
- If the service user's ability to manage their own medicines deteriorates to the extent that they need assistance from appropriately trained staff, Care workers must immediately inform BHSC Clinical support team and they will gain written consent from the service user, their relative or GP if appropriate
- When a service user is considered incapable of giving consent, or where the wishes of a service user appear contrary to the interests of that person, instructions will be sought from the responsible GP.
- Medication will only be administered to service users when clearly identified on the care plan, the MAR Chart as per assessment of needs.
- The level of support given will be the absolute minimum deemed necessary to maintain the person's independence and must be recorded on the individual's medication chart and support plan.
- All service users have the right to refuse medication and their dignity and independence should be maintained at all times.
- Medicines are used to treat and prevent disease or to relieve symptoms and not to punish or control behaviour.
- Administration of medication will be delivered in a way that respects dignity, privacy, independence and cultural and religious beliefs of the client. Service user's personal and confidential information will be kept secure.
- When needing assistance with medication service users retain the same decision making rights and responsibilities as any patient.
- The service user must give informed consent before each treatment is given and the service user's right to refuse must be respected.
- Consent can either be explicit (specific consent to carry out a specific action) or implied (not expressly given by a patient, but inferred from their actions, the facts and circumstances of a particular situation, and sometimes a patient's silence or inaction.)
- The MCA describes the circumstances when someone else may make decisions when a person is unable to make a particular decision. This could be a friend, a relative, an informal carer, a professional carer, a doctor, a social worker or a nurse, for example.
- Service users have the right to expect that any assistance offered be carried out in a professional manner by BHSC properly trained staff.
- The agreed level of assistance within the care plan is provided to the service user on a day-to-day basis by competent care staff that has received appropriate training in medicines, which can be demonstrated by comprehensive training records.
- Medication is administered by care workers from the original pharmacy filled container that is recorded on a Medicines Administration Record (MAR) chart completed or checked over by BHSC clinical support team
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- The service is monitored and reviewed and any significant changes that may trigger the need for a review is highlighted to the clinical support team and amended where appropriate
- Incidents and 'near-misses' are recorded appropriately on BHSC clinical incidence forms (CI). All CI's are reviewed and acted upon as necessary i.e. safeguarding, additional training or change in care plan and information is used as a learning tool to improve the service
- An assessment of medicines in the home is made upon initial assessment in order to assist with appropriate disposal of unwanted/ out of date medicines to the community pharmacy is made that only appropriate re-ordering of medication is undertaken.
- A current list of medicines that the service user takes must be available for the purposes of assessment and kept in the service user's file and in head office
- High levels or overstocking of medicines in the service user's home should be brought to the attention of the GP practice and/ or community pharmacy with a view to amending requests for further medicines whilst existing stocks are used up.

#### **d. Assessing Levels of Support**

- Clinical team will assess and determine the level of support via the medication risk assessment form, a service user requires with their medication when the service begins and at intervals thereafter. Service users may require one or more levels of support. A form is available to assist in determining the levels required for each medication (Appendix A). The levels of support required must be documented in the care plan.
- Service users are encouraged to self-administer medication wherever possible.
- The level of support must be established, as the method of administration and record keeping required will be affected by the level determined. It is the responsibility of the clinical support team to assess and review these arrangements (at least annually) and make the necessary changes to the care plan and where necessary MAR charts for medicines management. In addition, care workers should report any concerns regarding a service user's ability to self-medicate to the Regional Care Manager. A new risk assessment may also need to be completed.

Level 1 "general support or assistance" – service user takes responsibility for self- medicating which may include physical assistance from care workers

Level 2 "administration" – care workers take responsibility for administering medication

Level 3 "administration by specialist techniques" – care workers administer medication by specialist technique

- When health and social care workers are involved in delivering medication support, there will be an agreed care package between both parties.

Level 1: General Support or Assistance

- These are tasks that caseworker's can carry out to help a service user self-medicate and maintain their independence. These would be likely for service user with a physical disability or frailty, whose mental capacity is not in doubt.
- The service user must have the mental capacity to direct the care worker and instruct them what to do. For this, a service user must be able to understand how to take their medication. Understand the consequences of not taking the medication or not following the doctor's instructions. Identify their medicines i.e. confirm that they have been passed the right drug, dose, strength and form of medicine at the right time.
- A service user's ability to self-medicate should be established with each medicine (e.g. a service user may not be able to use an inhaler device but could self-medicate with a cream). The initial assessment is only the start of the care planning process. A service user's ability to self-medicate may only become apparent as they establish a relationship with care workers.
- Self-medication should not be seen as an 'all or nothing' ability a service user has. Care workers should be clear of the type of support they can provide to a service user without it being considered that they are taking responsibility for administering medication. The community pharmacy or surgery may be able to supply aids to enable service users to self-administer.
- Self-medicating service users must be reminded of the risks to others if medicines are left lying around. The risk to others should be taken into consideration when deciding if a service user is able to self-medicate.
- In some settings e.g. where there are small children, medicines may be stored securely to prevent inappropriate use by the service user or others who may unintentionally have access to unsecured medicines.
- 3.10 There are medicines that may need to be readily accessible to the service user (e.g. asthma relievers and Glyceryl Trinitrate (GTN) sprays for angina). Storing these away from a service user may delay emergency treatment. On assessment this will be highlighted and an appropriate way of storing will be detected

#### What tasks are considered general support?

- Physical assistance: For example: unscrewing lids, popping tablets out of a MCA (only if the service user tells the care worker which tablets to pop out). These remain Level 1 support tasks when the service user (not care worker) takes responsibility for confirming that they are taking the right medicine at the right time.
- Occasional infrequent prompts: verbal reminders may sometimes be required for a self-medicating service user (in the same way any of us may occasionally forget to take a dose). The occasional need for a prompt does not mean a service user should be assessed as incapable of self-medicating. However, if regular prompts were needed (or if the service user becomes reliant on these prompts) then their capacity to self-medicate would be in doubt. With regular prompts, caseworker's are taking responsibility for ensuring the right medicines are taken on time, and are essentially therefore administering medication and a re-assessment of need is required by the clinical support team. Service users may need to have their medication administered during period of illness e.g. UTI, following which, it may be appropriate to return to self-administration following re-assessment.
- Also: Ordering and collecting medication, Disposing of unwanted or out of date medication by returning to the pharmacy and reading dispensing labels to the service user

## Level 2: Administration

- Care workers are considered to be providing level 2 tasks when they are taking responsibility for confirming they have selected the correct medication i.e. confirming that they have:
- The right medicine, for the right person, selected the right dose, to give at the right time and via the right route or method. This may be due to impaired cognitive awareness but can also result from physical disability
- Level 2 tasks may include some or all of the following tasks:
  - Frequent observed prompts (verbal reminders) to take medication
  - Selecting the correct medicines for administration
  - Administration of oral medication including tablets, capsules and liquids (including all controlled drugs)
  - Measuring out doses of liquid medication (where caseworker's are responsible for ensuring they have measured out the correct amount)
  - Administering inhaler devices
  - Applying external medicated creams/ointments/gels/lotions etc. (including those applied to intimate areas)
  - Applying transdermal patches (including controlled drugs)
  - Applying medication to the eye, nose or ear Administration of buccal midazolam
  - Administration of rectal diazepam Giving medicines via a nebuliser
  - Care workers may also use the following routes of administration upon receiving further training delivered by BHSC. The healthcare professional delivering this training will not remain responsible for competency of the care worker as long as it is delivered according to this policy and the medication risk assessment completed by the clinical support team. Competency sign off is a joint sign off with the BHSC Clinician and the service user and or their representative
  - Other tasks such as bladder washouts, leg wrapping/bandaging will need to be agreed with the BHSC Clinical support team an individual service user basis if required.

## Level 3: Administration with specialist technique

- These types of medicines will normally be administered by a healthcare professional. However, if appropriate the Clinical support team in communication with the relevant CCG contact may delegate these tasks to named care worker's provided: they agree this with the Registered Manager; the BHSC clinical support team will personally provide the required extra training; and when satisfied that the care worker is competent they are signed off for the individual service user
- BHSC expects the following level 3 tasks to be carried out with appropriate training. Level 3 tasks may include some or all of the following tasks, although this list is not exhaustive:
  - Rectal administration, e.g. suppositories, enemas
  - Administration into the vagina e.g. pessaries
  - Injections e.g. insulin
  - Administration through a Percutaneous Endoscopic Gastrostomy (PEG), including PEG feeds
  - Giving oxygen

- Medications administered via a “pump” device e.g. Duodopa, insulin
- Dressings, other than those applied as a simple first-aid measure
- On-going support for the care worker is provided from the clinical support team as ultimately responsibility for these tasks remains with the healthcare professional.
- Care workers should be given the opportunity to refuse to administer medications via specialist techniques if they do not feel confident in their own competence.

## **e. Training & Competency**

### Level 1 & 2

- BHSC requires all care workers to be trained and have their competency assessed for Levels 1 & 2. Training for Level 1 tasks is covered as part of induction training.
- All care workers will receive medicines training and be signed off as competent before they can administer medication at Level 2.
- Care workers will need to undertake refresher training and competency assessments when required
- In addition to having sufficient numbers of suitably trained care workers, BHSC will endeavour to demonstrate we have put in place appropriate quality assurance systems to record and monitor the effectiveness of the medication arrangements.

### Level 3

- Care workers must not be permitted to give level 3 support with medication unless the task is delegated by the clinical support team for an individual service user, who will train the individual care worker and be satisfied they are competent to carry out the task. A record of the medication risk assessment will be retained by and kept on the individual service user file
- On-going support for care worker will be available from the clinical support team

### Competency Check

- BHSC have a robust care plan, practical procedure and competency procedure in place and once the risk assessment is completed then all levels of needs and support will be reflected in the care plan and the care worker's will be trained and deemed competent. If there is a change to the service users medication or route or dose then extra training will be provided and a caseworker's competency should be checked annually
- Competency assessments and training records are kept on file.

## **f. Principles of Handling Medication**

- Medicines remain the property of the service user to whom they have been prescribed. They should not be shared with other service users or used on a temporary basis if another service user runs out of the same item.
- Care workers involved with medication related tasks should not advise service users about minor ailments, but will make appropriate arrangements

- in order for the service user to access a suitably qualified healthcare professional, for example via the telephone.
- When family or friends of the service user administer some doses of medication, it should be documented in the care plan who is responsible for administering which doses. BHSC will show the family or friends how to complete the MAR chart to ensure doses are not omitted or duplicated. The MAR chart should be clearly marked to indicate the medication has been administered by someone not employed by BHSC.
- Where appropriate Patient Information Leaflets should be left with the service user, to enable the service user and care worker to have access to information about the medication. Care workers may need to assist service users to access this information e.g. by reading the leaflet to them if required.
- With good administration techniques, it should not be necessary to wear gloves to administer oral medication. Gloves should be worn to apply applications to the skin of a service user. Hands should be washed and dried before and after administering any medication.
- Managed repeat service by the pharmacy/dispensing surgery and/or delivery service

#### Ordering Medication

- Appropriate arrangements should be taken to ensure there is a supply of medication for the service user.
- BHSC Clinical support team will determine how and where the service user accesses their medication. Options may include: BHSC providing the MAR Chart, Ordering and/or collection by the service user, Ordering and/or collection by a family member or other representative, Ordering and/or collection by a care worker
- Ideally the same pharmacy/dispensing surgery should be used to ensure continuity of records, which will assist in the event of a query. The choice of pharmacy should be the choice of the service user, although this may also be determined by the services offered by the pharmacy.
- The method of ordering medication should be documented in the care plan. Care workers may assist self-medicating (level 1) service users to order prescriptions.
- To prevent waste, care workers should only order medication required for the following month. If the prescription is managed by the pharmacy, items used on a PRN basis then this should continue to be ordered by the care worker when required to prevent excess stocks of medication.

#### Obtaining Medication

- The method of obtaining (collection or delivery) medication will be recorded in the care plan, and as part of the Medication Assessment
- When care worker's assist with collection of medication from the pharmacy/dispensing surgery, these must be collected and returned directly to the service setting. Care workers should transport medication out of direct view and not store medication e.g. in a vehicle. Care workers should ensure that all ordered medication is received; with a MAR chart if required.
- If care worker's collect Schedule 2 or 3 Controlled Drugs from the pharmacy/dispensing surgery, they will be required to show proof of identity and sign the back of the prescription.

### Storage of medication

- Medications must be stored in accordance with the dispensing label or manufacturer's instructions. They should be kept away from heat, light and damp sources and out of the reach of children and animals. Consideration should also be given to the general security of medication. Please see care plan for any special storage requirements
- Medicines should be stored in the container supplied by the pharmacy/dispensing surgery. This will be correctly labelled and suitable to keep the medicine in good condition.
- If it becomes clear that specified storage conditions have not been adhered to, the carer or their BHSC Care Manager or Clinician should seek advice from the pharmacy or dispensing surgery regarding the medicines suitability for use.
- Care workers are not permitted to remove medication from its original packaging for later administration by a third party, such as another care worker or family member. If medication is required to be administered at a different setting e.g. day service, or a visit to family – the medication should be sent in the original container received from the pharmacy. A copy of the MAR chart can go with the client but the original must stay in their main residence. It may be possible to obtain a separate supply of medication from the pharmacy to take to the alternative setting, but the clinical support team will offer advice on each individual case
- Care workers must not administer medication that has been removed from the packaging by another person.

### Storing medicines away from a service user

- If there is a risk identified that a service user would be in danger of inadvertently over- dosing then a decision may be needed to store medication securely away from them (for example, in a locked box). This is an important and sensitive decision, which could deny a person their rights. Therefore this decision should only be made after a Mental Capacity Assessment has been conducted, and a best interest decision can be made following discussion with the GP or community nurse and involving carers/relatives. The decision should be documented on the Medication Risk Assessment. The decision must be reviewed at least annually and or if the risk changes.
- Consideration must also be given to medicines with special storage conditions e.g. those kept in the fridge to ensure that the storage area is appropriate.
- When medication is stored away from a service user in their own home, it may be more appropriate for the care worker to collect medication rather than have it delivered. This should be written into the care plan.

### **g. Administration of Medications**

- Medicines must only be administered in accordance with the prescriber's specific instructions (Medicines Act, 1968). The direction to administer is found on the dispensing label attached to the medication.
- The dispensing label should contain the following information: service user's name, date of dispensing, medication name, strength, dose and frequency;
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- storage conditions or other important information (if applicable) and the dispenser's name address and telephone number.
- The dose to be taken or used should be included except when the dose is variable and given in accordance with separate instructions e.g. warfarin or a reducing dose of steroids.
- If the label is incomplete or ambiguous, the care worker should inform the clinical support team who should refer this to the prescriber, in order to gain a correct direction of administration.
- Where possible Level 2 administration of medication takes place from original pharmacy containers with an accompanying MAR chart. This reduces the risk of compliance aid dispensing errors and also ensures each medication can be correctly selected and identified by the dispensing label.
- A medicines pot or other suitable container may be used to transfer medicines from the pharmacy container to the service user for immediate administration. The MAR chart must be completed immediately after the dose has been administered.
- If the care worker suspect's medication is causing side effects or adverse reactions, they should inform the clinical support team, who must discuss this with the service user's GP or pharmacist. Any actions should be documented in the daily record.

#### Medicines Compliance Aids

- Medicines Compliance Aids (MCAs) supplied by a pharmacy should only be used as an aid to compliance for the service user to self-administer. Any support offered by care worker under these circumstances would be restricted to prompt (level 1), and therefore a MAR chart is not required.
- Care workers who administer medicines are expected to be able to individually identify each medicine they administer, and record it separately on a MAR chart. Therefore MCAs are not usually considered appropriate when giving level 2 support. If medicines are supplied in this way, the supplying pharmacy must include descriptions of each tablet on the label to enable identification.
- N.B. any selection of tablets from a MCA, including the care worker selecting and opening a particular section, is considered to constitute level 2 support.
- There may, however, be a limited number of situations in which, upon risk assessment, it is considered appropriate for care worker to administer from a MCA. A MAR chart must also be used. The MCA must have the tablet identifiers written onto the labels by the pharmacy in order for a care worker to administer from this.
- In no circumstances should care workers provide level 2 administration from a compliance aid that has been filled by relatives, friends etc. Assistance with medicines from unlabelled compliance aids, or those filled by family or informal carers will be limited to prompt only (level 1 support).
- When administering oral medications (excepting liquids), it is usual practice to place the medication in the service users hand or a medication pot for the service user to take. In instances where the service user is unable to place tablets in their mouth themselves, e.g. due to physical or cognitive disability, the care worker using a suitable spoon may place medicines in the mouth. This should be risk-assessed with details of administration method written in the care plan or risk assessment.
- Altering medication form for administration e.g. crushing tablets or capsules may need to be crushed or opened to enable the service user to take their

- medication. This should be carried out with the patient's consent, it is NOT for covert administration; in these circumstances the following must apply:
- Crushing or opening must be agreed with the prescriber as the efficacy and legal status of the medicine can be altered
- Crushing/opening requires both the prescriber and the supplying pharmacy/dispensary to give authorisation
- Guidance on how to prepare medication for administration by caseworker's in this way may be sought from the supplying pharmacy and or the clinical support team i.e. administer with food, dissolve in water etc.
- Information and authorisation must be recorded in the care plan
- The direction to crush/open should be added to the dispensing label
- The correct equipment should be used to crush tablets e.g. pill crusher

### Splitting Tablets

- It is always preferable for solid dose forms (tablets or capsules) to be administered as single or multiple units (e.g. one or two tablets) per dose. Occasionally it may be necessary to split a tablet to achieve the required dose. In such cases tablets may be split if the manufacturer scores them. Non-scored tablets should only be split after confirming with the pharmacist that splitting is safe.
- If splitting the tablet is required to achieve administration of the correct dose, this should be undertaken by the supplying pharmacy. If the split is to enable the service user to swallow the medication, the care worker is permitted to assist the service user to split the tablet. This should be done with the use of a commercially available tablet splitter.

### Administering "PRN" medication

- Medication with a when required ("PRN") dose is usually prescribed to treat short-term or intermittent conditions. The service user may not need the medication at every dosage time.
- Care workers who are administering PRN medication must be able to demonstrate that they know what the medication is for, how frequently it should be offered with dosage intervals, an awareness to record on the MAR chart and the circumstances when the medication should be offered and given. The care worker must check that the service user has not already self-administered the medication. The exact time the medication is given and the amount given should be recorded on the daily record.
- A Protocol may be required to assist with this information, which may be completed and kept with the MAR chart. The information may be gathered from the prescriber, supplying pharmacy/dispensary or nurse involved in the treatment of the service user.
- If the frequency of PRN medication changes (by increasing or decreasing), then a referral to the prescriber should be considered for a review of the service user's medication, as their medical condition may have changed and the treatment required may need altering. Similarly if the medication is not having the expected effects the prescriber should be contacted. In both cases the response to the medication should be clearly recorded.
- If the PRN section of the MAR chart is completed, then this may indicate the medication should be given as a regular medication, rather than as a PRN. This should be discussed with the prescriber who should amend the direction for administration if applicable.

- PRN medication that is still in use and in date should be carried over from one month to the next and not disposed of.
- PRN medication is best supplied in an original box rather than a MCA. This allows for a check on the expiry date and reduces waste. The expiry date printed on the box and foil strip may be used to determine if the medication is still suitable for use.
- If the pharmacy re-packs medication e.g. into glass bottles, the expiry date will not be printed on the packaging. If the date of dispensing is over six months a check should be made with the supplying pharmacy or surgery whether it is still suitable for use. If this information is not available, a new supply of medication should be sought.
- In Domiciliary Care PRN medication may be left out to take at a time suitable for the service user.

#### Administration of variable doses

- If a variable dose is prescribed (e.g. one or two tablets, 5-10ml) the decision regarding the dose to take rests with the service user and the prescriber. The care worker must:
  - Ask the service user how many they wish to take.
  - If the service user is unable to decide or respond the care provider should document the circumstances in which the variable dose is to be taken
  - Further advice may be sought from BHSC clinician, the prescriber or pharmacy.
  - Clearly make a record on the MAR chart of the quantity taken.

#### Warfarin

- Warfarin is a high-risk drug due to the specific dosing required for each service user. Blood tests (INR) are carried out to determine the dosage of warfarin required. Robust arrangements are required to ensure that caseworker's administer warfarin at the correct dose.
- All service users should have an "Oral Anticoagulant Therapy Pack", commonly known as the Yellow Book. The INR results may be recorded in the Yellow Book or on an INR chart supplied from the surgery with the current dosage of warfarin to be taken. Care workers should check the yellow book or INR chart to ascertain the dose of warfarin to be given each day. If the sheet has expired, the care worker should check with the clinical support team before administering. When caseworker's support service users to attend healthcare appointments – dentist, hospital, etc. they should take the yellow book to the appointment and inform the relevant healthcare professional that the service user is on warfarin.

(NB Service users attending dental appointments may require a blood test 3 days prior to the appointment).

- Doses of warfarin should be expressed as "mg" rather than number of tablets required. Warfarin is normally prescribed as 1mg (brown), 3mg (blue) and 5mg (pink) tablets. Care workers must ensure they can clearly identify the different strengths in order to administer the correct dose. A combination of tablets may be required e.g. a dose of 6mg may be 2x3mg tablets or 1x5mg and 1x1mg tablets.
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- The pharmacy should be requested to label the warfarin “To be taken as per dosing schedule/yellow book” to prompt the care worker to check this information.
- When updating the dose required the following should occur:  
The INR dosing schedule is posted to the service user’s home or emailed/faxed to the BHSC office. The schedule should be placed with the service user’s MAR Chart as soon as is practically possible. If a dose is required before this can occur, the clinical support team may text (SMS) the care worker the dose to be given. The care worker should also confirm receipt of the text message.
- Verbal messages should only be accepted in an emergency and NOT to communicate routine dose changes.
- When the result is available straight away via the nurse conducting the blood test, the nurse may update the yellow book with the dose to be given. The nurse should fill in the dosage, and sign the book, with name. The care worker may then administer from this dosage.
- If the yellow book or dosing schedule is not available, care workers must not administer until the correct dose has been clarified. The care worker or manager must contact the local anticoagulant service or the GP urgently.
- The intervals of INR tests might vary between a few days to a maximum of 8 weeks. When the new dose is confirmed, the next blood test date should be recorded in the yellow book, so that a check may be made by the care worker that this has been completed.

#### Leaving out medication

- In certain circumstances service users who are assessed, as level 1 or 2 may need doses of medication to be left out by care worker in order to enable a service user’s independence. An example would be a service user who takes a sleeping tablet before bed. No more than one dose should be left out.
- Medication should not be routinely left out in open, unlabelled containers. If service users require medication to be left out for when caseworker’s are not present, any risks involved, both to the person themselves and to other people who may visit the person, e.g. family members or friends and the service user’s capacity to remember to take the medication, should be assessed and actions taken to reduce the risk documented
- Care workers must record on the MAR chart what medication has been left out for the service user to take themselves. The actual administration cannot be recorded because the care worker will not have witnessed it. Instead they should use a code, for example an ‘A’ and provide additional information to support the code used on the MAR chart, written in the daily record.

#### Refusal of medication adequate mental capacity

- It is an individual’s choice not to take medication. Administration cannot be forced but some degree of encouragement can be given.
- If the medication is still refused, the MAR chart should be marked to indicate the refusal – using a code as per the MAR chart. A note should also be made in the daily record documenting this refusal. The refusal must also be reported to the BHSC Clinical team, who can report any regular or persistent refusals to the prescriber. The clinical team may need to contact the GP with a one-off refusal if it is critical that the service user takes the medication e.g. insulin or anti-epileptics.

- Medicines must not be administered covertly to anyone who is deemed to have capacity on whether or not they take medication.
- If you suspect that medicines are not being taken on a regular basis, for example not being swallowed, you should record this in the notes and inform the BHSC Clinical team, who in turn will inform the prescriber. If a service user with adequate mental capacity does this, they can be reminded that it is their right to refuse medication.

#### Non-adequate mental capacity

- The prescriber (and GP if not the prescriber) should assess whether the service user has adequate mental capacity to understand if taking the medicines is in their best interests and that the medicine is essential to the service users health and wellbeing. The doctor(s) should consider the views of everyone involved in the service user's care (e.g. legal advocates, family, care worker, social workers etc.) if a decision to covertly administer medication is made. All decisions must be taken in accordance with the Mental Capacity Act (<http://www.justice.gov.uk/protecting-the-vulnerable/mental-capacity-act>).
- The covert administration of medicines (e.g. disguising medicines in food and drink) must only be considered in exceptional circumstances. Decisions to administer medicines covertly must not be taken by any individual in isolation.
- The decision should be documented in the risk assessment and reviewed as capacity can sometimes fluctuate.
- It may be necessary to refer to section 7.14 regarding crushing of tablets etc.

#### Medication transfers

- If there is a planned trip, where medication will need to be sent with the service user to enable administration e.g. day centre, outing etc. the original packets with the dispensing label attached should go with the service user in order that caseworker's can still administer the medication. If it is not practical to send the whole box, the pharmacy can be requested at the original point of dispensing to supply a smaller quantity that the service user may take.
- In the event of an unplanned trip when it is impractical to arrange a separate supply of medication, and where there is more than one care worker available – a small supply of medication may be decanted into a suitable container. All information on the pharmacy label must be transcribed by one care worker, and checked by a second care worker. One of these should be the person who will be administering the medication whilst the service user is out. A written record must be made to explain why it was not safe or practical to take the medication out in the original containers. This should not be a routine procedure. This can only be done with authorisation from the BHSC Clinical team

#### Administering non-prescribed items (OTC purchases)

- Service users and their families are requested to inform BHSC, of any non-prescribed medicines that are purchased or that a service user wishes to take including e.g. vitamins, minerals and supplements, painkillers, cough syrups, cold and 'flu remedies etc. that have not been prescribed.
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- These are known as “homely remedies”, a term that describes “conventional / proprietary medicines” which are registered legally as medicines to help treat short, self-limiting conditions. Example conditions which may be treated using a homely remedy include indigestion, mild pain, constipation and diarrhoea.
- If a service user wishes care workers to administer a non-prescribed medicine to them, then care workers must inform BHSC Clinical support team and they will seek written confirmation from the pharmacist who supplies the service users prescribed medication.
- Vitamins, minerals and other supplements, homeopathic, herbal medicines, creams, lotions, muscle rubs, glucosamine etc. are not usually legally registered as medicines. However, these types of supplements can seriously interact with conventional prescribed medicines and so a written agreement does need to be clear how these have been considered and are to be managed for individual service users.
- Service Users should be encouraged to discuss any requirements for these preparations with either their community pharmacist or dispensing GP before making any purchases of medicines from pharmacies or other retail establishments
- BHSC Clinical support team will seek to gain confirmation of advice to administer non-prescribed medication authorisation.
- If following discussion with the pharmacist the advice is not to give the non-prescribed - medication, care worker’s should record this and contact the BHSC Clinical team where they will discuss with the service user, pharmacist etc. and inform the Registered Manager of the outcome.
- Once advice and confirmation has been sought, the non-prescribed medication must be added to the service users care plan and their Medication Administration Record (MAR) chart amended
- Care workers should not give advice to service users about minor ailments. The service user may wish to purchase items from a pharmacy or get advice from a healthcare professional and care workers should support this to promote independence and self-care.
- A service user *may* have a pre-agreed list of homely remedies, which can be given to the service user for a limited agreed time. Treatment with a homely remedy should not continue for more than 2 days without medical assessment. A procedure for the administration and recording of homely remedies must be in place. Most medication administration records include a section for recording the administration of homely remedies or this feature should be included if appropriate. If a service user does not have any routinely prescribed medicines but requires a Homely Remedy then the Homely Remedy list can be used as a guide in discussions with a community pharmacist to confirm suitability of products. Service users should be encouraged to discuss any requirements for medicines with either their community pharmacist or dispensing GP before making any purchases of medicines. Care staff should not offer advice to a service user about or purchase on their behalf over-the-counter (OTC) medication or complementary treatments.

N.B.

- All pharmacists have a professional responsibility to supply medication prescribed by GPs and other recognised prescribers. The medication must be
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of a suitable quality and comply with legal and ethical requirements for the packaging and labelling.

- Additionally, pharmacists have a responsibility to ensure that a service user or care worker receives appropriate information and advice to support them in gaining best effect from any medicines supplied.
- There are various options for assistance with medicines related queries. If service users obtain their medicines from a community pharmacy then community pharmacists can very often assist in the first instance. If service users obtain their medicines from a dispensing practice then the query can be placed to the prescribing doctor
- BHSC care workers have the additional support of the clinical team where they come directly to the clinician and they will advise and support on all matters

## **h. Administering Drugs in an Emergency**

There are cases when any delay in not receiving medication on time would significantly impact on the service user's health and well-being.

- Only medication in its original container labelled with the date and service user's name; and with an exact dosage will be administered.
- Care workers may administer medication only if previously authorised in writing by the service user / their representative / GP / Consultant
- BHSC Clinical support team will record in the Care plan and train the care workers for this potential event
- All care staff workers should be notified of any allergies to medications or antibiotics being taken. This will be logged and recorded in the Care plan and the clients MAR Chart if they have one.

## **i. Record Keeping**

- The care plan should detail the level of assistance required with medication. The risk assessment may give additional information. The care worker prior to administering medication should consult both of these. The care plan and MAR chart are a confidential record, which should only be shared with others on a professional basis and with permission from the service user, referring to the Mental Capacity Act when necessary.
- Level 1: General support tasks do not need to be recorded on an MAR chart. A record of any Level 1 tasks completed should be made in the care plan. If the service user has a MAR chart for level 2 administration for other items, the care worker should write, "self- medicating" next to any Level 1 items.
- Level 2 and 3: a Medication Administration Record (MAR) Chart must be used to record when medication is administered by care workers. The MAR Chart must contain all prescribed items
- It is BHSC's responsibility to ensure a MAR chart is available for staff to record Level 2 and 3 administration. A new chart is to be provided each month to each client.
- It is also BHSC's responsibility to ensure any changes to the MAR chart are made in the event of: additional medicines being prescribed, discontinuation of medicines, changes of doses and changes to medication e.g. following hospital discharge.
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- MAR charts must be retained in the service setting whilst in use, then medication records must be stored for three years from the last date of entry in accordance with CQC regulations.
- When emollient creams are prescribed as a soap substitute, moisturiser or barrier cream the care plan should record what the cream is and where it is to be used. When the cream is used, the care worker should record in the daily record.
- A MAR Chart should document all medicated topical preparations prescribed for external or topical use.
- It is not necessary to seek the advice of the GP or Pharmacist to apply emollient (non- medicated) creams and ointments such as E45, Diprobase, Doublebase and Oilatum. If the service user has used them before. These preparations can be used as part of the personal care routine.

#### Temporary Medication Records

- In certain circumstances it may be necessary for care providers to use a Temporary MAR chart. This form may be used when it is not possible to immediately obtain a printed MAR chart and the service user would be at risk if the medication was not administered.
- Care must be taken to ensure that this written record is printed in capitals using indelible ink. The information that is printed on the label of the packet of medication must be copied directly to the recording chart.
- Once a Temporary Medication Administration has been prepared, it should be signed by the BHSC Clinical team and where not possible the care worker who entered the information and the next care worker to administer the medication must check that the record has been completed correctly and countersign.
- Care worker must contact the BHSC Clinical team or nominated representative to inform them that a Temporary Medication Record has been used. The Clinical team or representative will need to put measures in place to obtain a MAR chart from the pharmacist as soon as practically possible.

#### Use of MAR Charts

- NB The legal direction to administer is as per the dispensing label. The MAR chart is a record of medication to be given and medication taken. Both the dispensing label and MAR chart should be an exact match. If this is not the case, the medication should not be administered and the care worker should contact BHSC Clinical team for clarification.
- The MAR Chart is a record of medication that has been administered to the service user; therefore a signature on the chart indicates the medication has been taken by the service user. Medicines not given should be recorded using the appropriate code.
- The MAR chart is a supplementary record to the care plan, and should be reviewed together when necessary.

#### Changes in medication

- Verbal orders must only be accepted in an emergency when the service user's health would be put at risk if the order was not acted upon immediately. Verbal orders must be accepted through the Clinical team they will record the prescriber's name, time and date of call and the new instructions. The new instructions are repeated back to the prescriber. If

possible, a second member of staff can witness. Written confirmation (letter, fax, email) must be obtained with 24 hours from the prescriber. Ideally a new prescription and MAR chart should be obtained.

- Changes to medication must always be confirmed with a prescriber, not a family member etc.
- When changes to medication in medication compliance aids are made, care workers should not attempt to remove or change medication within the aid, but contact the pharmacy or dispensing surgery.
- Verbal orders do not include making changes to doses of warfarin, in response to INR (International Normalised Ratio) levels.
- If a prescriber makes a verbal order to stop a medicine, the BHSC Clinical team should action the request and ensure that written confirmation is obtained from the prescriber within 24 hours.
- Changes or discontinuation of medication by written authority must be fully documented on the MAR chart, together with the date, time and name of the authorising health professional. The person completing the form must sign and print their name on it.
- Care workers must ensure they are working to current instructions on the MAR chart or care plan and/or risk assessment and must not continue to use medicines which the doctor/hospital has discontinued/adjusted. These may remain on the premises but should be disposed of at the earliest opportunity according to the procedure laid down in Section 9.
- Care workers and BHSC Clinical support team must ensure following a hospital discharge that service users are receiving the correct medication, as there may have been changes to the medication list. Information may be found on the discharge medication list, or by liaising with the service user's GP. BHSC Clinical team must be informed immediately and they will liaise with GP etc. and amend the MAR Chart
- Care workers or Regional care managers must inform the clinical support team of any changes to MAR Charts mid cycle. The clinical support team will amend immediately on current chart and then amend on following monthly charts where appropriate
- Clinical support team will be taken through handwritten amendments by prescribers who must put a line through any discontinued medicines, initialling and dating at that time plus make a new entry which is clear for care workers.
- The care plan must be updated by the clinical team where needed stating any changes that might have occurred.
- Any existing medicine, which can be used up, should be used up by annotating the label of the prepared medicine to indicate that a change of frequency has been made but the supply can be used up before the next dispensing falls due.

## **j. Disposal of Medicines**

- Medicines belong to the person for whom they were prescribed and cannot be removed without that person's permission, or Mental Capacity Assessment if required.
- The service user or carer should be encouraged to return excessive amounts of unused or unwanted medicines to a pharmacy. They should not be
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encouraged to add them to their household waste or flush them away via the toilet.

- Empty bottles of liquid medication may be rinsed out and disposed of in the household waste.
- Unsealed clinical waste or sharps containers must not be removed from the service setting by care workers. Sealed sharps containers should be returned to the GP surgery or health clinic for disposal.

#### Dropped and single dose disposal

- Dropped tablets can be avoided with good administration technique e.g. preparing doses over a work surface. In the event that a tablet is dropped, the care worker should assess the situation and ask the service user if they want a new dose prepared. If medicines are disposed of a note should be made in the daily record of what medicines have been dropped and returned to the pharmacy.
- Care workers should not dispose of any medication in household waste or by flushing down the toilet. A small container or envelope may be used to return single doses to the pharmacy or dispensing surgery.
- If doses of medication are disposed of, a new prescription may be needed to replace these doses, the care worker should arrange with their Clinical support team.

#### **k. Controlled Drugs**

- In domiciliary service settings there are no requirements for Controlled Drugs to be stored or administered any differently to other medications.
- However, security of all medication should be considered and stored appropriately in the home
- A witness is not required to administer Controlled Drugs (CD). However, at BHSC we believe in promoting good practice and clients on controlled drugs have a pre printed form with their CD's recorded on. Care workers record the correct amount of tablets, liquid etc. Pre and post administration and count in new stock
- Any incidents where controlled drugs go missing Contact must be made with: BHSC Clinical support team, CCG and the Registered Manager
- Any suspected abuse of controlled drugs (both by care worker or service users) Contact must be made with: BHSC Clinical team, CCG and the Registered Manager

#### **I. Mistakes & Incidents**

- Should care workers miss, omit or in any way incorrectly administer a dose; the error must be reported to their Regional Care Manager (RCM). This also applies to errors that care workers identify, but have not made themselves e.g. errors made by prescribers, pharmacists and other care workers professional consulted.
- The RCM should ensure the following action is taken: Complete a clinical incident form and email completed form to Clinical Director who will ensure incident is investigate and Clinical team will Seek advice from the GP or
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appropriate health professional immediately e.g. Out of Hours service, 111 etc. if necessary or appropriate

- Enter the details of the error in the care record, and on the MAR chart if appropriate
- Make a note of any changes or deterioration in the service user's health or behaviour.
- If following consultation with a health professional there is a belief that the error could have led to harm and injury, then CQC and the service user's care worker must be informed in writing.
- The error must be recorded on the MAR sheet and recorded on the service user's file.
- Errors should also be reported as incidents under the provider agency accident/incident reporting system. It is a requirement that incidents involving Controlled Drugs (CDs) are reported in writing and brought to the attention of the Accountable Officer for Controlled Drugs – all providers of home care services employed by WVT should ensure that errors involving Controlled Drugs are brought to the attention of the WVT Chief Pharmacist

#### Recurring incidents

- If the same or a similar incident occurs that relates to the same or long-term.
- Poor practice can result in harm when risks are not identified and no action is taken to prevent further incidents occurring or the concern escalating. Incident logs should always be checked for patterns by those recording incidents, BHSC RCM's and those responsible for monitoring the effective implementation of that organisation's incident policy the Clinical team and the Clinical Director.
- RCM's and staff have a duty to have systems in place that enable them to identify patterns/cumulative incidents and to raise an alert if there are a number of these, even if some are retrospective.
- If there is any doubt regarding whether an alert should be raised under these procedures this should always be discussed with the local adults social care team.

#### **m. Audits & Risk Management**

Risks will be managed, monitored and mitigated by the following mechanisms:

- Any discrepancies / errors should be fully investigated immediately using BHSC clinical incidence form and all reports will be investigated and recommendations given from the Clinical support team
- Observational supervision will be undertaken periodically by the Clinical support team or the Regional care manager
- Quality Assurance auditing and monitoring by BHSC Management
- Regular Medication audits by BHSC
- Close liaison between BHSC Clinical team, Trust managers and medicines management team, and the CCG's contracts and training departments.

## 17. Confidentiality

### POLICY

It is the aim of the Company to maintain the confidentiality of Patient information. It is a necessary requirement that the Company receives detailed information regarding the:

- Care and clinical support needs.
- Financial information.
- Personal details.

Of the Patient - the privacy of this information and the need for confidentiality must be respected at all times.

### GUIDELINES AND PROCEDURE

Patients have a right to access their personal information held by the Company. Where patients have requested to view this information contact the Managing Director

Patients have a right to expect that information given in confidence will be used only for the purpose for which it was given and will not be released to others without their consent. They have the right to agree that information may be passed on to others and no action will be taken for breach of confidentiality as this consent would be a complete defence.

Where it is appropriate to share information obtained in the course of professional work with other health or social workers the individual who obtained the information must ensure, as far as is reasonable, before its release that it is being imparted in strict professional confidence and for a specific purpose.

Disclosure to authorised persons can only be made with the patient's consent unless an emergency makes such permission unobtainable.

Authorised persons are those with direct need for information relating to the patients welfare for example:

- Health Care Professionals.
- Case Managers.
- Care Managers.
- Domiciliary Care Inspectors (CQC).

Relatives, neighbours, family friends do not necessarily constitute authorised persons. The main exceptions to maintaining confidentiality are shown below:

- Consent of the patient.
- Disclosure in the interests of the patient.
- Court order for disclosure.
- Statutory duty.
- The public interest.

### DISCLOSURE IN THE INTERESTS OF THE PATIENT

It is impractical to obtain the consent of the patient every time there is a need to share information with other health professionals or other staff involved in the health care of that person. It is important that the patient understands that some information may be available to others involved in the delivery of their care. They must know who the information will be shared with.

#### STATUTORY DUTY TO DISCLOSE

There are acts of Parliament, which require the production of confidential information.

- Prevention of Terrorism Acts.
- Road Traffic Acts.
- Public Health Acts.
- Police and Criminal Evidence Act 1984.
- Misuse of Drugs Act 1971.

It is essential that there is good justification to disclose confidential information when relying upon an Act of Parliament.

#### PUBLIC INTEREST

Public Health legislation requires the reporting of notifiable diseases. This information is normally reported by a doctor (see information in RIDDOR booklet on notifiable diseases at the end of the RIDDOR POLICY).

#### MAINTAINING CONFIDENTIALITY

Case managers are responsible for ensuring workers are advised not to leave documentation in a place where an unauthorised person could gain access to it, or discuss patients in a public place.

Case managers are responsible for ensuring all written personal records held concerning Patients in Branch Offices are kept securely in a locked cabinet.

Any records that are stored electronically will be held in accordance with the requirements of the Data Protection Act 1998 (see separate policy on Data Protection).

All computers at Head Office and branch level are protected by personal access codes. Access to electronically stored information is further protected by the level of access offered to the user.

Hard copies of patient names and addresses or staff names and addresses that have been generated via the computer e.g. problem lists, availability lists, etc., must be destroyed either by burning or shredding. Under no circumstance may such information be disposed of with household rubbish.

All personal information on patients and staff will be held for 80 years under the care standard requirements. After that time information may be destroyed either by burning or shredding. Under no circumstance may such information be disposed of with household rubbish.

#### BREACHES OF CONFIDENTIALITY

The Company recognises that information concerning a patient's circumstances of any nature is confidential and disclosure of any information to unauthorised persons will be treated as gross misconduct.

All staff will be given written information regarding patient confidentiality. A signed record that they agree to comply will be retained in their personal file.

Patients will be given information on confidentiality and access to their records in their patient guide.

You agree that you will not use, divulge or communicate to any person, firm or organisation (and in the course of your business) any of the trade secrets or other confidential, technical or commercial information of the Company relating to the business, organisation, accounts, analysis or other affairs of the Company's which you may have received or obtained while working for the Company. This includes;

1. Any information relating to the trading position of the Company including in particular names of Clients or customers.
2. Any document or item marked as confidential

This restriction will continue to apply after the termination of your employment but will cease to apply to any information, which may come into the public domain through disclosure by the Company

## 18. Whistleblowing

This means the disclosure to authority of the misdemeanours on the part of colleagues or carers of other organisations. If acting in good faith, any would be expected by the Company to report any misdemeanour to malpractice whether one-off or on going.

The Company recognises the Public Interest Disclosure Act 1998, which gives statutory protection to staff members who disclose information. Protection is also given to the individual where – if they have good reason for doing so - they raise the matter outside the organisation.

The Act is not an avenue for pursuing a grievance about a personal situation. POLICY

The Company will endeavour to provide all the necessary assistance with regard to all acts of whistle blowing with regard to open and honest communication without fear of reprisal.

The Company recognises that in many cases staff may be unwilling to make a complaint or to formally raise the issue for a variety of reasons that may include:

- Fear of retaliation or humiliation.
- Fear that others will consider the act trivial or unacceptable.
- Fear that whistle blowing will not be taken seriously, and that no action will be taken.

The Company operates in a totally open manner. To this end there should be no bad practice by anyone at any level within the organisation. This includes individuals we associate with in the course of work.

All disclosures will be treated in a confidential manner both in the reporting, recording and storing of documents (see also Confidentiality).

MISDEMEANORS OR MALPRACTICE INCLUDE:

- A criminal offence.
- Failure to comply with legal obligation.
- Falsifying records.
- Endangering someone's health and safety.
- Any type of abuse.

Qualifying disclosures are protected provided that the worker makes the disclosures in good faith, reasonably believes that the information and any other allegation contained in it are substantially true, and does not act for personal gain. One or more of the following conditions must also apply:

The staff member reasonably believed that he or she would be victimised if he or she had made the disclosure to the Branch or to a prescribed person There was no prescribed person and the worker reasonably believed that disclosure of the branch would result in the destruction or concealment of evidence

The staff member has already disclosed substantially the same information to head office or a prescribed person.

REPORTING PROCEDURE

It is the Company's policy that all staff members should report any actions inconsistent with its provisions.

Staff members should raise the issue with the colleague. This line of reporting is preferable - and is at the heart of the Public Interest Disclosure Act - to raise the matter internally if appropriate and practical.

If your allegation concerns Management you should report it to:

- a) The Managing Director of the Company
- b) The Local Authority and The Care Commission if the alleged malpractice concerns a Director or Company as a whole.

All matters of a whistle blowing nature will be conducted in a fair, sensitive and confidential manner. There will be no victimisation of any staff of staff making any whistle-blowing activity or helping someone with such an activity.

All steps will be taken by the colleague to prevent victimisation, proven acts of victimisation. Every effort will be made to provide regular feedback to the person raising the concern.

## **19. Clinical Incident & Reporting**

Any incident must be reported. This can be anything that is out of the ordinary for that service user.

If something happens that you do not deem as 'important' or 'dangerous' if it is not normal for the service user then it needs to be reported.

If you are unsure whether to report something or not – please contact your Regional Care Manager (RCM) or member of the Clinical Support team (CST) to check.

Should a non-emergency incident occur on your shift, you must to ensure the service user is safe and then complete an Incident Report form (these should be available at your place of work). The incident report form should then be sent to your RCM / CST via email, and a courtesy call made to them so they know to expect it and why.

An emergency incident should be dealt with immediately – the service users safety must come first, if an ambulance is needed this must be called before anything else happens, should you need medical advice call their G.P or for any clinical advice you can call your CST. Once your service user is safe, you need to report over the phone to your RCM / CST what happened and then fill out the Incident form once it is safe to do so. This must be emailed to the RCM and CST and you must ensure they have received this email.

Your RCM should be contacted first if the incident is operational i.e.: Staff member not turning up, incorrect shift on rota etc.

Your CST should be contacted first if the incident is clinical i.e.: Medication error, hospitalisation etc.

A copy of the incident form has been attached to this document  
For your information.

### Clinical Incident Report Form

<b>Name and role of person completing this form:</b>
<b>Signature of person completing this form:</b>
<b>Date:</b>

#### Incident

<b>Date and time of incident:</b>
<b>Name/s of person/s involved in the incident.</b>
<b>Description of incident:</b>

<b>Witnesses (include contact details if necessary):</b>
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#### Reporting of the incident to

<b>Incident Reported to:</b>	<b>Date:</b>
<b>How (this form, in person, email, phone):</b>	

**Follow up action:**

**Signed:**

**Designation:**

Incident rating:

RED

AMBER

GREEN

## **20. Performance Monitoring & Supervision**

We actively seek feedback from Clients upon introducing a candidate to them for the first time, and periodically thereafter.

We will enquire about performance, levels of competence, practice and standards, teamwork, time keeping and training needs that may have been identified. We will provide all Workers with feedback on their progress.

Performance supervisions are an integral part of ensuring quality standards are met. BHSC ensures that job performances are routinely formally assessed against expected care standards and identifies opportunities to enable workers to improve their professional skills.

For ongoing assignments within BHSC all temporary workers are required to be annually appraised.

Each Worker will undergo regular supervisions and then a formal appraisal every 12 months.

Your Regional Care Manager or another appropriate member of BHSC staff will carry out your appraisal. We are required to take into account when assessing your clinical practice, the results of any quality assessment questionnaires completed by our Clients and the results of spot checks, supervisions and other reviews undertaken by BHSC