MEDICATION SUPPORT IN COMMUNITY SETTINGS (Supported Living, Extra Care & Domiciliary) Corporate Policy

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Signed off by	Anna Lund Chief Executive
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1. SUMMARY

1.1 Creative Support's medication policy is intended to provide staff with the appropriate support and guidance to ensure they manage medication with or on behalf of service users in line with current legislation/guidance, such as:

Medicines Act (1968)
Misuse of Drugs Act (1971)
Misuse of Drugs (Safe Custody) Regulations (1973) and *Misuse of Drugs (Safe Custody) (Amendment) Regulations* (2007)
Article 27 of the *Council of Europe Recommendation of the Committee of Ministers to Member States* as detailed in the *16th General Report of the European Committee for the Prevention of Torture* (2006), Sections 36 -54
Mental Capacity Act (2005)
Mental Health Act (2007); in particular Section 32, amending section 17 of the 1983 *Act*, 'Community Treatment Orders'
Health and Social Care Act 2008 (Regulated Activities) Regulations (2014)
Care Act (2014)
NICE Guidelines: *Managing medicines for adults receiving social care in the community*, 30 March 2017

1.2 Creative Support provides a range of community based support and care services including; supported living, outreach, domiciliary and extra care services to individuals with a wide range of support needs. Each individual will require an agreed procedure in which the assessment, planning, ordering, storage and administration of medication will be agreed.

1.3 In order for staff to maintain safety, the most appropriate levels of support to individuals in respect of medication, this policy must be adhered to.

2. GOVERNANCE

2.1 All Creative Support service provision is delivered in accordance with commissioning and contractual arrangements. It is essential that all services comply with contractual requirements in respect of the governance of medication. This should include clear information on accountability in respect of all aspects of medication support and it should be clearly highlighted in the local medication policy who is accountable for the following areas:

a) Assessing and reviewing medication support
b) Joint working and information sharing
c) Record keeping
d) Managing medication concerns
e) Administering and supporting individuals with taking medication and medication compliance
f) Covert administration
g) Ordering and delivery of medication
h) Storage and disposing of medication
i) Staff training and competency.

2.2 **Local medication policy.** Where local contractual or commissioning arrangements require additional approaches to those outlined in this policy, a clear local medication policy should be developed. The creation and implementation of the local medication

policy is the responsibility of the Registered Manager, Service Manager or Service Director. This task maybe delegated to an alternative manager as required.

2.3 **Quality Assurance.** This policy has been vetted by the Quality and the Executive Management teams. The policy will be reviewed every three years and in line with any changes to legislation/good practice. To ensure that Creative Support's medication policy is being implemented at each service there should be:

- Regular internal quality audits, completed by managers or members of Creative Support's Quality Team.
- Medication spot checks as part of local management procedures.
- Compliance with external audits, including CQC and Local Authority audits.

3. ASSESSING AND REVIEWING MEDICATION SUPPORT

3.1 The assessment of medication support may take place during the referral process, at the initial assessment, through the statutory assessment processes, as part of a discharge planning process, during support planning or as a separate medication assessment/plan. Medication support is any support that would enable an individual to manage their medication and will be different for each individual. Individuals should always be encouraged to take an active part in managing their medication and assessments should include, as appropriate; family members, prescribing practitioners, health and social care professionals, pharmacists and other members of the individual's circle of support.

3.2 **Mental Capacity.** Under the *Mental Capacity Act* (2005) there is a presumption of capacity unless there is evidence to the contrary. Mental capacity is linked to a particular decision; this includes decisions about medication and its administration.

3.3 There may be situations where the capacity to make decisions is never attained: for example, a person born with a severe learning disability. In other cases capacity is attained but subsequently lost due to a combination of several factors, such as a medical disorder or a traumatic injury/Acquired Brain Injury. In some cases, capacity may fluctuate during periods of illness or the loss of capacity maybe permanent, for example in some cases of dementia or persistent vegetative state.

3.4 Individuals referred to Creative Support may have already been subjected to mental capacity assessments and best interests decisions may have been made in respect of medication, the outcomes of which must be followed in respect of medication administration. Alternatively, individuals may have a court appointed deputy for Health and Welfare or a Lasting Power of Attorney who will be able to be the decision maker in best interest processes.

3.5 Where it is felt that an individual does not have capacity to make a decision about their medication support, the mental capacity and best interest process must be followed. (See *Mental Capacity Act* policy).

3.6 **Medication Assessment and Support Plan.** The focus of the Medication Assessment and Support Plan is to enable individuals to successfully take the medication they are prescribed. This may mean a joint approach with the individual themselves, family members or other health and social care professionals. All assessments of medication should inform relevant documents such as the support plan, person centered plan and risk assessment.

3.7 The Medication Assessment and Support Plan must highlight any areas where an individual's rights are restricted; for example, when a person is subject to a Community Treatment Order (CTO), which may require the person to receive medical treatment, including medication. Under these circumstances the Medication Assessment and Support Plan must state what action should be taken by staff if the person does not comply with their CTO. A copy of the order should be requested from the care manager to keep on file.

3.8 Medication assessments and support plans should be reviewed in line with changes to medication regimes as appropriate, following hospital admissions, following on from any concerns about medication management or on an annual basis. It is expected that the medication support required is clearly documented in support plans, assessments and statutory care plans. It is good practice to use Creative Support's Medication Assessment and Support Plan document when possible.

3.10 Medication support could include any of the following:

- Prompting individuals to take their medication as prescribed
- Supporting an individual to open bottles or access tablets but not administering
- Supporting individuals to read labels on their medicines
- Supporting individuals to order and store their own medication
- Liaising with medical practitioners and pharmacists to order medication as prescribed
- Support individuals to take and/or administer over the counter medication (see Section 7 of this policy)
- Staff members being aware of which medicines are prescribed for individual service users at specific times within the day
- Staff administering time-sensitive medication
- Staff members selecting and preparing medicines from a labelled container; including monitored dosage systems, labelled bottles and/or labelled boxed medication
- Staff members selecting and measuring a dose of liquid medicine for the service user to take
- Staff preparing thickened drinks and/or the provision of nutritional supplements
- Staff members applying medicated cream/ointment, inserting drops to ear, nose or eye and administering inhaled medication.
- Administration of Warfarin
- Administering and effective recording/storing of all medication, including controlled drugs
- Recording that a service user has had the prescribed medication or the reason for not administering it
- Administering and/or monitoring medication as part of a CTO.

3.11 **Specialist Medication.** Individuals may be prescribed specialist medications such as Warfarin, Clozaril or Buccal Diazepam, which require unique processes to ensure their safe storage and administration. Medication Assessment and Support Plans should therefore include the following information where relevant:

- Contact details for local specialist clinics (Clozaril, Warafin etc.)
- Clear processes for monitoring and administration, including feedback from blood tests, access to Warfarin, yellow books etc.
- Signs and symptoms for concerns (high temperatures when taking Clozaril for example) and actions to take if concerns arise in respect to specialist medication

- Appropriate storage and access to medication, especially emergency rescue medication such as Buccal Midazolam
- Reference to individual management plans for specialist medication (where appropriate)

There are **medical tasks that should only be completed by a health professional.** These include:

- Administration of injections other than pre-loaded insulin pens/EPI Pens
- Administration of suppositories or pessaries
- Re-insertion of gastrostomy tubes; catheter tubes; nasal gastric tubes
- Pressure injuries/ulcer dressings.

The following tasks should only be carried out by staff once clinical guidance has been provided in writing by a designated clinician. Should the following medical tasks be required, additional training should be provided and referral should be made to the *Clinical Delegation and Accountability* policy:

- Peg feeding
- Buccal Midazolam
- Use of EPI pen
- Giving oxygen
- Using nebulizers
- Supporting individuals to test blood sugar levels.

3.12 Medication support can only be provided with the consent of the individual receiving the support. The exceptions to this are if an individual is under a Community Treatment Order (CTO) or a best interest decision has been made in relation to the capacity of the individual to make a decision on their medication support. A family member, social worker or other professional may not sign the Medication Assessment and Support Plan on the behalf of anyone, unless they are a court appointed Deputy or have Lasting Power of Attorney.

3.13 **Reviewing Medication.** Medication should be reviewed regularly by the prescriber and there is an expectation that all individuals will have all medication reviewed annually including PRNs and topical creams. It is, however, important to remember that where medication is thought to be ineffective, inappropriately managed/prescribed or causing concerns or adverse side effects, staff should request more regular or immediate reviews of medication.

3.14 Reviews of medication and medication support are required to check that individuals' needs and preferences are being met. Medication assessments and support plans should be reviewed at least annually or if there has been a change in circumstances such as:

- Change to medication regime
- A concern has been raised, such as on-going medication errors
- Hospital admissions and discharges
- Life events such as bereavements, change in social circumstances/house moves/support networks.

4. JOINT WORKING AND INFORMATION SHARING

4.1 Joint working with the individual, health professionals in primary and secondary care, GP's, family members, pharmacists and any specialist nurse practitioners, is essential to ensure the safe management and administration of medicines. Health professionals have a very important role to play in the reviewing and monitoring of medication and the provision of advice for care and support staff.

4.2 Specifically, support and guidance should be sought for the following areas:

- If medication can be simplified in terms of regime
- Clear information on time sensitive medication
- Up-to-date information on required dosages, specifically where these may alter (Warfarin)
- If medication can be discontinued
- If medication can be administered in a different way, for example in a liquid form, crushed or via patches
- If there are concerns about medication compliance, side effects or concerns about other substances such as illicit drug use or alcohol which may have an impact on the medication or increase risks
- For an annual review of medication
- For specialist support that may be required, health professionals should only delegate specialist support when the individual or a family member who holds Lasting Power of Attorney for health and well-being, gives consent. Staff have been fully trained in the required area, and when there is a clear agreement in the Medication Assessment and Support Plan.

4.3 **Working with pharmacies.** Where Creative Support have agreed the responsibility for the administration of medication, it is essential that the pharmacist provides a MAR sheet for staff to record administration effectively. This includes medicines supplied in monitored dosage systems, as required by the *Human Medicines Regulations* (2012). Where pharmacists are unable to do this, staff should discuss with the individuals the requirement to source a pharmacy who can provide this service. Creative Support's MAR charts should only be used as an interim measure. Should staff need to complete these, they must do so in line with good record keeping practices (see Section 5).

4.4 **Information sharing.** Effective communication in respect of medication is essential to minimise risk and to ensure that the correct use and the positive benefits of medication is maximised.

4.5 Staff must ensure that information is shared with relevant individuals, in line with the individual's expectations of confidentiality. This can be agreed within their Medication Assessment and Support Plan. This may include the following individuals:

- The person themselves and family members
- The prescribing health professional, specialist nurses, district nurses and the supplying pharmacist
- Other care agencies, for example day services, respite services or where care and support is shared between organisations.

4.6 Creative Support staff should provide the prescribing health professional with contact details for a key worker, manager or other named individual who has been authorised by the individual directly, their Lasting Power of Attorney or via a best interest decision, to be informed of any changes to medication.

4.7 It is expected that the prescribing health professional will inform Creative Support staff of any changes to medication. When changes occur these should be communicated in writing, in the form of a new prescription or written instruction, which should be sent to Creative Support or the supplying pharmacist by an agreed method, such as secured email or secured fax.

4.8 Where a verbal request is made, this must be clearly documented on the individual's MAR sheet and communicated to all staff members immediately. Verbal requests should be recorded in client records, stating the following information:

- Name and position of person requesting the change
- Date and time request made
- Specific information on the change, i.e. dosage, time and medication. Staff should ensure that names of medications are clearly recorded and should double check the spelling with the prescriber.
- Where possible, the verbal information should be repeated by the prescriber to another staff member, family member or the person themselves.

4.9 Alterations to MAR sheets should be completed, where possible, with two staff members and countersigned to confirm that the information is accurate. Written confirmation should be provided as soon as possible by the prescribing health professional for the changes to be implemented permanently.

4.10 **Service user move on.** When an individual leaves the care or support provision, or their care/support is transferred to another provider, it is essential that there is good communication and organisation to ensure that the individual's medication regime is not impacted upon. The prescribing health professional/dispensing pharmacy should be informed of the move/transfer date as soon as possible. Contact details for the new provider, where applicable, should be provided and any current medication in use should be signed out to the new provider on the date of transfer.

4.11 **Hospital admission and discharge.** Medication is a key element of an individual's admission and discharge from hospital; and as such it is essential that Creative Support staff have clear information on the location of individuals' grab sheets, hospital passports or other documents that clearly outline prescribed medication for the individual who is being admitted to hospital.

4.12 In all emergency admissions, there must be a clear process for handing over correct information about the individual's medication. This could be the MAR sheet or other specific grab sheets.

4.13 When the individual is discharged from hospital and Creative Support have responsibility for storing and administering medication, all medication must be checked back in using the appropriate medication log, and should be counted and signed for accordingly.

4.14 Where any changes are made to medication these must be clearly documented and new MAR sheets must be sought from the pharmacy. Where individuals are discharged from hospital without a pharmacy MAR sheet, Creative Support's MAR sheets may be utilised to ensure safe and effective recording.

4.15 Where discharge summaries are provided, these should be communicated to the prescribing health professional and pharmacist to ensure that all parties are aware of any changes to medication.

4.16 When individuals are discharged from hospital, staff should check whether a review of their medication support plan is required. Where there have been significant changes to a medication regime, a reassessment is advised.

5. RECORD KEEPING

5.1 The *Health and Social Care Act 2008 (Regulated Activities) Regulations* (2014) require all providers who support individuals with medication to maintain accurate and up-to-date records about medicines for each person receiving medication support.

5.2 It is essential that medication documents and records are accurate and up-to-date. They must be accessible to individuals who are involved in the management and administration of medication: this may include staff members, family members and the individual themselves. It should be noted that medication records contain confidential information and should be stored in line with the corporate *Data Protection and Information Governance* policy and related procedures.

5.3 Creative Support has a range of documents to support staff in keeping up-to-date and accurate records of medication. The use of these documents will be dependent on the type of medication support required.

5.4 **Medication Assessment and Support Plan** All new community based service users should where possible have a Medication Assessment and Support Plan in place. Where this is not practicable this information must be clearly highlighted and accessible in other key documents such as care/support plans, health action plans, risk assessments and statutory care plans. It is expected for individuals whose care and support predates this policy, that their information will be updated into a Medication Assessment and Support Plan at their next annual review. The Medication Assessment and Support Plan include individuals' permission to provide the medication support they will be receiving.

5.5 **MAR Chart (Medicines Administration Record)** A MAR chart must be in place for staff to record all medications that are administered. This includes creams and inhalers. Staff should refer to the printed code on the MAR chart to clearly record if a person refuses their medication or this is omitted for any other reasons. MAR charts should be provided by the dispensing pharmacist. When medication is delivered and a new MAR provided – this MAR should be checked again the previous MAR for PRN medication, creams, eye drops, etc. Where medication is not included on a MAR, staff should request a MAR from the pharmacy. Where this is not possible, staff should follow the below process:

Where a pharmacy is unable to provide a MAR chart, staff should complete a Creative Support MAR chart. Any entries onto a MAR should be completed and checked by two staff (where possible). The MAR chart must contain the following information:

- Name and date of birth of service user
- Name and contact details of GP
- Name and contact details of prescribing pharmacy
- Any known allergies
- Full name of medication (a separate box *must* be completed for each medication), formulation and strength of the medication
- Dosage
- Time/times of dose. Where this is a time-specific medication, the exact times *must* be entered onto the MAR sheet

- The route of administration (how the medication is taken)
- Any date to stop or review the medication
- Any specific instructions, such as with food, or dispersible etc.

Where only one staff member is available to complete this task, they should contact their line manager, their local on call or Head Office to verbally approve the MAR chart.

5.6 Once a medication has been administered and observed, staff should initial in the corresponding box to state this has been taken. Where staff are not required to observe individuals taking their medication as part of the agreed Medication Assessment and Support Plan, they should use the appropriate code on the MAR chart to highlight that the medication was left for the service user to administer.

5.7 A list of staff signatures and initials should be kept in the local office. Staff must have up-to-date medication training and follow the guidelines as set out below.

5.8 **Body Map: Topical creams.** Topical creams are those which are applied to the surface of the skin. A body map should be utilised to clearly demonstrate to care and support staff where topical creams should be applied. Body maps should be updated following changes to prescribed creams and ointments and reviewed annually or as medication changes.

5.9 **Body Map: Derma patches.** Individuals may be prescribed derma patches, which are placed on the skin and changed in line with prescribed needs; this could be daily, weekly or at other specified intervals. Body maps should be utilised to clearly identify the date and position the patch was applied. Body maps for derma patches should clearly highlight the following:

- Full name of medication
- Dosage
- Frequency of/ day of patch change
- Positioning of patch (and required rotation).

5.10 **PRN protocols.** PRN is medication which is issued by the Consultant or GP to be taken when required or as needed. It should be acknowledged that PRN medication may on some occasions be required for our service users. Such medication can on some occasions work towards preventing admission to hospital, or may be prescribed as pain relief. Where Creative Support is responsible for the administration and/or storage of PRN medication a written protocol must be implemented. This should include the following areas:

- Clear written evidence on file stating the times, dosage, frequency, interval level and exact circumstances under which the PRN is to be administered, which must include details of what symptoms the service user states they experience as well as those they display.
- This written plan must be agreed with the individual and/or prescribing clinician/CPN/Care Manager.
- This written plan must be reviewed every 12 months or when any changes are made.

5.11 **Specialist recording.** There may be times when additional recording is required: for example, the use of thickeners or food supplements may require specialist or additional MAR charts. It is essential that local policies or individuals' Medication Assessment and Support Plan clearly highlight how additional recording will be completed. Where an individual is prescribed thickeners a separate MAR chart should be in place to

include descriptions/photos of the required consistency. This document should only be used with guidelines from the Speech and Language Therapy (SaLT) Team.

5.12 **Care notes/Summary of Works/Daily Records.** All tasks identified in the Medication Assessment and Support Plan once completed should be recorded in the service user's daily records. This includes prompts, administration, any authorised changes to medication, refusals or concerns. Where concerns are raised, these should also be managed through the appropriate routes (see Section 6 below).

5.13 **Record keeping – periods of absence.** There may be periods of time when individuals are away from the usual place where their medication is stored (for example going out for the day or going on holiday). If this is a regular activity then there should be a clear agreement in the individual's Medication Assessment and Support Plan of how this should be recorded. This should include the following:

- Documented agreements for regular administration by others (day service, family members) and how this will be recorded and communicated.
- If individuals are attending day services, a written agreement should be on file highlighting the responsibility for administration/observation and the receipt and return of the medication/blister pack etc.
- If individuals' family members are regularly administering medication, a clear and agreed protocol for this must be highlighted in the Medication Assessment and Support Plan. Where an individual lacks capacity, a best interest decision should be made in respect of family members administering medication.

Any medication that Creative Support are responsible for administering must be signed for if taken from the premises by a family member, health professional or other individual to dispense when away from home, for example whilst on holiday, using a Social Leave Form. Medication cannot be removed from the original container and placed in another bottle or envelope, as this would be classed as secondary dispensing. If an individual uses a blister pack, then the blister pack must be signed out with clear information on the number of dosages remaining and again signed back into the service user's home on return, again (where practical) checking the number of dosages on return. Staff should ensure that the MAR chart is completed using the correct codes to highlight the individual was away from the service.

5.14 Where the responsibility for holding, storing and dispensing is passed to another individual, clear information should be noted as to who has been informed and what agreements have been made in respect of allocating this responsibility to another party. This may be a family member, service user or other professional: again, clear information that the medication cannot be removed from the original container must be displayed and communicated.

6. MANAGING MEDICATION CONCERNS

6.1 The safe management of medication can be very complex, especially where individuals have multiple medications for several long term health conditions, fluctuating capacity or other risk factors such as alcohol or substance dependency. It is important that there is a culture of openness and diligence that encourages staff at all levels, service users, family members and other professionals to report any medication concerns.

6.2 While all efforts must be made to prevent errors from occurring, it is unrealistic to expect that errors will never occur. What is essential is that staff, services, managers

and the wider organisation evaluate areas of concern, and learn and develop practice in light of errors and concerns. Ways in which this can be achieved can include one or all of the following:

- Reviewing an individual's Medication Assessment and Support Plan
- Additional support and guidance for staff members, including training, observations and supervisions
- Analysis of incidents to establish any themes connected with medication errors or concerns
- Reviewing local medication systems and practices, including ordering, delivery and storage of medication
- Reviewing the surrounding environment in respect of medication administration and assessing appropriate changes that could improve practice.
- Reviewing and changing the frequency of medication checks
- Sharing good practice and lessons learned through local and national Social Care Governance (SCG) meetings, or through Creative Support's Quality Team based at Head Office.

6.3 Where there has been clear learning locally or nationally, this should be shared with staff members, health professionals and prescribers, individuals and their circle of support. This can be through feedback, team meetings following a safeguarding alert, at a medication review or as part of a national campaign, training or manager conference.

6.4 Care and support staff should always raise concerns about medication with their manager/on-call or seek medical advice from a professional. Concerns may include, for example:

- Refusals of medication
- Medications not being taken in line with prescribers' instructions
- Possible adverse side effects; these could include an increase in falls or ill health
- Stockpiling of medication
- Medication errors or near misses
- Possible misuse of medication
- Possible misappropriation of medication
- Changes or concerns about an individual's mental capacity to make decisions about their medication
- Changes to the person's mental or physical health
- Lack of medication stock; failures to prescribe or deliver in time.

6.5 **Medication errors.** Medication errors can occur due to system issues or poor communication, there are occasions when medication errors occur due to poor practice, lack of diligence or competence of a staff member. Medication errors include the following issues:

- Pharmacy misadministration
- Missed medication
- Over-dosing of medication (administered by staff)
- Under-dosing of medication (administered by staff)
- Incorrect administration (wrong person, wrong time, wrong route)
- Poor record keeping, including failure to sign or incorrect signing (wrong date, wrong time, wrong medication etc.)

6.6 All medication errors must be reported to a senior member of staff, duty manager, local on call or the Out of Hours service immediately. Medical advice should always be sought following a medication error, either from the prescriber, a health professional (such as a Nurse or GP), Pharmacist, 111 or if there are serious and immediate health concerns by contacting 999. An incident report should be completed for all medication errors.

6.7 Medication errors can be allocated to one of four levels. These are dependent on type of error, severity or potential severity and outcome all of which require further action. Managers should refer to the Medication Errors Flowchart for guidance on how to manage different level medication errors. If a medication error is deemed a safeguarding issue, action should be taken in line with local authority procedure.

6.8 Example of different levels of medication errors are identified as follows:

Level 1 – These are examples of medication errors that as an organisation would not necessarily be deemed as a safeguarding: however, the correct procedure should be followed:

- Inaccurate dispensing from packaging (correct medication/wrong day)
- Poor or no recording on MAR chart
- Failure to complete and/or record stock checks
  Failure to complete identified audits (including management audits of medication)
- Failure to effectively store medication
- Failure to effectively order medication
- Failure to effectively sign medication in or out of the service
- No harm caused to individuals

Level 2 – Medication error including:

- Repeated level 1 errors
- Over or under dosing of medication
- Missed medication
- Administering medication at the wrong time or the wrong day
- Potential or immediate harm caused to an individual

Level 3 – Medication error including:

- Repeated level 1 & 2 errors/on-going errors by the same staff member/s
- Unauthorised covert medication administration
- Administering medication to the wrong person
- Significant harm to a person leading to the need of medical treatment

Level 4 – Medication error including or leading to:

- Catastrophic harm to one person (or more)
- Hospital admission
- Irreparable damage
- Service user death
- Medication theft
- Intentional medication mismanagement (withholding medication, altering doses etc.)

6.9 Staff may require further coaching and guidance in respect of medication. If this is identified as a need, then a medication supervision should be conducted to offer a supportive process to upskill staff members and improve their competence. Other supportive and developmental options are available, such as additional medication observations, e-learning and classroom-based training. Staff must be deemed as competent to administer medication, and this should always be re-assessed following a medication error by the completion of further medication observations. Where level 2, 3 or 4 errors have occurred, the reinstatement of the staff member to administer medication must only occur if authorised by a Service Manager or Service Director as part of an agreed approach.

6.10 The below actions should be considered following medication errors. Managers should ensure that they implement any additional actions as agreed contractually. HR should always be consulted where formal investigations or suspensions from duty are required.

Level 1 error:

- Staff member suspended from administering medication
- Medication observation and/or medication supervision
- Reinstated only after clear demonstration of competence

Level 2 error:

- Staff member suspended from medication and investigation completed
- Potential serious misconduct
- Re-training (e-learning/classroom-based training)
- Medication observation

Level 3 & 4 errors:

- Staff member suspended from medication
- Potential gross misconduct
- Formal investigatory procedures
- Criminal investigation
- Coroner's enquiry
- Critical incident review

6.11 Where investigatory processes are required, senior staff should seek guidance from Human Resources, a Service Director or the Creative Support Duty Manager. Local managers should ensure that the following actions are taken and clearly communicated to the relevant parties (see Section 4 above).

- Outline of the immediate actions to be taken to ensure the health and well-being of service users following a medication error, including the provision of medical advice and assistance as required.
- Clear overview of contractual requirements in respect of medication errors and their recording/ reporting.
- Clear overview of the paperwork requirements such as incident reports, safeguarding notifications and who these need to be sent to.
- Clear overview of the expectations from the Local Authority in respect of raising safeguarding alerts for medication errors. Where no requirements are provided it must be made clear that all medication errors are reported to a manager/on call or Duty Manager at Head Office so that a safeguarding alert can be made.
- Outline any requirements to report to CQC, where applicable, and how this will be completed (by whom, by when etc.)

6.12 **Duty of Candour.** The *Health and Social Care Act* (2008), Regulation 20 sets out expectations that providers are open and transparent with people who use services and other 'relevant persons', such as people with Lasting Power of Attorney (LPA), both in respect of their delivered care and support, and if there are any concerns or errors. Creative Support is fully committed to our duty of candour. In addition to the incident reporting and safeguarding processes, staff should always follow the procedures set out below. Following any medication error, staff will ensure that the individual is made aware of the error that has occurred, and of the action that has or is being taken. This may include a referral for medical support/advice and further investigations into how the error has occurred. Individuals should be asked if they wish for any family members to be informed. Where individuals lack capacity and they have an allocated Deputy through the Court of Protection or a family member acting as LPA (Health and Welfare) these individuals should be informed of the error as soon as possible, again informing them of the actions taken and plans for further investigations/actions.

6.13 When things go wrong with medication, staff should ensure that individuals have access to the right support: this may include medical support, emotional support or practical support (for example obtaining another prescription). Staff should always be honest, open and truthful about medication errors; apologies should always be made, either verbally or in writing and with a clear recognition of the impact the medication error has had on the individual.

6.14 **Quality Monitoring.** It is essential that the use, storage and administration of medication is monitored on a regular basis. Service specifications and if appropriate, local medication policies should outline the requirements of the service for medication monitoring in line with contractual requirements and agreed levels of governance. This may include the use of the following tools:

- Medication spot checks
- Managers' monthly medication audits
- Stock check forms.

6.15 Where Creative Support is responsible for the storage of medication, a minimum of monthly audits and/or spot checks must be carried out. Where Creative Support is responsible for the storage of controlled drugs, daily stock checks should be completed.

6.16 Staff must ensure that they remain observant and should report any concerns connected to medication, health and well-being to the GP or Consultant without delay. Any issues with medication should be recorded appropriately and handed to a senior member of staff immediately.

7. ADMINISTERING AND SUPPORTING PEOPLE TO TAKE THEIR MEDICINES

7.1 Creative Support advocate that all staff follow the "7 Rights" when administering medication. These are:

- Right Person – Staff must always check they are giving the right medication to the right individual by checking the names on the MAR sheets/checking personal profiles for pictures etc.
- Right Medication – Staff must always check the medication dispensed matches the medication on the MAR sheet *before* administering.

- Right Dose – Staff must check the dosage against the MAR sheet before administering.
- Right Route – Most medication is taken orally; however, others enter the body through the skin, eyes, ears or nose. The route for each medication must be checked *before* administering.
- Right Time – Staff must check that the medication is being administered at the right time and that time lapses between doses are adhered to
- Right to Refuse – Service users have the right to refuse their medication. If this occurs, staff must ensure that this is clearly documented on the MAR sheet and daily records. Where individuals refuse medication, this must be reported to a senior member of staff, local on call or the Out of Hours service, and where appropriate, a medical practitioner.
- Right Documentation – Staff must check all documentation is correct and sign the correct paperwork (MAR Sheet)

7.2 Staff members must carry out tasks as specified within the Medication Assessment and Support Plan and the statutory care plan. The Medication Assessment and Support Plan should clearly highlight what actions to take if the individual is not present to take medication, what equipment is required, how to prepare medication and all specifics in respect of the ordering and storing of medication. The Medication Assessment and Support Plan provides staff with a clear process to follow to ensure that there is accurate and sufficient information for staff safely to administer medication.

7.3 Staff members should only give medication to a person when the following criteria have been met:

- There is authorisation and clear instruction to give the medication: for example, this should be on the dispensing label and printed MAR sheet. Authorisation for staff to administer medication will be identified in the Medication Assessment and Support Plan.
- Where verbal requests are made in respect of changes to medication/ administration, the following should be recorded in client records stating the following information:
  - Name and position of person requesting the change
  - Date and time request made
  - Specific information on the change, i.e. dosage, time and medication. (Staff should ensure that names of medications are clearly recorded and should double check the spelling with the prescriber).
- Where possible, the verbal information should be repeated by the prescriber to another staff member, family member or the person themselves.
- Alterations to MAR sheets should be completed, where possible, with 2 staff members and countersigned to confirm that the information is accurate.
- Written confirmation should be provided as soon as possible by the prescribing health professional for the changes to be implemented permanently.
- The “7 rights” have been followed (see Section 7.1 above)
- The staff have been trained and assessed as competent to give medication

7.4 When administering medication, staff should always check with the individual that they haven’t already taken it. The documentation and daily records should also be checked to ensure that the dose has not been given and that there have been no issues or concerns in respect of previous dosages. Staff should refer to the Medication Assessment and Support Plan – and unless otherwise stated, should ensure that individuals are ready to take their medication before it is removed from its packaging.

7.5 Unless otherwise stated in the Medication Assessment and Support Plan, staff must not leave doses out for individuals to take later. If an individual requests that staff take

this action, they should be informed that this can only be completed following a review of their Medication Assessment and Support Plan. Where individuals make clear requests for such a review, this should be facilitated as soon as possible.

7.6 If an individual refuses or declines their medication, staff should where possible wait (for no more than an hour and in line with guidelines) and offer the medication again. The time of the next dose should be taken into account. Staff should try to establish why an individual is refusing or declining their medication: this could be due to other factors such as adverse side effects, other health conditions, being in pain or discomfort, not feeling settled, feeling rushed or upset. Where there are potential medical reasons for refusals, such as side effects, these must be highlighted to a health professional immediately (see Section 6). Specific actions to be taken by staff in the event of refusal of medication should follow the guidance set in the medication assessment. Where staff have any concerns with regards to refusal or non-compliance with medication medical advice should always be sought. A service user's right to refuse medication or having the capacity to do so should not have any impact on the actions taken/required by staff in reporting concerns.

7.7 Individuals and staff must have access to a patient information leaflet for each prescribed medication; these should be provided by the pharmacist or prescriber. Where staff are responsible for the administration of medication, these must be stored with the medication or with medication records/a medication file that is accessed daily. Patient information leaflets must be held where the medication is administered, in community based settings this will usually be in an individual's own home; however this could also be in an office in a supported living service.

7.8 In respect of the use of medication to help reduce a person's level of anxiety or agitation, Creative Support recognises that unless this medication is used appropriately then there is a risk of that medication effectively acting as a form of chemical (or medical) restraint. Creative Support recognises the value that medications can sometimes have as part of a holistic approach to meeting a service user's support needs but we are also very clear in stating that there exists a risk that medication can be used inappropriately to control behaviour. We are committed to working in partnership with multi-disciplinary teams and relevant qualified medical practitioners to ensure that medication is prescribed at a level which ensures the service user is not adversely affected nor is effectively 'restrained' by that medication. If staff have any concerns that medication is acting as a 'restraint' these must be raised with a senior member of staff, local on call or Head Office duty manager.

7.9 Staff only administer medication from its original packaging (including monitored dosage systems) and should never dispense medication into a separate dosage system. It is appropriate for a staff member to support an individual to complete this process themselves; for example if they are unable to open the tops of bottles. However at no point should staff fill up dosage systems or administer medication from anything other than the original packaging.

7.10 It is important that staff always maintain a good level of infection control when dispensing medication; hands should be washed prior to administering eye drops, gloves should always be worn when applying creams and principles of good hygiene should always be followed. Medication should be dispensed directly into a clean receptacle. Gloves should be worn when medication is counted.

7.11 Where there is a half tablet required by a service user, the pharmacy is required to cut these or provide the appropriate equipment for staff to use. Staff should not break or cut tablets unless clearly stated.

7.12 **Over the counter medication**, i.e. medications that are purchased over the counter but not prescribed by a GP, can include medical treatments for minor health conditions such as common colds, yeast infections, minor skin complaints, bowel complaints etc. However, “homely remedies” also include alternative therapies such as homeopathy, Chinese herbal remedies, herbal supplements (including vitamins and minerals) etc.

7.13 Requests made by individuals or a family member with Lasting Power of Attorney (LPA) Health & Welfare to administer over the counter and 'alternative' medications such as herbal remedies and homeopathic remedies can be considered as long as the following actions have been taken:

- Approval has been sought from a health professional, prescriber or pharmacist that the medication is safe to administer, specifically in respect of any contraindications with prescribed medication, potential side effects or risk associated with the medicine.
- Where professional advice given states the medication should not be given, this should be recorded in the medication assessment and communicated to the individual and family as appropriate.
- Ensuring the individual understands any associated risk, where applicable. Where the individual lacks capacity to understand any potential risks a best interest decision must be made in line with Creative Support's *Mental Capacity Act* policy.

7.14 If agreed, the decision to administer over the counter medication must be recorded in the Medication Assessment and Support Plan and should include the full name of the medication, strength, quantity of the medication. Clear instructions should be provided to care and support staff and must include:

- Full name of medication
- Dosage
- Times of administration
- Route of administration
- Date medication should be stopped and/or reviewed

7.15 Over the counter medication can be included on a Creative Support MAR sheet, but should not be entered onto a pharmacy MAR sheet.

7.16 Verbal requests for changes to medication should be recorded in client records stating the following information:

- Name and position of person requesting the change
- Date and time request made
- Specific information on the change, i.e. dosage, time and medication, staff should ensure that names of medications are clearly recorded and should double check the spelling with the prescriber.

Where possible the verbal information should be repeated by the prescriber to another staff member, family member or the person themselves

7.17 Alterations to medication instructions on MAR sheets should be completed, where possible, with 2 staff members and countersigned that the information is accurate. Written confirmation should be provided as soon as possible by the prescribing health professional for the changes to be implemented permanently.

7.18 Individuals may choose to purchase, store and administer their own homely remedies. Where this raises concerns, these should be shared with the individual and the prescriber/ care manager where appropriate. If concerns are raised about the capacity of the individual to make decisions about homely remedies then the mental capacity and best interest procedure should be followed.

7.19 **Expiry dates.** When administering medication, including PRN, staff should check the expiry date. Any medication that is passed its expiry date should not be used the correct procedure followed with regards to the disposal of this medication and ordering replacement medication where required. For medication such as eye drops or creams – the date on which the medication is opened should be clearly written on the box/bottle and on the MAR.

8. COVERT ADMINISTRATION

8.1 Covert administration of medication is where medication is given to a service user without their knowledge or consent. This includes putting medication into a drink or crushing a tablet into food. It is important that staff remember that this type of action, when unauthorised, is unacceptable and will lead to disciplinary action being taken. To ensure that staff are protected at all times, advice should be sought from senior staff or the duty manager/on call manager if there are any queries or requests of this nature.

8.2 There are, however, certain circumstances where covert medication can be utilised if it is deemed to be in the service user's best interest. Such decisions should usually be made in a 'best interest decision' meeting, which may include consultation with family members and other members of the multi-disciplinary team. When the use of covert medication is agreed, this should be referenced in the service user's Medication Assessment and Support Plan/health action plan and signed off by the GP or prescribing health professional. The use of covert medication should be reviewed on a regular basis and the practice should be discontinued as soon as it can no longer be justified as being in the best interest of the service user.

9. ORDERING AND DELIVERY OF MEDICATION

9.1 Responsibility for the ordering of medication should be clearly highlighted in the individual's medication and support plan. In community based settings, this may stay with the individual themselves or family members. Individuals with capacity should always be encouraged to maintain as much control over their medication as possible; this includes the ordering of medication.

9.2 Where Creative Support is responsible for the ordering of medication, this should not be automatically passed to the dispensing pharmacist. Pharmacists should only be ordering medication where this is specifically highlighted in the Medication Assessment and Support Plan.

9.3 Where Creative Support are responsible for the ordering of medication, a clear local system must be put in place that ensures that individuals have access to the correct levels of medication as prescribed. When ordering medication staff must document the following:

- The date medication has been ordered
- The name, strength and quantity of medication ordered

- GP/Pharmacist the order was placed with

This may be logged in individual daily records, a specialist recording system that is part of contractual requirements or in Creative Support's Log of Medication Ordered and Received into the Service

9.4 Where staff are responsible for ordering medication, including 'as required'/PRN medication, managers must ensure that they have sufficient time allocated to do this and that there is a clear process that enables staff to check the correct medication has been ordered.

9.5 Responsibility of how medication will be supplied, collected or delivered should be clearly highlighted in the individual's Medication Assessment and Support Plan. This should include whether medication will be collected and if so by whom, or if the medication is to be delivered by the dispensing pharmacy.

9.6 Where medication is being administered by Creative Support staff, there must be a check that the medication that was ordered matches that which has been supplied. This will vary depending on the community based setting; however, where Creative Support staff are responsible for the administration of medication, a log of medication that has been ordered and supplied/received should be maintained. The log may be kept in individual's daily records in their home or in an office in an extra care or supported living service.

9.7 Should staff find any discrepancies with the medication that has been supplied and that which had been ordered, this must be highlighted immediately to the dispensing pharmacy, prescribing health professional or NHS 111 so that immediate medical advice can be sought on future administration and access to replacement medication.

9.8 Any advice given to staff should be clearly recorded in the individual's daily notes and/or incident reports and must include the following:

- Name and position of person providing advice
- Date and time of call
- Detailed information of the advice given and any agreed actions, including what medication is to be administered and any returns or replacements.

Where possible, the verbal information should be repeated by the prescriber to another staff member, family member or the person themselves. Alterations to MAR sheets should be completed, where possible, with two staff members and countersigned that the information is accurate.

9.9 Medication should always arrive in its original packaging and prescribers should be able to make reasonable adjustments to this to assist individuals in managing their medication independently. This could include the provision of medication in a monitored dosage system. The provision of any dosage system, including a blister pack or venolink, must only be provided following an assessment by a health care professional (including a pharmacist) or at the individual's request.

9.10 Where Creative Support are administering medication, a printed MAR sheet and description of each tablet should be requested from the dispensing pharmacist. Where this cannot be provided a decision should be made with the individual to either change to a pharmacist who can provide this service or to seek alternative support for the administration of medication (such as from the individual's family).

9.11 Where there are no local pharmacists who will provide MAR sheets and descriptions of tablets, Creative Support managers should raise this issue with commissioners. In the meantime Creative Support's MAR sheets should be utilised. (See Section 5.7 above).

10. TRANSPORTING OF MEDICATION

10.1 The responsibility for transporting medication is usually left with the service user and/or their family member, unless otherwise highlighted in the Medication Assessment and Support Plan. Transporting medication would include the following:

- Returning medication to the pharmacy
- Collecting medication from the pharmacy
- Taking medication out for a day
- Moving medication from one household to another

If Creative Support has been asked to transport medication, a clear risk assessment should be put in place in relation to the mode of transport being used and the type of medication that is to be carried out.

10.2 Staff supporting individuals to collect, return or otherwise transport their own medication is not subject to the same risk assessment processes, unless there are individual concerns about medication mismanagement. Any such concerns would require further assessments. Individuals who are responsible for transporting their own medication, should be in possession of this at all times during transportation.

11. STORING AND DISPOSAL OF MEDICATION

11.1 **Storage of medication.** The storage and disposal of medication should be agreed with the individual in their Medication Assessment and Support Plan. In community based settings individuals and/or their family often maintain the responsibility for storage of medication in their own home. Individuals may require different levels of support with this and this should be clearly documented in their Medication Assessment and Support Plan.

11.2 Creative Support are *only* responsible for the storage of medication where this has been highlighted in the Medication Assessment and Support Plan or where this has been indicated as part of a best interest meeting. Where Creative Support is responsible the following protocol should be adhered to:

- Staff must always read the label of any medication to ensure it is being stored appropriately.
- Staff should seek advice from health professionals as required in respect of safe storage.
- The need to store any medication in a fridge should be assessed and appropriate facilities provided. This may mean storing medication in a locked tin in the individual's fridge.
- Where medication is stored in the fridge, the fridge temperature should be taken on a weekly basis.
- Unless specific storage requirements are noted on the packaging, medication should be stored in a locked cabinet of the individual's own room, or in a cabinet in the office.

- When storing medication, staff should ensure that all cabinets are kept locked at all times.
- Where the scheme stores controlled drugs for and on behalf of service users these should always be stored in a locking metal cabinet that is fitted within another locked cabinet, which is fixed securely to a wall or floor. Where possible the controlled drugs cabinet should be provided purely for the purpose of controlled drugs.
- It is acceptable to store controlled drugs in a locked box inside a locked cabinet.

11.3 There may be occasions when an individual is assessed as presenting a risk in respect of the storage of medication. Where this is identified Creative Support staff should liaise with the individual and their family members/advocate to agree safe storage in the home, such as a lockable cabinet, cupboard or storage box. It is not the responsibility of Creative Support to purchase or provide these items, unless specifically highlighted in the contract.

11.4 Where service users are responsible for storing their own medication no specialised storage equipment should be provided by Creative Support. Individuals receiving home care / domiciliary / outreach, or living within Extra Care services will usually be responsible for the storage of medication. Where this differs clear procedures for storage of medication should be highlighted in their Medication Assessment and Support Plan. Where individuals are responsible for storing their own controlled medication there are no requirements to have this locked away. However should risks be highlighted, this should be further assessed and control measures should be put in place.

11.5 **Disposal of Medication.** The disposal of medication should be agreed and highlighted in the Medication Assessment and Support Plan, where Creative Support are responsible for the storage of medication, it is essential that they are also responsible for the disposal of any medication, this is to ensure clear diligence and monitoring of medication. Medication returns must only be made to a pharmacist; this should where possible be the dispensing pharmacist or hospital pharmacist. Staff must never dispose of medication in any other manner than to return it to the pharmacist.

11.6 Where individuals retain the responsibility to dispose of medication themselves, staff should provide advice and guidance on who the individual should contact (usually a pharmacist) to dispose of medication and advise of the risk of stockpiling medication. Where there are risks or concerns that an individual is stockpiling medication these should be shared with the prescribing health professional and senior staff immediately.

11.7 If staff are required to dispose of medication, the medication returns log must be completed with clear information on the following:

- Date of return
- Name of person returning the medication
- Name of medication
- Dose and amount of medication being returned
- Name of pharmacist medication has been returned to.

Where controlled drugs are being returned to the pharmacy, managers should ensure that there is an agreed protocol in place to acknowledge the receipt of controlled drugs.

11.8 Following the death of a service user, all medicines should be retained for seven days in case the Coroner's Office or courts require them. They should then be returned to the pharmacist.

11.9 Should staff agree to return medication for an individual who usually completes this independently (for example, due to ill health) then this must be agreed in their daily notes and the medication must be signed out through the medications returns log.

12. STAFF TRAINING AND COMPETANCY

12.1 All staff who administer medication should receive appropriate training to ensure that they are competent in the ordering, receiving, administering, recording, storing, and returning of medication. Creative Support provides corporate medication training to enable staff to understand their role and the legislative requirements of medication administration; this is approved by the Royal Pharmaceutical Society.

12.2 The local induction includes on site observation and supervision, which are essential components in demonstrating staff competence; staff inductions must include the corporate policy, local medication policy (where required) and individual service users' Medication Assessment and Support Plans. It is expected that local induction will start within the first few days of employment to ensure staff understand the medication processes that are implemented locally.

12.3 Any agency staff member who is administering medication must be medication trained by their organization. Agency staff should be provided with the corporate and local medication policy and, where possible, a direct observation of medication administration should be completed.

12.4 In order for a staff member to be deemed as competent to administer medication the following must be completed:

- Successful completion of Creative Support's (e-learning) or classroom based training either as stand-alone courses or as part of the Care Certificate (see Section 12.8 below).
- Three successful medication competency assessment observations. These should be completed by an appropriate senior member of staff and must demonstrate clear competence of practice. These assessments must take place on different days and, where possible, at different times and with different service users. The observations must cover the range of associated tasks which the staff member will be expected to carry out competently, i.e. signing in medication, administering, prompting, checking, recording, receiving and returning medication (where appropriate). The reporting procedures of errors in the administration process should also be discussed and the understanding of the staff member should be confirmed. No staff member should administer medication on their own until deemed competent by their assessing senior/manager.

12.5 The corporate/local medication policy must be discussed as part of the staff member's local induction to the service, and a clear understanding of its purpose and implementation should be demonstrated. This must include what a staff member should do should something go wrong.

12.6 It is beneficial for new staff to observe experienced staff members when they are administering medication to help prepare them for their direct observations. However, new starters cannot administer medication until they have been deemed competent by an appropriate senior member of staff. A member of staff will be deemed competent following the successful completion of 3 Medication Competency Assessment

Observations at which point their line manager will complete a Medication Competency Declaration, which will be kept in the member of staff's supervision file. Where a staff member is unsuccessful following an observation, the assessor will identify areas for development and further support/'shadowing' will be arranged.

12.7 Within 14 days of an unsuccessful observation, a further observation should be completed. If the staff member fails to complete a further supervision should be arranged to discuss further management strategies to support the individual to achieve competence. Managers should utilise the tools and processes available to them to effectively manage performance (such as medication supervisions)

12.8 Staff providing any level of medication support must have their competence re-assessed every 12 months through an annual medication direct observation, and every 3 years through classroom-based training or e-learning.

12.9 **Transferable training.** Any new member of staff who joins Creative Support having completed accredited medication training with their previous employer may be able to transfer this qualification. As long as the certificate is 'current' (legally 'current' is considered to be within the last 2 years) the staff member will be accepted as having transferable knowledge. This should be confirmed with the training department and a copy of the relevant certificate must be provided.

12.10 Transferring training does not guarantee competence and as such it is imperative that the staff member completes three successful direct observations before allowing them to administer medication without supervision.

12.11 Where staff transfer from another organisation, the status of their training will transfer at their current level. TUPE staff must have annual observations in line with this policy. Managers must take into account the date of any previous observations completed before transfer.

12.12 All Creative Support managers are responsible for ensuring that the corporate and local medication policies are implemented in practice. In accordance with the *Care Act* (2014), managers have a duty of candour that following a medication error the information will be passed on to any relevant parties. It is essential that managers understand their responsibilities in respect of medication and complete the following as a minimum:

- Complete and implement (where required) a local policy for the services that they hold responsibility for. Where a responsible manager holds the responsibility for several services, this task may be delegated to a more junior manager as long as this signed off as fit for purpose by the responsible manager
- Ensure that the local and corporate policy are embedded into the service induction
- Ensure that all staff are observed and deemed as competent to administer medication
- Ensure that all staff are trained to the correct standard and that training and observations are up-to-date in line with the corporate policy and guidelines
- Take immediate action following medication errors in line with guidance in the corporate policy
- Ensure that medication errors are reported to Safeguarding/CQC in line with guidance from senior management

- Foster good practice in respect of medication at all times, ensure that team meetings, formal and informal supervisions give staff sufficient opportunities to discuss medication issues or concerns
- Implement and maintain an appropriate level of medication spot checks in line with contractual requirements, assessed need and good practice.
- Implement and maintain appropriate levels of stock checks in respect of controlled substances, contract requirements and good practice. Forms for recording stock checks of controlled and prescribed drugs should be used for this.
- Ensure that rotas, allocation lists and domiciliary 'runs' are completed in a manner that ensure priority for individuals with medication and provides appropriate gaps between support/ care visits where medication is administered.

13. ACCOMPANYING DOCUMENTS AND TEMPLATES

BODY MAP FOR MEDICATION APPLICATION SITES

CONTROLLED MEDICATION STOCK MONITORING FORM

INDIVIDUAL MEDICATION SPOT CHECK/AUDIT

LOCAL MEDICATION POLICY

LOG OF MEDICATION ORDERED AND RECEIVED INTO THE SERVICE

LOG OF MEDICATION RECEIVED INTO THE SERVICE

LOG OF MEDICATION RETURNS

MAR SHEET

MEDICATION ASSESSMENT AND SUPPORT PLAN

MEDICATION COMPETENCY ASSESSMENT AND OBSERVATION

MEDICATION COMPETENCY DECLARATION

MEDICATION FILE INDEX

MEDICATION FILE PICTURE AND DETAILS

MEDICATION STOCK COUNT FORM

PRN (AS REQUIRED) MEDICATION ADMINISTRATION RECORD

PRN MEDICATION PROTOCOL

SOCIAL LEAVE MEDICATION FORM

SPECIALIST MAR CHART – THICKENERS AND NUTRITIONAL SUPPLEMENTS

TRANSDERMAL PATCHES – APPLICATION SITES