


Medication Management Standard Operation Procedure

Care and Support: Day Services for Older People

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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 The Standard Operating Procedure (SOP) is intended for use by care assistants 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 care 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 Care assistants administer medications as directed and advised by families, carers or residential care homes based on GP/pharmacy information. The role of day centre staff is not to take a lead on decisions regarding the persons medication unless a concern is raised regarding a safeguarding issue.
- 1.4 A person with capacity may choose to have their medication administered by trained staff. If this is the case the customer must complete the Medication Agreement Form (see Appendix 1).
- 1.5 Care assistants 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. Receiving Medication

- 2.1 A Care assistant who is trained in administering medication will complete the booking in and out of medication. During a staff members induction period an addition staff member will support with the booking in and out.
- 2.2 The Weekly Medication Checklist (see Appendix 3) must be completed in a legible manner, indicating the person's name, time of administration and the expected days of administration. This is identified by greying out the cell in the corresponding day's box.
- 2.3 At the time of the person's arrival sign in or out any medications using the appropriate columns on the individual's Centre Medication Administration Record (CMAR) sheet (see Appendix 4).
- 2.4 At the appropriate time, when the person arrives or just prior to their departure, book in or out any medications 'in transit'. This includes any medications held but not administered at the centre, i.e., during the 'journey' to/from respite care to/from home using the medication held in transfer form (see Appendix 7).

Medication Containers

- 2.5 Care assistants 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.
- 2.6 Medication must be packaged appropriately, any labelling must not be altered or removed. Where labels become detached, the contents must not be dispensed.

2.7 If the medication cannot be dispensed for the reason above, the person and their family/carers are to be contacted straightaway by the day centre officer administering the medication or a member of the management team and informed that the centre cannot dispense these medications.

3. Medication storage

3.1 Medicines should never be stored in areas of high temperature or moisture such as in a bathroom cabinet or near a radiator. All medicines storage areas should be controlled between 15°C and 25°C.

3.2 All medication that requires room temperature must be below 25 degrees, kept away from direct sunlight and not stored on windowsills.

3.3 Some medication may require storage in a fridge. For example, insulins, antibiotic liquids, injections, eye drops and some creams. These medicines must be stored between 2°C and 8°C.

3.4 All medication should be stored safely following the manufacturers requirements. You can also refer to the Patient Information Leaflet (PIL) or visit the electronic Medicines Compendium (eMC)

3.5 Medicines storage within the day centre:

3.6 All medications are to be locked in the main medication cabinet within the designated medication room, which must be locked when not in use.

3.7 In the event of the need to administer Controlled Drugs they must be stored in a double locked cupboard.

3.8 Medication keys will be stored in a locked area. They will be accessed by the designated persons and returned to the locked area immediately after medication has been administered.

3.9 Processes within the day centre must clearly identify how these keys are managed to ensure appropriate staff have access to them. They must never be left unattended.

3.10 Failure to return the keys could have potentially serious consequences as it may result in medications not being given at the prescribed time.

3.11 All staff are responsible for the safe storage of medications.

3.12 Medicines fridges

3.13 Dedicated medicines fridges should be of a suitable standard to keep medicines at the correct temperature.

- make sure your fridge can maintain the correct temperatures for the medicines being stored
- make sure your medicines fridges are secure and accessible only to authorised staff
- do not store food or biological samples in your medicine's fridge
- to avoid accidentally interrupting the electricity supply, use a switchless socket. Or clearly label the plug with a cautionary notice, for example: "Do not unplug/switch off"

- do not store large amounts of medicines. This can lead to inadequate airflow and potential freezing
- regularly check the dates of the contents of your fridge.
- regularly clean and defrost the fridge and keep dated records of this.

3.14 Recording temperature

- Check and record the temperature of the medication cupboard it should be between 15°C and 25°C
- record the temperature of the fridge twice daily (AM/PM)
- you should record minimum, maximum, and current temperatures, using a minimum/maximum thermometer.
- the thermometer should be reset after each reading
- make sure that your staff understand how to read and reset the thermometer and why this is necessary
- take care that the thermometer probe cable does not interfere with the door seal. This could cause the temperature to fall outside the recommended temperature range
- make sure that your staff know what to do when the fridge is outside the recommended temperature range
- keep records of any actions taken. This includes seeking advice on whether the medicines are still safe to use.

3.15 Some small services do not regularly keep medicines that need refrigeration. In exceptional circumstances, such services could consider using a separate locked container in the food fridge. Only trained and competent staff should have access. Staff should keep records of temperature monitoring. This is a proportionate approach to making sure medicines are safe to use and should be fully risk assessed.

3.16 All medicines should be stored in their original container:

- as dispensed and labelled by a pharmacist or dispensing doctor. Labels must never be removed.
- as purchased.
- Medicines should never be transferred by Care assistants from their original container to another container. This is regarded as secondary dispensing and should only be undertaken by staff following strict protocols in specific circumstances.

3.17 A few medicines, such as asthma inhalers, sprays for angina and adrenaline pen devices, must be readily available to the person for appropriate self-administration.

3.18 Prescribed food supplements may be stored in kitchens ideally in fridges when in use. These should be person specific and can be given by day centre staff at appropriate times of day as directed by staff who have had medication training.

4. Practical Considerations

4.1 Whenever possible, people should be responsible for looking after and taking their own medicines. However, some people may require support.

- 4.2 If a person chooses not to administer their own medicine it must be recorded on the medical agreement form (appendix 1),
- 4.3 Care assistants must offer the support that is stated in the person's medical support profile (appendix 2) and relevant risk assessments. A person's medical support profile must clearly detail the level and type of support that a person requires e.g., self-medicates, prompting, full assistance. (See section on Level of Support)
- 4.4 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. Under no circumstances should medication prescribed for one person be given to another, even if they are both on the same medication.
- 4.5 Care assistants 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.

Administration of medication procedure:

- Medication administration can be undertaken by only one member of staff who is trained, competent and fully inducted, unless it is a controlled/complex drug or the staff are completing an induction period.
- Controlled drugs must be administered by two trained and competent members of staff.
- When the medication is complex two members of staff are to administer
- Care assistants must not alter the medication, times and doses.
- All relevant documents must be accessible at the point that medication is being administered.
- Care assistant administering must check the MAR sheet against the medication label – Right patient, right medication, right dose/strength, right route and right time (See section on The Seven rights of Administration)
- Care assistant to check the customer's identity against the photo on their Medication Support Profile (MSP). Address the person by their name and administer the dose in line with the person's request as outlined on their Medication Support Plan.
- The designated administering staff member must ensure that the dose has not already been given by checking the amount of medication available and whether the Medication Administration Record sheet has already been signed for before administering.
- Dispense the correct dose DIRECTLY into a medicine pot (non-touch technique) and offer immediately to the person.
- Once the medication has been taken, the person administering the medication must initial the CMAR sheet immediately in the correct column by the correct medication and time.
- When using blister packs filled by the pharmacist the instructions given must be followed. The Care assistant responsible for administering must ensure that the correct blister is opened, all the tablets are given, and the medication checked against the MAR sheet. A check should also be made to ensure that no additional medication is required.
- The number of medications that remains in stock after administering should be documented on the CMAR sheet.

- If the dose is not administered, the relevant signage code must be completed (Refused, Social Leave etc.) as referenced at the bottom of the CMAR sheet/ weekly medication checklist.

4.6 To promote and maintain safe practice, the staff delegated to undertake medication procedures will not be distracted, interrupted, or requested to undertake another task, except in life-threatening situations.

4.7 If during the administration process any inaccuracies are noted the process must stop and appropriate guidance sought from the manager/ senior. Also, in these circumstances the Medication Query Record (MQR) (see Appendix 6) must be completed.

Social Leave (off-site outings)

4.8 People must be supported to manage their medication at times including social activities in the community.

4.9 Medication **must** be signed out and signed back in by the care assistant on return.

4.10 The following information should be given to the person or care assistant when the person is temporarily away from the day centre:

- the medicines taken with the person.
- clear directions and advice on how, when, and how much of the medicines the person should take.
- time of the last and next dose of each medicine.
- a contact for queries about the person's medicines, supplying pharmacy or GP.

4.11 Care Assistants **must** transport medication in a secure, closeable bag and always keep with them.

4.12 Care Assistants **must** ensure that they are transporting the correct PRN Medication for the person they are supporting.

4.13 It is **not acceptable** for one staff member to transport all the medication; it must be available to the person who needs it, at all times.

For example: A social activity to a garden centre has been arranged for six people. Each person has a PRN medication, two people choose to walk and the remaining four use the minibus. The member of staff supporting each mode of transport i.e., walking or the minibus must carry those persons medication.

4.14 Care Assistants must contact a member of the management team **ASAP** by phone and request support, if any problems occur on social visits.

Refusal

4.15 Medications should be offered to people whilst recognising the right of refusal.

4.16 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 person's family/carer for disposal. Medicines not taken must be recorded on medication records together with reasons why medication has not been taken. ([See section on disposal.](#))

Awareness of Side-Effects

4.17 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. Care assistants should be alert to unexplained changes in a person's health especially if there have been recent changes in medication and contact the person's family/ carer or care home and report to a member of the management team.

Swallowing Difficulties

4.18 If a person is experiencing difficulties swallowing any of their medication, the Care assistant should contact the family/ carers.

4.19 It is not acceptable for a Care assistant to crush or alter medication in any way without the instruction of a healthcare professional as detailed in the support plan.

Precautions

4.20 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 (Control of Substances Hazardous to Health), 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

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

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

4.23 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.

4.24 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.

4.25 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

4.26 Some people accessing the service may 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.

4.27 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.

- 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.
- Include oxygen use in your fire risk assessment and take advice where needed.

Heat Rubs, Creams and Gels for joint pain

4.28 Some people may be prescribed a rub for muscle and joint pain. These preparations contain irritant compounds such as camphor, salicylic acid, anti-inflammatory compounds, or capsim, e.g., ibuprofen gel, Zacin® cream.

4.29 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.

5. Mental Capacity

5.1 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.

6. Self-Administration

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

6.2 Staff will ensure, where possible, that medication is stored safely by the person. Either on the individual or in their belongings.

6.3 Self-administration can include an element of prompting or assisting. Care assistants 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

- 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.
- Although the person may be assessed as able to self-administer, they may need assistance with other tasks such as opening containers, measuring dosage.
- The risk assessment and support plan must clearly state the responsibilities being undertaken by the Care assistant.
- Suspected changes in capacity must be reported to a Manager /Senior Care assistant for review.

7. Levels of Support

Principles of Administration

- 7.1 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.)
- 7.2 Wherever possible people 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. This section covers only medicines that are administered by a route which falls within the core competencies of the Care assistant.
- 7.3 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 Care assistant 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.
- Any refusal of medication or evidence of confusion in the person should be recorded in the weekly medication check list and reported to a Senior for review of the support plan.

Level 1b – Assist

- To assist means to physically help a person who has capacity and ability to instruct the Care assistant 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.
- 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.
- If a Care assistant suspects any confusion from the person by their instruction it should be reported to a Senior 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 Care assistant is able to undertake and their responsibility for 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.
- Every medication administered by whatever route must be recorded on the CMAR sheet/ weekly medication checklist and signed appropriately utilizing codes where necessary.
- 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 Senior and documented in the daily record. For example, "can I take all of my Paracetamol at once?."

Level 3 Support – Specialist Administration

7.4 Following an assessment by an appropriate healthcare professional, there may be a need for a Care assistant 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
- EpiPen devices
- Buccal midazolam use

7.5 All specialist and/or controlled medication required will be clearly documented on persons Medication Support Plans (see Appendix 2) and will include an explanation of the following:

- How the medication should be administered.
- What to do if the customer becomes ill because of the medication (i.e., breathing difficulties following Rectal Diazepam or Buccal Midazolam).
- Staff currently trained to administer the medication.

7.6 If a person needs support for a specific procedure listed above, only staff who have undertaken the relevant specific training may administer them. A record of this specific training will be kept in individual staff's training file and displayed in the medication room.

8. The Seven Rights of Administration

8.1 **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 Care assistants correctly identify the person. The usual checks are name, address, and date of birth. The person may also be identified through consented photographs on their medication support profile.
- 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 CMAR 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 Senior and documented appropriately on the weekly medication checklist.
- 7) **Right Documentation:** In addition to confirming every step leading up to the medication's administration, you need to document what you have 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 is extremely important to communicate everything you have done for the person on paper or electronically.

9. When Required Medication (prn)

- 9.1 Some medication is administered irregularly; “when required” medications (prn) are medicines which are given according to fluctuating medical need.
- 9.2 All people prescribed PRN (as and when required) medication will have guidance on the circumstances in which it can be administered clearly detailed on their Medication Support Plan. For example:
- what it is needed for
 - full dosage instructions
 - and a maximum daily dose.

10. Controlled Drugs (CDs)

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, management 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 Care assistants 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 CMAR sheet.

11. Covert Medication

- 11.1 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.
- 11.2 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

11.3 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)

12. Record Keeping

12.1 A record of the administration of medication by the Care assistant should be made on the CMAR 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.

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 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 on the medication query record and a member of the management notified.

12.5 The label on the medication should correspond with the instruction on the MAR chart. Any discrepancies should be reported to a member of the management team for clarification.

12.6 "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.

12.7 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.

12.8 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 the person in charge.

12.9 It is important that records are accurate and auditable and that Care assistants recognise their accountability.

13. Return and Disposal of medication

13.1 Any medications that are 'spoiled'/contaminated, unused, or expired should be returned to the person/carer.

13.2 Care assistants are to advise the family/carer to return the medication to the dispensing pharmacy.

13.3 If no next of kin, care assistants to return the medication to the pharmacy and request a receipt.

13.4 Details must be recorded on the customer's Medication Query Record.

14. Dealing with significant events involving medication

- 14.1 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.
- 14.2 As soon as incorrect administration is identified a member of the management team 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.
- 14.3 The manager/senior will contact the prescriber/ pharmacist/ 111 for advice on the effects of the incorrect administration and whether the correct medication should be given if it has not been given already.
- 14.4 The manager/senior 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](#))
- 14.5 Family/ carer to be informed of the incident and all the actions taken.
- 14.6 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 day centre staff to raise awareness of safety issues.

15. Safeguarding Adults

- 15.1 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 10 Medication Risk Assessment Flow Chart)

16. Training

- 16.1 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).
- 16.2 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.
- 16.3 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 the person. Healthcare professionals will provide the specialist training required to administer medication.

17. Implementation and Monitoring

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

17.2 Day centres are required to implement the policy and review its on-going application in practice by staff to reflect the requirements of the people who use the service.

17.3 Audits should be undertaken by the day centre management team to assist in improving safety and care for customers and should include:

- A check of coding and completion of CMAR sheet for accuracy and at time of administration.
- Safe storage.
- Disposal/ return of expired medications.
- Monitoring stocks and supplies.
- Checking the timeliness of Care assistants reporting problems to the management team.

17.4 This SOP will be reviewed 2 yearly or when national guidance and/or legislation changes.

18. 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
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This SOP has been reviewed with reference to the guidance below:

19. Appendices

- Appendix 1: Medication agreement form
- Appendix 2: Medication support profile
- Appendix 3: Weekly medication checklist
- Appendix 4: Centre medication administration record (CMAR)
- Appendix 5: Centre staff record
- Appendix 6: Medication query record
- Appendix 7: Medication Held in transfer
- Appendix 8: Medication fridge daily temperature record chart
- Appendix 9: Medication cupboard daily temperature record chart
- Appendix 10: Medication risk assessment flow chart