

Medication Management Policy


Adult Social Care: Care and Support

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Medication Management Standard Operation Procedure

Directorate:	Social Care, Health, and Housing (SCHH)		
Division & Service:	Adult Social Care: Care and Support Service		
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It is the responsibility of every individual to ensure that they are working to the most current version of this document.

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1. Introduction

- 1.1. This policy sets the standards that are required of staff in all Central Bedfordshire Council care homes, community-based services (including Reablement & Step Up/Step Down) and day centre services regarding the management of medication. This policy should be read in conjunction with the medication standard operation procedures (SOP) for the relevant service area.
- 1.2. The principles of the policy will apply to care and support staff unless specifically stated within the document.
- 1.3. Care and Support services are committed to maintaining the health, safety and independence of people using the service by supporting them to take prescribed medication at the correct time and in the correct way as part of their package of care and support.
- 1.4. We will:
 - work in partnership with other health and social care professionals to ensure that people who use our services receive the care and support that they need.
 - encourage people, who have capacity, to control and administer their own medication by following a suitable risk assessment, offering advice and assistance when needed.
 - support and help people who lack mental capacity where needed, to manage their medication.
 - only allow staff who have completed the required training and have been assessed as competent by a designated member of staff to support people who use the services with medication interventions. This includes direct and contracted services.

2. Legislation and Regulatory Framework

- 2.1. This policy has been reviewed with reference to the following:
 - [Mental Capacity Act \(2005\) and Code of Practice.](#)
 - [Mental Health Act 2007 \(legislation.gov.uk\)](#)
 - [Data protection: The Data Protection Act - GOV.UK \(www.gov.uk\)](#)
 - [Medicines Act 1968 \(legislation.gov.uk\)](#)
 - [The Misuse of Drugs \(Safe Custody\) Regulations 1973 \(legislation.gov.uk\)](#)
 - [The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015 \(legislation.gov.uk\)](#)
 - [Health and Social Care Act 2012 \(legislation.gov.uk\)](#) (Section 250 power to publish information standards which resulted in the publication of the NHS Accessible Information Standard 2016)
 - [Health Act 2006 \(legislation.gov.uk\)](#)
 - [The Controlled Drugs \(Supervision of Management and Use\) Regulations 2013 \(legislation.gov.uk\)](#)
 - [Care Quality Commission \(cqc.org.uk\) - Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 15: Premises and equipment
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed
- Regulation 20: Duty of candour People are encouraged and supported to collect their medication where possible and appropriate.

3. Principles of the Policy

- 3.1. Whenever possible, people should take responsibility for their own medicines. This preserves independence and freedom of choice. They should be empowered to self-administer medication wherever possible and be involved in planning their treatment to the maximum level of their capacity.
- 3.2. Medicines administration will be safe, effective, and timely and in a way that preserves the dignity and privacy of the individuals. The best interests of the customer will be considered at all times.
- 3.3. It is expected that staff will follow the 7 rights of administration: right person, right medicine, right dose, right route, right time, right of refusal and right documentation – detailed in the SOP.
- 3.4. People's individual medications remain their property and should not be shared with anyone else.
- 3.5. In all services, whether registered with Care Quality Commission (CQC) or not, the provider manager must protect people against the risks associated with the unsafe use or unsafe management of medications. This includes ensuring that staff responsible for the administration of medications are assessed as competent to do so.
- 3.6. Staff who help people with their medication are trained as required by the Care Quality Commission. Training should be based on the National Institute for Health and Care Excellence (NICE) guideline [ng67] Managing medicines for adults receiving social care in the community and NICE guideline [SC1] Managing medicines in care homes.
- 3.7. It is expected that all care and support services will follow the principles of this Medicines Policy in line with their own standard operation procedures (SOP) in all aspects of medicines handling.
- 3.8. Staff shall respect the person's right of refusal of medication ([see section on refusal of medication](#)) and any need for covert administration. ([See section on covert administration](#))
- 3.9. Staff should aim to minimise the risks of excess medication and wasted medicines, by identifying the presence of apparent excess medication. This may be an indication of

inappropriate ordering of medication and a healthcare professional should be contacted to review if necessary.

4. Staff training and assessments

- 4.1. In social care settings, people who are unable to manage their own medications are entitled to have someone who is adequately trained and knowledgeable to administer medications.
- 4.2. It is recognised that people are cared for in a variety of settings. It is essential that the training is structured, but sufficiently flexible to reflect the differing ways in which needs are met and adapt to meet changes as they occur.
- 4.3. Only staff who have completed the required training and have been assessed as competent by a designated member of staff are able to support people with medication interventions. You must not allow inexperienced staff to manage or administer medicines before assessing their competence.
- 4.4. In addition to attending training, staff competency to administer medications will be reassessed annually or more frequently based on the judgement of their line manager.
- 4.5. The manager of each service will determine which supervisory level of staff will be designated to assess the competency within their service. These staff must have attended a medication management course and be competent in medicines support tasks delivered in their service.
- 4.6. For staff who fail the competency assessment or make medication errors the manager of the service will decide the appropriate course of action. This may include reflection, reassessment of competencies and supervised practise, or re-attendance of the relevant training.
- 4.7. Once assessed as competent staff will be able to Prompt, Assist or Administer with the medication and related tasks listed below.
 - Inhaled medication (e.g., for asthma).
 - Oral medication and homely remedies in the form of tablets, capsules, or mixtures. This will include controlled drugs and warfarin.
 - Medicated cream or ointment.
 - Patches.
 - Eye, ear, or nose drops
- 4.7. Services must keep:
 - a list of staff who have received training with the date of training.
 - a record of the signature and initials of all staff who have been assessed as competent to sign medication administration records and medication receipts.
- 4.8. A record of all medication incidents, any incidents should be regarded as a learning process and should be shared with all care staff to raise awareness of safety issues. ([See section on reporting medication incidents](#))
- 4.9. If a person in receipt of care and support requires specific support for administering medication and it is not covered in the Learning and Development medication core offer, staff must undertake training to meet the required competencies.

- 4.10. Staff will be trained by an appropriate Healthcare Professional to carry out the identified specialist tasks and signed-off as competent for this by the healthcare professional. Staff must agree to provide the assistance and have the specialist training with the person they are to assist. This is NOT a generic competency and MUST NOT be applied to other people.
- 4.11. All staff involved in the use of home oxygen, must have appropriate and ongoing training in safe oxygen storage and use. Oxygen saturations must be monitored according to an agreed care plan for each person on home oxygen.
- 4.12. Induction training will be delivered when a member of care and support staff joins the service. Specialist and on-going training will be provided on a one-to-one basis to meet the individual needs of people.

5. Consent

- 5.1. People have the right under common law to give or withhold consent to medical examination or treatment. This is one of the basic principles of health and social care. People are entitled to receive sufficient information in a way they can understand about the proposed treatments, the possible alternatives and any substantial risk(s) associated with the proposed course of action, so that they can make a balanced judgment (Accessible Information Standard 2015).
- 5.2. Once the support needs for the management of medicines have been identified and agreed with the person, the person must agree to a social care staff member assisting with their medication in accordance with the agreed care and support plan. In the case of refusal, the staff member must document and inform their Line Manager who will review and act in accordance with policy, as it may result in a detrimental effect on the person's health.

6. Capacity

- 6.1. The assessment of an adult's capacity to make a decision about their own medical treatment, along with all other aspects of their care is a matter for assessment of capacity under the Mental Capacity Act 2005.
- 6.2. Mental Capacity Act requires adults to be assumed to have capacity to make a decision until it is proven that they do not have capacity. Section 25 of the Mental Capacity Act enables anyone aged 18 or over while still capable to refuse treatment for a time in the future when they may lack capacity to consent or to refuse that treatment. The advance decision must be valid and applicable to current circumstances. If it is, it has the same effect as if the person has capacity. Healthcare professionals and any social care staff involved in providing treatment must follow that decision.
- 6.3. Specific decisions or actions may need to be taken where a person has been assessed as lacking capacity. These decisions must be made following section 4 of the MCA and adhering to the fourth and fifth principles of the MCA:

"An act done, or decision made, under this Act, for, or on behalf of a person who lacks capacity must be done, or made, in his best interests. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action."

- 6.4. It is the responsibility of a doctor proposing to treat a person, to determine whether the person has capacity to give a valid consent and if they do not, whether it is in their best interest to receive the treatment.
- 6.5. The best interests process should be followed to safeguard the individual's human rights, ensure that their past and present wishes and feelings are at the centre of the decision-making process and that those with an interest in the person's welfare are appropriately consulted.
- 6.6. A best interest meeting should be held to discuss and agree on the best options for an adult who is unable to make a capacitated decision. Any decisions from the best interests meeting should be recorded in the persons records.
- 6.7. If it is agreed that the administration of covert medication is in the person's best interests, this must be included within their medical/care home records with a clear management plan, including details of how the covert medication plan will be reviewed. This documentation must be easily accessible on viewing the person's records.
- 6.8. The use of covert medication within a care plan must be clearly identified within the DoLS assessment and authorisation. (Deprivation of Liberty safeguards Form 3 (BIA combined assessments) and (Deprivation of liberty safeguards form 5 (Standard authorisation granted)

7. Assessment of person's needs and level of support required

- 7.1. The referral process will include details of the support required with medication administration (e.g., to prompt or to administer), all of which will have been part of the initial assessment process.
- 7.2. A risk assessment should be completed at the assessment stage to decide if it is safe for medicines to be accessible to the person. If an increased level of safeguard is deemed necessary, this should be agreed and documented in the care and support plan.
- 7.3. All supporting agencies must be clear about the level of support they are to provide everyone. The person must have a risk assessment to establish what the problems are with their medicines and how these problems will be overcome. The level of support is documented in the care and support plan.
- 7.4. Risk assessments should consider risks to the person, staff, and any other involved person whilst maximising independence of the customer.
- 7.5. It should be recognised that cognitive functions decline with time. Staff should report to their Line manager if there is an apparent decline in medication management by the person so that a full review of risk assessment can be done.

8. Refusal of medication

- 8.1. If a person with capacity to consent to medication interventions refuses any medications this should be respected. In this event, staff will explain to the person that this will be discussed with the relevant primary care health professional. Responsibility for any further action then rests with that relevant health professional.

- 8.2. If a person who has capacity to consent to medication interventions refuses medication, this must be recorded in their care notes and/or on the Medication Administration Record (MAR) chart.
- 8.3. If a person has been assessed to lack capacity in relation to medication interventions and refuses to take medication, covert administration may be considered.

9. Covert Administration of medication

- 9.1. Medication may be administered covertly in exceptional circumstances, if the person lacks capacity, is unable to understand the risks to their health if they do not take the medication and is refusing to take it.
- 9.2. Before any medication is administered covertly there must be, in line with NICE guidelines, a best interests meeting involving relevant health professionals and family members (where relevant) to ensure full consultation.
- 9.3. Covert administration of medicines must be a last resort. Reasonable efforts must be made to give medicines in the normal manner. Alternative methods of administration must also be considered. This could include, for example, liquid rather than solid dose forms.
- 9.4. Covert administration must be medicine specific and the need for covert administration identified for each medicine prescribed.
- 9.5. Any decision to administer medication covertly must be regularly reviewed with the person's relevant primary health care professional and relatives (where applicable) and the review documented in the person's care and support plan.
- 9.6. The service must notify the supervisory body of changes to the covert medication regime, including changes to the nature, strength or dosage of medications being administered covertly, to enable the supervisory body to give consideration as to whether a review of the DoLS authorisation is required.
- 9.7. Administering medicines covertly in food or drink can alter their therapeutic properties and effects. They could become unsuitable or ineffective. Advice should always be taken from a relevant primary care health professional or pharmacist to make sure medicines are safe and effective when administered in this way.
- 9.8. Further guidance can be found in the [BLMK ICB Covert Administration of Medication \(Adult\) Best practice guidance](#). This guidance provides support for staff regarding the covert administration of medicines including explanation of when this can be done within the law and practical implementation.

10. 'As Required,' 'As Needed' or PRN Medication

- 10.1. Some medication is administered irregularly; "when required" medication (prn) are medicines which are given according to fluctuating medical need. Staff can only administer these when there is a clear protocol for each medicine. This direction will be supplied by the GP and will specify (where appropriate):
- what it is needed for
 - full dosage instructions
 - maximum daily dose and minimum time interval between doses

- 10.2. Intermittent dosing is often used for pain killers, laxatives, and some creams. This dosage instruction is reliant on an assessment of need which may be appropriate for people who have capacity but is more difficult for staff to assess. Difficulties with managing this direction should be reported to the manager to review with GP as soon as possible.
- 10.3. For further information see relevant medication standard operation procedures (SOP).

11. 'Homely Remedies,' Non-Prescription Medications or 'Over the Counter' Medications

- 11.1. People may wish to take non-prescribed medications, such as herbal remedies, homeopathic treatments or tablets for a headache that can be bought from shops or supermarkets without a prescription and without calling a doctor.
- 11.2. Staff must not prompt or assist with any non-prescribed medication unless an appropriate primary care health professional has authorised its use. This is because some non-prescribed medications may interact with medication a person is already taking and cause harm.
- 11.3. Where a person chooses to take a homely remedy, this must be clearly recorded in the person's care and support records.
- 11.4. Where a person makes an informed decision to take medications not prescribed and against medical advice staff must complete a risk assessment. This will include possible side effects, support required to minimise the risks and actions to be taken should unwanted effects occur. A record should be kept of the person's decision to act against medical advice.
- 11.5. Where a person has been assessed in accordance with the Mental Capacity Act 2005 as lacking capacity to consent to medication intervention, Homely Remedy agreements, where available, may be signed by the GP and held within the MAR/EMAR sheets if the decision to administer these medications has been made in the person's best interests.
- 11.6. This would apply for those medications that may be required on an ad hoc basis, i.e., one off paracetamol for pain relief, Ibuleve/Deep heat for backache and muscle pain or E45 cream for dry skin. Where a homely remedy is required on a regular basis this should be prescribed by the relevant primary health care professional as a PRN or as required medication.

12. Record Keeping and Retaining Records

- 12.1. Care and Support staff who directly administer medication or administer medication by specialist techniques must record this on the person's MAR/EMAR chart.
- 12.2. Where a person requires only prompting or supervision with their medication this can be recorded in the person's care records.
- 12.3. Medication administration records (MAR/EMAR and Controlled Drugs (CD) records) should be kept for at least 8 years after the person's care ended at the service.
- 12.4. For further information see relevant medication standard operation procedures (SOP).

13. Sharing Information About a Person's Medicines

13.1. When a person is transferred between services, the responsibility for the administration of medication is also transferred. Therefore, all medications and relating records must be transferred with them allowing the receiving support provider to continue safe practice. This includes transfer to secondary care.

13.2. Information to be shared should include, but is not limited to, the following:

- Contact details of the person and their GP.
- Details of other relevant contacts identified by the person and their family members or carers where appropriate – for example, their nominated community pharmacy.
- Known drug allergies and to medicines or their ingredients, and the type of reaction experienced.
- Details of the medicines the person is currently taking (including prescribed, over the counter and complementary medicines) – name, strength, form, dose, timing, frequency, and duration, how the medicines are taken and what they are being taken for.
- Changes to medicines, including medicines started or stopped, or dosage changes, and reason for the change.
- Date and time of the last dose, such as for weekly or monthly medicines, including injections.
- What information has been given to the person, and their family members or carers where appropriate.
- Any other information needed – for example, when the medicines should be reviewed, ongoing monitoring needs and any support the person needs to carry on taking the medicines.

13.3. Staff must discuss relevant information about medicines with the person, and their family members or carers where appropriate, at the time of transfer. They should give the person, and their family members or carers where appropriate, a complete and accurate list of their medicines in a format that is suitable for them. This must include all current medicines and any changes to medicines made during their stay.

13.4. Guidelines within General Data Protection Regulations (2018) must be followed when sharing information.

14. Reporting Medication Incidents

14.1. If an incident or error occurs that involves medication, including staff finding untaken medication it must be reported to the management team, and action taken to protect the person from harm.

14.2. Staff must report incidents that they make, and incidents that they notice others may have made, immediately to the registered manager or person in charge of the service at the time. This will include notification to out of hours on-call service managers if appropriate.

- 14.3. If the medication error or incident involves a person receiving incorrect medication or not receiving medication as prescribed to them, then advice must be sought from the person's GP (or out-of-hours GP) immediately.
- 14.4. It is the responsibility of the staff member discovering the incident to complete an incident reporting form and pass it to the person in charge of the service at the time, so that others become aware of it.
- 14.5. Incident reports must be completed within 24 hours of the incident or discovery that an incident has occurred.
- 14.6. The manager of the provider service will respond to the medication incident and consider further actions:
- complete a risk assessment
 - review care plans
 - inform relatives and other agencies as necessary

15. Medication Incidents that may warrant a Duty of Candour

- 15.1. Regulation 20 of the Regulated Activities Regulations 2014 covers those unintended or unexpected incidents which could have resulted in:
- death
 - severe harm
 - moderate harm
 - prolonged psychological harm
- 15.2. As soon as practicable, providers should:
- Inform the person or relevant person of the incident (e.g., family, carer, etc.)
 - Provide them with reasonable support and truthful information.
 - Apologise.
- 15.3. Staff to refer to – SCHH Duty of Candour Policy for more information.

16. Medication Incidents that may warrant a Safeguarding Response

- 16.1. When a medication incident occurs, including staff finding untaken medication staff must always consider whether a safeguarding alert needs to be raised if there is a likely impact on the person.
- 16.2. NICE Guidance SC1 indicates that a safeguarding issue in relation to managing medicines could include:
- Deliberate withholding of a medicine(s) without a valid reason.
 - Incorrect use of a medicine(s) for reasons other than the benefit of the person.
 - Deliberate attempt to harm through use of a medicine(s).
 - Accidental harm caused by incorrect administration or a medication error.
- 16.3. Where any uncertainty exists, this should be discussed with the service manager/ senior manager or advice sought from the Safeguarding Team: 0300 555 1386

16.4. The manager will ensure that an internal incident report form is completed (See appendix 1 for an example of an incident reporting form) and a Safeguarding alert SV1 form submitted to Safeguarding Adults team if appropriate in line with local Safeguarding policy and Medication Risk Assessment Flow chart (See appendix 2).

16.5. For further information see relevant medication standard operation procedures (SOP).

17. Responsibilities

17.1. Primary care health professionals are responsible for the health care needs of the person and for the safe management of medication.

17.2. Health care professionals must:

- provide advice around medication management when required.
- identify the need for and carry out medication reviews.
- undertake assessments of the person's capacity around medication management.
- if not available via Central Bedfordshire Council's Learning and Development department provide training for 'administration by specialist techniques' social care staff who may need to give 'rescue' medications.
- give advice to provider services and individuals on medications management. (Ordering, storing, handling and disposal of medication)
- ensure that a Care Act 2014 assessment of the person's needs around medications management is completed, adopting a strengths-based approach.
- supply Provider Managers with their assessment.
- gain consent of the person for any care interventions around medications management required as part of their care plan, in line with the Mental Capacity Act 2005 and Code of Practice.
- review medication management arrangements within the context of the overall care plan and ensure the person's individual needs continue to be met by the provider.

17.3. Provider Manager – Manager of provider service:

- familiarise themselves with this policy and related medication standard operation procedure (SOP) for their service.
- promote the independence of the person utilising a strengths-based approach.
- risk assess any medications management interventions.
- produce a support plan for each person around their medications management.
- gain the consent of the person for any medications management interventions.
- refer to the social worker or community social care case worker and relevant primary care health professional if there is any change in the mental capacity of the person.
- ensure that staff understand their roles and limitations around medications management.
- ensure that staff have received the required training and competency assessment before commencing medications management tasks.
- ensure that staff receive annual medications management training updates and are competent.

- complete a monthly medication audit, to ensure the correct procedures are being followed.
- refer to the relevant primary care health professional if there are any medication instructions that are not clear.
- the provider manager may delegate any of these tasks to a suitably trained and competent individual but retains responsibility and accountability for the delegated actions.

17.4. Staff Responsibilities

- familiarise themselves with.
- Be aware of and adhere to principles of this policy and related medication standard operation procedure (SOP) for their service, individual support plans and risk assessments.
- To work in a person-centred way, ensuring that people's rights, choices, and control are always at the forefront of any decision- making.
- Promote and maintain self-medication wherever possible, in line with the medication support plan.
- To undertake training and competencies in the administration of medication.
- Staff to advise the management team if their training is due a refresher or is out of date.
- To never undertake procedures that they feel they are not competent in and have not received training in.
- To seek immediate support and advice from the management team as required.
- To be aware of unattended medication, staff to collect the medication and hand into the management team. To give a detailed description of where the medication was found. If there is a likely impact on the person raise a safeguarding concern.

18. Equality and Diversity

- 18.1. All SCHH policies are accompanied by an Equality Impact Assessment (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.
- 18.2. We will be proactive, putting in place arrangements to ensure that we do not unfairly discriminate against individuals on the grounds of their protected characteristics.
- 18.3. We will provide culturally appropriate care (also called 'culturally competent care'). We will be alert and responsive to people's cultural identity or heritage. Personal choices around their medication will be respected and carefully considered.
- 18.4. Care Quality Commission (CQC) states "Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality, or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual, and transgender people have a particular culture. So do Deaf people who use British Sign Language."
- 18.5. Examples of culturally appropriated care:

- Some people may not wish to take medicines during religious festivals or fasting. Timings of their medication may need to be changed. A GP may need to review any changes to make sure they are safe.
- Some people may not wish to have medications administered by someone of the opposite gender.
- People from religious groups that are vegetarian and do not eat animal products may not wish to take certain medications such as those with gelatine coatings.
- Some people may want to use complementary or alternative remedies, such as miswak a popular herbal chewing stick in India, Pakistan, and most Arabian countries to help with oral hygiene. Some West African people use Kola nut to aid digestion.
- Additionally, those people who choose a specific diet, such as vegetarians and vegans may also not wish to take certain medications which contain animal products.
- If someone lacks mental capacity to consent to a decision about a particular care or treatment option - including vaccination - it is important to apply the Mental Capacity Act. When assessing if someone lacks capacity or giving information to support someone to make a decision, you should take cultural factors into account. Using the Mental Capacity Act to make a 'best interests' decision must include considering the person's beliefs and values.

18.6. Individual requests will be respected as far as possible. Where there are difficulties in meeting these requests, they will be discussed with the person and/or their representatives. These issues should be raised with the responsible primary care health professional where necessary.

19. Definitions and Policies

Term	What it means
Care and Support Staff / Staff	The term 'care and support staff' 'staff' is used for staff employed by Central Bedfordshire Council Care and Support Services. For the purpose of this policy the care provided is medicines management.
Care and support plan	<p>The care and support plan sets out:</p> <ul style="list-style-type: none"> • what the person's care and support needs are • how needs will be met and • what services and support the person will receive. <p>If the person needs support to look after or take their medicines, the nature of the support required, and subsequent staff responsibilities are detailed in the care plan.</p>
Care Quality Commission (CQC)	CQC is an independent body which inspects, monitors and regulates health and social care services, including care homes.

CMAR	CMAR or 'Centre Medication Administration Record' lists the medication information details of people who use the day centre, like that of the MAR chart – see definition below.
Controlled drugs	<p>Controlled drugs are prescribed medicines that are usually used to treat severe pain, induced anesthesia or treat drug dependency. There are legal requirements for the storage, administration, recording and disposal of controlled drugs because of the potential for misuse.</p> <p>See GOV.UK controlled drugs list.</p>
Controlled drugs register	Administration of controlled drugs is recorded both on the EMAR chart and in the controlled drugs register. The balance remaining for each product is recorded. This should be checked against the amount in the pack or bottle at each administration and on a regular basis, for example monthly.
Consent	<p>Staff will not administer medication to a person without written consent to do so. Depending on the circumstances, consent will be provided by the person, someone authorised to provide consent for an adult who lacks capacity.</p> <p>Adults – People aged 18 and over are deemed to have the mental capacity to make their own decisions about their care and treatment until it is proven that they do not. If an adult is assessed as lacking capacity to make decisions about their medicines, a best interest decision will be made on their behalf in consultation with their family or carers.</p>
Covert administration	<p>Covert administration is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink.</p> <p>Covert administration of medicines should be a last resort, before considering covert administration, decisions and actions should be checked against the five key principles under the Mental Capacity Act 2005 including Deprivation of Liberty Safeguards.</p>
People, person, or person's	An adult or older person who uses Central Bedfordshire Council's care and support services.
Daily Communication Record	Notes of communication activity between the person and care staff that detail what happened at a visit or appointment.
EMAR	EMAR is electronic medical record software, which is an alternative to paper-based MAR charts (see definition below). Details recorded include the same as state MAR chart.

	EMAR is used in all Central Bedfordshire Council owned residential homes.
Health and Social Care Practitioners / Healthcare Professional	Used to define the wider care team, including care home staff (registered nurses and social care practitioners working in care homes), social workers, case managers, GPs, pharmacists, and community nurses. When specific recommendations are made for a particular professional group, this is specified in the recommendation, for example, 'GPs.'
Homely Remedies	<p>A homely remedy is a product that can be purchased (e.g., from a pharmacy or supermarket i.e., paracetamol) for the relief of a minor, self-limiting ailment without the need for a prescription. Homely remedies should be made available in care homes to allow access to medicines that would commonly be available in any household.</p> <p>These are also known as 'over the counter' products – see definition below.</p>
MCA	<p>Mental Capacity Act 2005. Among other things, the MCA requires:</p> <ul style="list-style-type: none"> • adults to be assumed to have capacity to make a decision until it is proven that they do not have capacity. • mental capacity to be assessed if there is any doubt about an adult's capacity. • a best interest meeting to be held to discuss and agree on the best options for an adult who is unable to make a capacitated decision. • decisions from the best interests meeting to be recorded in a plan.
MDS	MDS stands for a monitored dosage system. Pharmacies use MDS to pre-package medicines into doses to help people to take their own medicines safely, particularly when they have difficulty in remembering when to take their medicines or have several different medicines to take.
Medication administration record (MAR) chart	<p>The MAR chart lists the person's medicines and required doses. It is used to record:</p> <ul style="list-style-type: none"> • when doses have been given • exactly how much medicine has been given where the dose is variable, and • when a medicine has not been given.
Over the counter / non-prescription products (OTC)	These are medicines that can be obtained without a prescription - like aspirin, paracetamol, laxatives, herbal remedies. They are sometimes called homely remedies - see above.

Pharmacist	Used for all pharmacists, primary care pharmacists, care home pharmacists and supplying pharmacists. Primary care pharmacists work in the primary care setting and may have a role working with care homes. Care home pharmacists have a dedicated role working in care homes. Supplying pharmacists work in a community pharmacy or more remote suppliers operating from registered premises.
Risk assessment	<p>Health and social care practitioners should carry out an individual risk assessment to find out how much support a person needs to continue taking and looking after their medicines themselves (self-administration). Risk assessment should consider:</p> <ul style="list-style-type: none"> • The person's choice will self-administration be a risk to the person or to other people. • If the person can take the correct dose of their own medicines at the right time and in the right way (for example, do they have the mental capacity and manual dexterity for self-administration?) • How often the assessment will need to be repeated based on the person's needs and how the medicines will be stored. • The responsibilities of the staff, which should be written in the person's care and support plan. <p>The risk assessment should involve the person (and their family members or carers if the person wishes) and staff with training and skills for assessment. Other health and social care practitioners (such as the GP or pharmacist) should be involved as appropriate to help identify whether the medicines regime could be adjusted to enable the person to self-administer.</p>
Secondary dispensing	This is a process of removing medication from its professionally dispensed container and transferring it into an alternative container which will not be labelled by a healthcare professional. This practice is not a safe practice for the person or staff and should not be carried out.
Self-administration	When a person administers their own medication, this could be with some prompting from care and support staff.
Significant events / incidents	<p>Medication incidents may involve incorrect administration, omitted doses, and duplicated doses, administration of discontinued medication and medication being lost or stolen amongst many other issues.</p> <p>As soon as an error is identified the line manager must be informed immediately with details of the resident concerned, the nature of the error and the actions taken to ensure the safety of the resident.</p>

Social leave	This may be for visits to day care centres, days out with relatives or extended periods of time such as a weekend.
Standard operation procedures (SOP)	<p>Guidelines for Standard Operating Procedures (SOPs). SOPs should take account of regulatory requirements and security practices. The following headings should either form the basis of, or inform additional points for SOP documents:</p> <ul style="list-style-type: none"> • check application of Regulations • orders and arrangements for receipt of controlled drugs • acceptance of deliveries & procedures upon receipt • QC/QA handling • production and packing runs • procedures for accepting orders and controlled drug dispatch • record keeping and cross-checking processes • controlled drug store access, operative and management responsibilities • controlled drug destructions • theft, loss or adverse incident reporting and handling
Stock records via EMAR	<p>Stock records are a running record of how much medicine is held for the person. The record includes:</p> <ul style="list-style-type: none"> • the person's name • date of receipt / return / disposal • name and strength of medicine • quantity received • details of any medicines supplied to the person who self-administer • details of any person's medicines returned to the pharmacy • or the person who provided them the signature of the staff member receiving or disposing of the medicine.

Other Relevant/Supporting Documents:

- Central Bedfordshire Council – Care & Support Medication Standard Operation Procedures (SOP) for Older People Care Homes
- Central Bedfordshire Council – Care & Support Medication Standard Operation Procedures (SOP) for Residential Care for Adults with Learning Disabilities
- Central Bedfordshire Council – Care & support Medication Standard Operation Procedures (SOP) for Reablement
- Central Bedfordshire Council – Care & support Medication Standard Operation Procedures (SOP) for Step-up Step down)

- Central Bedfordshire Council – Care & Support Medication Standard Operation Procedures (SOP) for Supported Living Services
- Central Bedfordshire Council – Care & Support Medication Standard Operation Procedures (SOP) for Day Services for people with Learning Disabilities
- Central Bedfordshire Council – Care & Support Medication Standard Operation Procedures (SOP) for Day Services for Older People
- Central Bedfordshire Council – SCHH Duty of Candour (Care Homes)
- Central Bedfordshire Council – SCHH Accessible Information Policy
- Central Bedfordshire Council – SCHH Safeguarding and Safe Care Policy (Care Homes)
- Central Bedfordshire Council – SCHH Admissions Assessment and Care Planning Policy (Care Homes)
- Control of Substances Hazardous to Health (COSHH) policy
- The Multi Agency Adult Safeguarding Policy, Practice and Procedures
- Mental Capacity Act Policy
- Community Deprivation of Liberty Protocol

20. Monitoring and Reporting Arrangements

- 20.1. The implementation of this policy and associated medication standard operating procedures will be monitored by managers via regular medication audits and supervision (see appendix 3 for an example of a care home medication audit). The results of these audits will be reported to Operation Managers, the Head of Service and during managers meetings.
- 20.2. All care and support services will have a localised medication standard operation procedure (SOP) to implement the policy and review its on-going application in practice by staff to reflect the requirements of people who use the service.
- 20.3. It is recognised that people are cared for in a variety of settings. It is essential that the training is structured, but sufficiently flexible to reflect the differing ways in which needs are met and adapt to meet changes as they occur.
- 20.4. A key factor in implementing the policy is to ensure that all those involved in meeting the healthcare needs of people receive appropriate training and on-going support to meet these needs.
- 20.5. Induction training will be delivered when a member of staff joins the service. Specialist and on-going training will be provided on a one-to-one basis to meet the individual needs of people. Healthcare professionals will provide the specialist training required administering medication.
- 20.6. This policy supports the Care Quality Commission (CQC) Assurance Key Areas and Statements below:

Key question:	Quality statements we will use to assess quality
Safe	Learning culture

	<p>We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learnt to continually identify and embed good practices.</p> <p>Safeguarding We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.</p> <p>Safe environments We detect and control potential risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.</p> <p>Safe and effective staffing We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.</p> <p>Infection prevention and control We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.</p> <p>Medicines optimisation We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.</p>
Effective	<p>Assessing needs We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>Consent to care and treatment We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.</p>
Caring	<p>Treating people as individuals We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>Independence, choice and control We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.</p> <p>Responding to people's immediate needs We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.</p>

Responsive	<p>Person-centred care We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.</p> <p>Equity in access We make sure that everyone can access the care, support, and treatment they need when they need it.</p>
Well-led	<p>Governance, management, and sustainability We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.</p>

21. Evaluation and Review

- 21.1. This policy has been reviewed with reference to NICE Guidance, BLMK Integrated Care Board and CQC Standards. The full list of documents is available on request.
- 21.2. This policy and associated medication standard operation procedures (SOP) will be reviewed 2 yearly. In addition, the policy will be amended when new legislation is introduced, including identification of risks as a result of medication audits, to ensure that the services are meeting the needs of people safely.

22. Appendices

- Appendix 1: Example of Incident review Form
- Appendix 2: Medication Risk Assessment Flowchart
- Appendix 3: Example of a Care Home Medication Audit
- Appendix 4: Learning Outcomes and Assessment Criteria
- Appendix 5: Medication Management reference guidance

23. Reader Confirmation:

Please click the link below to complete the reader confirmation form:

[Adult Social Care Policy & Procedure Reader Confirmation](#)