


Medication Management Standard Operation Procedure

Care and Support: Reablement

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Author:	Donna Maunder, Adult Social Care Policy Officer		
Owner:	Head of Care and Support		
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Policy Owner Signatories

Name	Title/Role	Signature	Organisation	Date
Amy Thulbourne	Head of Care and support		Central Bedfordshire Council	07/07/2023

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1. Introduction

- 1.1 The Standard Operating Procedure (SOP) is intended for use by Reablement staff employed by CBC to provide operational guidance about appropriate procedures for administration of medication to people who use care and support services. The Standard Operation Procedure must be read in conjunction with the Medication Management Policy.
- 1.2 It is the responsibility of staff to administer medicines in accordance with statutory and local guidance. Primary legislation concerning the administration of medicines is contained in the Medicines Act 1968 and the Misuse of Drugs Act 1971.
- 1.3 Reablement/Care staff undertaking administration of medication must have:
 - the required knowledge of the therapeutic uses of the medicine to be administered,
 - its normal dosage,
 - side effects.

2. Ordering and Obtaining

- 2.1 Ordering medicines will usually be the responsibility of the person or their family. If the assessment determines that the person does not have capacity to manage this task the care and support plan will include reference to procedures that are in place to support this, including:
 - Ordering medicines
 - Obtaining medicines from a pharmacy or dispensing doctor
 - Actions to be taken if medicines are unavailable
 - Actions to be taken if medicines go missing
 - Actions to be taken following transfer from other care settings like hospital discharge.
- 2.2 Specific arrangements shall be documented in the person's care and support plan and the date of each intervention carried out by the service will also be recorded in the care and support plan.

3. Practical Considerations

- 3.1 All community care providers must be clear about the level of support they provide. People supported by the Care and Support Services must have a risk assessment to establish what the likely administration risks are with a person's medicines and how these will be overcome. The level of support will be documented in the care and support plan.
- 3.2 Prescribed medicines must not be administered to people for whom these have not been prescribed. A medicine prescribed for a person becomes his/her personal property as soon as it is dispensed, and it is not permissible to administer it to another person. This is particularly important when spouses are being cared for in the same setting as it is easy to make an error. Care and attention are needed in such situations.
- 3.3 Doses must not be varied from those specified.
- 3.4 A drink of water or flavoured cold drink should be offered to assist administration of oral medication.

Refusal

- 3.5 Medications should be offered to people whilst recognising the right of refusal.
- 3.6 Medicines prepared for administration and subsequently not used or refused, should be placed in a suitable container (e.g., envelope) and stored away from the person's medicines. The unwanted medicines should be returned to the pharmacy for disposal. Medicines not taken must be recorded on medication records together with reasons why medication has not been taken in care and support plan. ([See section on disposal.](#))

Medication Containers

- 3.7 Reablement / care workers will only provide medication directly from bottles or containers dispensed and labelled in accordance with the Medicines Act 1968 from a registered pharmacy or dispensing doctor.
- 3.8 Before administration, it is essential that the Reablement Worker checks the MAR chart to ensure that the medication has not already been given (or if appropriate check with person).
- 3.9 If instructions for administration are unclear this must be reported to a Coordinator to obtain clarification from a healthcare professional.
- 3.10 Reablement/ care workers will not prompt or administer from a relative or friend filled dosette box or a compliance aid as the source and identity of these medications cannot be determined
- 3.11 Any labelling must not be altered or removed. Where labels become detached, the contents must be returned to the pharmacist.
- 3.12 There is no requirement for a compliance aid to be requested as all staff should be adequately trained to administer medicines from a professionally dispensed and labelled source.
- 3.13 Identification of medication is most accurate from the original container labelled from the pharmacy or dispensing doctor. In addition, not all medicines are suitable for packing in compliance aids.

Awareness of Side-Effects

- 3.14 Section 1.6 of the NICE guidance - Managing concerns about medicines, states all providers to consider awareness that the medicines on occasions will have unwanted side effects upon a person's health. Reablement workers should be alert to unexplained changes in a person's health especially if there have been recent changes in medication and report to a Coordinator to review and contact the prescriber or pharmacist.

Swallowing Difficulties

- 3.15 If a person is experiencing difficulties swallowing any of their medication, the Reablement Worker should report this to a Coordinator who should then contact the pharmacist or GP to discuss options.
- 3.16 It is not acceptable for a Reablement Worker to crush or alter medication in any way without the instruction of a healthcare professional as detailed in the support plan. This is not covert administration as the person is aware and in agreement.

Precautions

3.17 Medicines are potent materials, and many have harmful properties in addition to their treatment effects. While the intentional administration of medicines to a person is exempt from COSHH, the exposures of staff (or the unintended exposures of the person receiving treatment) are covered by the regulations although there are no safety data sheets for them. Therefore, they must be assessed, and suitable precautions applied. The precautions detailed in standard procedures for administration are largely for the person receiving treatment safety and the COSHH assessment must therefore ensure that they account adequately for the potential for harm to the staff administering the drugs.

Flammable medicines

Emollients / Moisturising creams

3.18 The unsafe use of emollient creams can result in serious or fatal injuries from fire.

3.19 When supporting people to use emollient creams, it's important to be aware of the risks. Emollient creams are used to help manage dry skin conditions such as eczema or psoriasis.

3.20 Emollients are easily transferred from skin on to clothing and bedding. There may also be reactions between emollients and fibres of dressings, clothing, and items such as towels used to carry out personal care.

3.21 There is a risk of severe and fatal burns with all paraffin-based emollients regardless of paraffin concentration. Data suggest there is also a risk for paraffin-free emollients, all staff need to be made aware of the risk of fire.

3.22 Advise people who are using emollient creams of the risks the creams may pose, and:

- not to smoke
- not to use naked flames
- not to go near anyone smoking or using naked flames
- change people's clothing and bedding regularly because emollients soak into fabric and can become a fire hazard - people need to be aware that washing does not remove the risk
- be aware that fabric such as bedding or bandages that have dried residue of an emollient on them will easily ignite and to report any fire incidents with emollients or other skin care products to MHRA's Yellow Card Scheme.

Oxygen

3.23 Some people living in their own homes use oxygen. This means they use a cylinder or machine to breath air that contains more oxygen than normal air. It may be prescribed for people who have a condition that causes low oxygen levels in the blood.

3.24 Oxygen is a medical gas. You should treat it as a medicine. Oxygen can be a dangerous fire hazard. Take adequate precautions while oxygen is being used.

3.25 Home oxygen should not be prescribed to a current smoker. If you are concerned about oxygen and smoking, contact your local home oxygen team and/or the prescriber of the oxygen immediately.

- People should not smoke where oxygen is being used.

- Keep oxygen at least two metres away from flames or heat sources.
- Do not use flammable liquids, such as paint thinners or aerosols, near oxygen.
- Do not use petroleum-based products (such as Vaseline® or Vicks®) or other emollients near oxygen.
- Help people to access and understand the safety information supplied with their home oxygen.

Heat Rubs, Creams and Gels for joint pain

3.26 Some people may be prescribed a rub for pain to treat conditions such as arthritis. These preparations contain irritant compounds such as camphor, salicylic acid, anti-inflammatory compounds, or capsicum, e.g., ibuprofen gel, Zacin® cream.

3.27 It is important to remember to:

- Use disposable gloves and to wash hands immediately if care staff are applying.
- Do NOT apply to inflamed or broken skin.
- Ensure people are aware of any special precautions such as not to touch the area treated and then touch eyes or nose.

4. Mental Capacity

4.1 Where a person lacks mental capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, staff must follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and/or Community DoLS order where appropriate. See Medication Management Policy for details around mental capacity assessments and medication management.

5. Self-Administration

5.1 People should be empowered to self-administer medication wherever possible and be involved in planning their treatment to the maximum level of their capacity.

5.2 Self-administration can include an element of prompting or assisting.

- A person who wishes to self-administer their medication should be risk assessed for this task.
- There are several ways in which medication can be supplied to facilitate self-administration. The community pharmacist should be consulted to advise on how to enable the person to retain their independence for as long as possible.
- Although the person may be assessed as able to self-administer, they may need assistance with other tasks such as ordering their medication.
- The risk assessment and care and support plan must clearly state the responsibilities being undertaken by the care provider.
- Suspected changes in capacity must be reported to a Coordinator for review.

6. Levels of Support

Principles of Administration

- 6.1 Providing any level of support in managing medication requires training. The service is responsible for ensuring that their staff access appropriate training and are deemed competent to carry out the support that is necessary for the person (see section on training.)
- 6.2 Wherever possible people in their own home should be responsible for looking after and taking their own medicines independently or with assistance as needed. The level of assistance required will have been assessed (see person's needs assessment). This section covers only medicines that are administered by a route which falls within the core competencies of Reablement Workers.
- 6.3 The provision of medication is planned for a person as part of their initial assessment plan. Details of current medication are determined from the most accurate sources as possible preferably the GP surgery or a medicines administration sheet produced by the pharmacist at the time of dispensing the current medicines. Where this is not possible care agencies will produce their own MAR sheets to record current medication (See Appendix 1 for a sample MAR chart; See also Section 12 - Record Keeping
- 6.4 It is possible that a person may require several levels of support depending on their physical capacity. For example, they may be able to manage their tablets and liquids but unable physically to administer their eye drops or to apply their creams. This must be clearly identified in the personalised support plan.

Level 1 Support – General Support

Level 1a - Prompt

- To prompt means to remind a person who has capacity to make their own decisions to take their medication or carry out a task. For example, to remind them to take their medication at a particular time or with food. The person will be responsible, in whole or in part, as detailed in the support plan for the safe management of their medication.
- A prompt could be the Reablement Worker saying to the person 'have you taken your medication yet?' or 'is it time to take your medication?' or similar and help the person as detailed in the support plan. For example, passing a container for the person to self-administer.
- A Coordinator will advise whether a medication is to be prompted by writing 'PROMPT...' on the MAR chart on PCS.
- Every instance of prompting medication should be recorded in the care notes on PCS as well as on the MAR chart (initials).
- In instances where a paper-based MAR is to be used as a temporary measure, Reablement Workers are to sign their initials on the chart with a 'p' next to their initials to indicate medication has been prompted. Reablement Workers are also to record that they have prompted medication in the care notes on PCS.
- Any refusal of medication or evidence of confusion in the person should be recorded in daily records and reported to a Coordinator for review of the support plan. This includes evidence of mismanagement, excessive medication and loose medication found in a person's home.

- Family members or unpaid Reablement Workers could be asked by agency staff to highlight any deterioration also.

Level 1b – Assist

- To assist means to physically help a person who has capacity and ability to instruct the Reablement Worker on what it is they require, for example, preparing items for continence maintenance, opening a medication container, or removing tablets from a pharmacy filled compliance aid. For someone unable to use their arms/hands this can include 'passing' the tablets to the person using a container following the instructions of the person.
- All medicines are supplied in child resistant containers which can present a barrier to self-administration and can easily be rectified by informing pharmacy or dispensary that the person cannot open the container. The pharmacist or dispenser can then supply a more suitable container which meets the needs of the person e.g., non-child resistant closures.
- The person will be responsible, in whole or in part, as detailed in the support plan for the safe management of their medication. Assisting and prompting are not appropriate for people who do not have the capacity to make decisions about their medication.
- A Coordinator will advise if someone needs assistance on the MAR chart on PCS by writing 'ASSIST WITH PACKAGING' or 'ASSIST'.
- Every instance of assisting should be recorded in the care notes on PCS and on the MAR chart.
- In instances where a paper-based MAR is to be used as a temporary measure, Reablement Workers are to sign their initials on the chart with an 'A' next to the initials to indicate that they have assisted with medication. Reablement Workers are also to record that they have assisted with medication in the care notes on PCS.
- If a Reablement Worker suspects any confusion from the person in instruction it should be reported to a Coordinator to review the support plan.

Level 2 Support – Administer

- To administer means to select, measure, and give medication to a person or carry out a related task as specified in the support plan and in accordance with the directions of a prescriber. The support plan will specify the tasks the Reablement Worker is able to undertake and their responsibility for ordering, recording, storing and disposing of the medication, in whole or in part.
- Administration of medication will only be agreed in special circumstances where an assessment under the Mental Capacity Act has determined that a person does not have capacity to make decisions for themselves regarding medication and cannot self-medicate, instruct others to prompt or assist or manage their medication. They do not have an appropriate family member or friend to help them and cannot be supported by assisting or prompting.
- A Coordinator will advise on the MAR chart that a medication is to be administered by writing an instruction to 'ADMINISTER' on the MAR chart. Every medication administered by whatever route must be recorded on the MAR chart as well as documenting that it has been administered in the daily care notes on PCS.

- Should a Reablement Worker need to use a paper-based MAR chart as a temporary measure, the chart must be clearly signed with their initials and a record of the administration should be recorded in the daily care notes.
- Administering means taking full responsibility for ensuring that the person is given medicine as prescribed.
- Staff must be appropriately trained and evidence of training and competency assessments available.
- If the person's instruction appears unreasonable, which has the potential to harm the person, this should be reported immediately to a Coordinator and documented in the daily record. For example, "can I take all of my Paracetamol at once?"

Level 3 Support – Specialist Administration

- 6.5 Following an assessment by an appropriate healthcare professional, there may be a need for a Reablement Worker to administer medication by a specialist technique (listed below) which falls outside of the core learning outcomes.
- Catheter care
 - Stoma care
 - Assistance with oxygen administration
- 6.6 All these procedures must be clearly identified by a Coordinator to ensure the care providers can determine if they have appropriately trained care staff before accepting the care package.
- 6.7 If a person needs support for a specific procedure listed above, then the Reablement Worker must undertake training to meet the required competencies. Further details are described in the Training section of this document.

7. The Seven Rights of Administration

- 7.1 **For Levels 2 and 3 - support in administering medication** the recommended procedure for the administration of drugs and medicines is to ensure that the seven "rights" are observed:
- 1) **Right Person:** It is essential that Reablement Workers correctly identify the person. The usual checks are name, address and date of birth.
 - 2) **Right Medication:** Select all the correct medication for the person for the time of day. Even when medication is supplied in a Monitored Dosage System, there may be other medication in the fridge. Check all medication is within the expiry date which indicates when the medication is no longer to be used. Treatment with medication that is outside the expiry date is dangerous as medication deteriorates.
 - 3) **Right Dose:** Check the amount and frequency that the medication is to be taken. The directions from the prescriber are transferred to the Pharmacist's label and the MAR chart. These should match and be followed exactly.
 - 4) **Right Route:** Care should be taken NOT to make assumptions. Check the medication label and information leaflet which will explain HOW the medication should be taken. Some tablets, for example, are dissolved under the tongue or between the lip and top gum, not swallowed.

- 5) **Right Time:** The Pharmacist label will detail the prescriber's instructions and should be supported by the medication information leaflet. As before, check this and if there is any doubt about the directions, contact the supplying pharmacy.
- 6) **Right of Refusal:** A person has the right to refuse to take their medication and this decision must be respected. However, refusal must be reported to a Coordinator and documented appropriately on the MAR chart and daily notes in order that healthcare professionals are made aware for any necessary actions to be decided.
- 7) **Right Documentation:** In addition to confirming every step leading up to the medication's administration, you need to document what you've done afterward. There are likely multiple health care professionals checking in on each person at a time, not to mention shift changes and other disruptions. This is why it's extremely important to communicate everything you've done for the person on paper or electronically.

8. When Required Medication (prn)

8.1 Some medication is administered irregularly; "when required" medications (prn) are medicines which are given according to fluctuating medical need. Reablement / care workers can only administer these when there is a clear protocol for each medicine. This protocol will be supplied by the GP and will specify:

- what it is needed for
- full dosage instructions
- and a maximum daily dose.

8.2 Intermittent dosing is often used for pain killers, laxatives and some creams (see appendix 2- template protocol for prn drugs). This dosage instruction is reliant on an assessment of need to administer or prompt medication. This may be appropriate for a person who has capacity, but it can be difficult to assess the need to administer or prompt medication for a person who is lacking capacity. Difficulties with managing this should be reported to a Coordinator to review with a GP as soon as possible. ([See section on Record-Keeping](#)).

9. Covert Medication

9.1 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. By disguising medication in food or drink, the person is being led to believe that they are not receiving medication, when in fact they are.

9.2 The decision to administer a medicine covertly is never routine and will always be subject to the Central Bedfordshire Councils MCA (Mental Capacity Act) procedures, i.e.

- an assessment of mental capacity is required where there is any doubt about an adult person's capacity to make a decision about their medicine
- a best interest decision will be made about the best care and treatment option for a person who lacks capacity

9.3 The Best Interest decision will be formally documented in the person's care and support plan. Guidelines will be completed on how medication will be administered and continually reviewed in this circumstance. (For further information see Medication Management Policy)

10. Specific Medication

Controlled Drugs (CDs)

- These are medicines defined under the Misuse of Drugs Act 1971 and are subject to a range of additional legislation. CDs are classified (by law) based on their benefit when used in medical treatment and their harm if misused.
- The Misuse of Drugs Regulations include 5 schedules that classify all controlled medicines and drugs. Schedule 1 has the highest level of control, but drugs in this group are virtually never used as medicines. Schedule 5 has a much lower level of control.
- If there is any doubt of the level of control for a CD, Coordinators must check with a community pharmacist. (Examples of Schedule 1 are hallucinogenic drugs (i.e., LSD), raw opium, cannabis. Schedule 2 includes: diamorphine, morphine, fentanyl, oxycodone, methylphenidate, dexamfetamine, methadone. Schedule 3 includes: buprenorphine, temazepam, midazolam, gabapentin, tramadol hydrochloride. Schedule 4 includes zaleplon, zolpidem tartrate, zopiclone, Sativex®. Schedule 5 includes codeine, pholcodine, morphine - this is not an exhaustive list).
- As part of an agreed package of care, it may be necessary for Reablement Workers to be involved in the management and administration of controlled drugs.
- For administration purposes they should not be considered any different to any other medication and the same procedures should be followed and recorded on the MAR sheet.
- Reablement workers should be made aware of the issues relating to controlled drugs in the person's home. Where a Reablement Worker is required under the support plan agreement to collect supplies of controlled drugs for people, they will be asked for proof of identity and authorisation to collect the medication on behalf of the person.
- Records of receipt and return to the pharmacist for disposal should be kept as an audit trail. If a Reablement Worker notices CDs are going missing report this immediately to a Coordinator.

Warfarin

- Reablement workers may be required to prompt people with their Warfarin. This would be specified within the support plan, and this will be recorded on the MAR sheet.
- The Warfarin record card (yellow book) is always needed when blood tests are done.
- Reablement workers who notice signs of excessive bruising should notify a Coordinator as soon as possible, who should inform the GP. Ideally these people should be supported with a domiciliary anticoagulation service.
- People who are administered Warfarin must have an oral anticoagulation therapy record card or 'yellow book' issued from the hospital on discharge. They are more at risk of bleeds and bruise easily.
- This yellow book records an important blood monitoring record called an INR which is controlled by dose changes.
- This yellow book must be available for administration. Warfarin medication must be given as prescribed and instructed in the yellow book.

- In the event that Warfarin dose is unclear, the yellow book is unavailable and no clinical guidance can be obtained (e.g., out of hours) the previous dose of Warfarin should be given until the dose can be clarified. The coordinator must obtain guidance from the person's GP or anticoagulant clinic as soon as possible, ideally within 2 working days.

11. Procedures not to be carried out by Reablement staff

11.1 The following shall only be carried out by a registered health care professional:

- Injections which involve the preparation of medicines.
- Administering intravenous medicines
- Programming of syringe drivers.
- Administer Warfarin when dosage varies.
- Feeding through a naso-gastric tube or gastrostomy tube
- Rectal administration
- Vaginal administration
- Administration of a prescribed medicine via a naso-gastric tube or gastrostomy tube
- Tracheostomy suction and emergency change of tracheostomy tube
- Injections (intramuscular or subcutaneous) with a pre-assembled, pre-dose loaded syringe; including insulin
- Testing of blood sugars for type 1 diabetes
- Buccal midazolam use
- EpiPen® device

11.2 Reablement staff will only prompt or assist with pre-assembled injection devices e.g., insulin in a pen-device.

12. Record Keeping

12.1 A record of the administration of medication by the Reablement Worker should be made on the MAR chart. This is applicable to Level 2 and Level 3 support.

12.2 Each person must have a medication record (MAR) on which must be recorded details of all medicines to be administered and the time of administration. This record should ideally be printed by the dispensing pharmacist or doctor.

12.3 It is important that only the current medication is recorded on the MAR chart as determined by the GP or pharmacist.

12.4 A MAR chart will be required if Reablement Workers are prompting or assisting - level 1 ([see section on levels of support](#)). The intervention should be recorded in the Daily Record.

12.5 For Level 2 and 3 support the MAR chart must be signed in the appropriate place at the time of administration. If an error is made in recording it should be noted in the daily records and a Coordinator notified.

12.6 The label on the medication should correspond with the instruction on the MAR chart. Any discrepancies should be reported to a Coordinator for clarification. Instructions should be followed in line with administration policies.

- 12.7 “When required” medication should be offered to the person in line with the protocol and only signed on MAR chart if administered. Declining is not refusal as it is in accordance with person’s needs at the time.
- 12.8 The MAR chart will be the formal reference for the administration of medicines and must not be destroyed. When completed the record should be placed in the care notes of the person and archived in line with organisational policy.
- 12.9 If a person does not take his/her prescribed medicine, this must be recorded on the record sheet together with the reason in the daily record. In a case of vomiting or spitting out of the medication a further dose should not be administered and this should be reported to a coordinator. If this is a regular occurrence the GP should be informed through a coordinator as soon as possible.
- 12.10 It is important that records are accurate and auditable and that Reablement Workers recognise their accountability.
- 12.11 If the MAR chart includes a medicine that has not been supplied, care staff must check with a Coordinator whether the prescriber has stopped the medicine, and if so, appropriate actions taken to indicate that it has not been administered and why. Ideally the providing pharmacist must be contacted by a Coordinator to update the person’s record & prevent the MAR chart being generated with out of date or discontinued items.
- 12.12 If the MAR chart contains a medicine that has not been supplied, but which the prescriber confirms is to continue, care staff must check why there is no supply.
- 12.13 If a medication has been prescribed but is not listed on the MAR chart (e.g., if a person has returned from hospital with new medication and no new MAR chart has been supplied) the Reablement Worker must contact a Coordinator. The coordinator should contact the person’s GP as soon as possible to confirm what medication needs to be given. All communication must be documented.
- 12.14 The Reablement Worker can add the details of the prescription to the MAR chart following instructions from a Coordinator. This should be done only under exceptional circumstances where the person would otherwise not receive their medicines. Details of instructions received, with date, time and name of person instructing must be fully recorded in daily record and on the MAR chart.

13. Medication storage

- 13.1 Medicines should never be stored in areas of high temperature or moisture such as in a bathroom cabinet, on a windowsill, in direct sunlight or near a radiator. Medicines should be stored with regards to person safety and safety of children. Some medication may require storage in a fridge.
- 13.2 If a Reablement Worker notices medicines should be in a fridge but not being stored in fridge this should be reported to a Coordinator.
- 13.3 If an assessment has identified a risk of leaving medication accessible to the person, clear documentation must be made in the care and support plan how they will be safely stored and the reasons for the extra storage.
- 13.4 All medicines should be stored in their original container:

- as dispensed and labelled by a pharmacist or dispensing doctor
- as purchased
- medicines should never be transferred by reablement staff from their original container to another container.
- Labels must never be removed. This is regarded as secondary dispensing and should only be undertaken by dispensary staff.

13.5 Medicines such as asthma inhalers, sprays for angina and adrenaline pen devices, must be readily available to the person.

13.6 If there appears to be an accumulation of large quantities of medication, it should be reported by the Reablement Worker to a Coordinator for review. The coordinators should liaise with the person's GP and pharmacist to discuss the issue of accumulation as this poses a risk and may potentially be a waste of public resources.

13.7 Where there are medicines in the persons home which should be disposed of as they are no longer required, but the person's refuses to allow them to be returned to the pharmacy, a record should be made in the care and support plan and the incident reported to a Coordinator. The coordinator should inform the GP to take further action.

13.8 Storage of any discontinued medication should be separate from currently administered medication to minimise the risk of incorrect administration.

14. Disposal

14.1 Unwanted medicines must always be disposed of through a community pharmacy or dispensing doctor.

14.2 If it is identified in the support plan as a risk to person, the Reablement Worker can take the unused medicines to pharmacy for disposal as directed by a Coordinator. A full record of medicines removed must be documented in the daily record for accountability.

14.3 If a Reablement Worker identifies that a person is stockpiling medication, in line with the principle of minimising risk and reducing waste, the GP should be informed (via a Coordinator).

14.4 If there are medicines in the home which should be disposed of as they are no longer taken but the person refuses to allow them to be returned to the pharmacy, a record should be made in the support plans and the incident reported to a Coordinator. ([See section on storage.](#))

15. Dealing with significant events involving medication

15.1 Medication incidents may involve, but not limited to, incorrect administration, omitted doses, and duplicated doses, administration of discontinued medication and medication being lost or stolen.

15.2 As soon as incorrect administration is identified a Coordinator must be informed immediately with details of the person concerned, the medication that was given incorrectly and whether their regular medication has also been administered.

15.3 The coordinator will contact the prescriber or pharmacist for advice on the effects of the incorrect administration and whether the correct medication should be given if it has not

been given already. If the incident occurs outside pharmacy/surgery opening hours the out of hours GP service should be contacted for advice.

- 15.4 The coordinator will ensure that an internal incident report form is completed. A Safeguarding alert SV1 form submitted to Safeguarding Adults team if appropriate in line with CBC (Central Bedfordshire Council) Safeguarding Adults policy. ([See section on safeguarding adults](#))
- 15.5 Where a procedural problem is identified as a risk, procedures should be reviewed. (See appendix 3 for an example of an incident reporting form.) If the incident involves issues with primary care healthcare professionals liaise with appropriate organisation, otherwise ensure that internal procedures are followed.
- 15.6 It is important that the cause of the incident is established as procedures may need to be reviewed to reduce risks of a repeated incident. Any incidents should be regarded as a learning process and should be shared with all care staff to raise awareness of safety issues.

16. Safeguarding Adults

- 16.1 Any abuse of administration of medication procedures, (including covert administration not authorised by a healthcare practitioner) could be viewed as neglect or physical abuse under the Bedford and Central Bedfordshire Multi-Agency Safeguarding Policy Practice and Procedures and should be reported in line with safeguarding procedures. Staff should contact the Safeguarding Adults team for advice if uncertain about whether to make a safeguarding alert in relation to medications management. The medication risk assessment flow chart may also assist you. (See appendix 4 Medication Risk Assessment Flow Chart)

17. Transfer of Care

- 17.1 On occasion the person may go into respite care or hospital. It is important to be aware of possible changes to their medication on return to their home.
- 17.2 People recently discharged from hospital are at a higher risk of administration errors due to changes in medication. If a Reablement Worker notices a discrepancy or change in medication after a person has been discharged from hospital, a Coordinator should be contacted.
- 17.3 If disposal of medicines is included in the support plan, the Reablement Worker should contact a Coordinator as soon as possible ([see section on disposal](#)).
- 17.4 If part of their role, the Reablement Worker should check arrangements have been made for any new prescription needed following changes in medication.
- 17.5 Reablement / care workers will not be responsible for transferring information when people are admitted to hospital or residential care and will refer this a Coordinator.
- 17.6 Any person going into hospital or respite care should ideally take their medication with them. Reablement / care workers can pack medicines for the person to take.
- 17.7 If a person is visiting day care, a safe process for the transfer of medicines or doses should be clearly agreed and documented in the support plan and absence noted on MAR chart as social leave.

18. Training

18.1 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 (For further details see the Medication Management Policy).

19. Implementation and Monitoring

19.1 A key factor in implementing the policy is to ensure that all those involved in meeting the care and support needs of people receive appropriate training and on-going support to meet these needs.

19.2 Care and Support services must have an internal audit process which can demonstrate that reablement workers are adhering to processes within the policy.

19.3 Completed MAR charts and daily records should be returned to the Reablement offices for regular audit purposes before archiving. Audits should assist in improving safety and care for people and should include:

- a check of coding and completion of MAR chart for accuracy and at time of administration
- a review of regular administration of a “prn” medication to check understanding with Support Worker or review with healthcare professional.
- a reflection of all medication issues coded on MAR chart such as refusal, swallowing difficulties, no medication available etc. on the Daily note.
- a check of the timeliness of reablement worker reporting problems to Coordinators for discussion with healthcare professionals as detailed in this guidance, such as regular refusal, accumulation of medication etc.
- This SOP will be reviewed 2 yearly or when national guidance and/or legislation changes.

20. References

Nice Guidance NG5 Medicines Optimisation.	Overview Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes Guidance NICE
NICE Guidance – Managing medicines for adults receiving care in the community.	Overview Managing medicines for adults receiving social care in the community Guidance NICE
NICE Guidance – Controlled drugs and drug dependence	Controlled drugs and drug dependence Medicines guidance BNF NICE
Nice Guidance – People’s experience in adult social care services: improving the experience of care and support for people using adult social care services.	People's experience in adult social care services: improving the experience of care and support for people using adult social care services (nice.org.uk)

Care Quality Commission Medication information for adult social care.	Medicines information for adult social care services - Care Quality Commission (cqc.org.uk)
Care Quality Commission Fire Risk Emollient Creams	https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-3-fire-risk-use-emollient-creams
BLMKICB Medication Management.	BLMKICB Medicines Management – BLMKICB Medicines Management

This SOP has been reviewed with reference to the guidance below:

21. Appendices

- Appendix 1: Example Medication Administration Record (MAR) Sheet
- Appendix 2: Protocol for PRN Medication Administration
- Appendix 3: Example of Incident Review Form
- Appendix 4: Medication Risk Assessment Flow Chart