

Medication Management Standard Operation Procedure


Care and Support: Supported Living Services

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Medication Management Standard Operation Procedure

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1. Introduction

- 1.1 The Standard Operating Procedure (SOP) is intended for use by support workers employed by CBC Supported Living Services to provide operational guidance about appropriate procedures for support and management of medication for people who use care and support services. The Standard Operation Procedure must be read in conjunction with:
 - Central Bedfordshire Council Care and Support Medication Management Policy.
 - The Supported Living Services Risk Assessment (Complex/High Hazard Medication) for administering complex medications.
- 1.2 It is the responsibility of staff to administer medicines in accordance with statutory and local guidance.
- 1.3 The process and systems that the Supported Living Service uses for administering medication are expressly designed to promote independence.
- 1.4 Support 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.

Definitions:

- Complex Medication: (Complex medications are defined in line with good practice as four or more separate medications administered at one time or where the medication such as Warfarin are classed as high hazard medications).
- Controlled Drugs: A controlled drug is a prescription medicine that is subject to strict legal controls. These controls are to prevent it from being misused, being obtained illegally, or causing harm.
- Risk Assessment (Complex/High Hazard Medication): for administering complex medications and/or high hazard medications when only one fully trained competent member of staff is available.

2. Ordering and Obtaining

- 2.1 People are encouraged and supported to collect their medication where possible and appropriate.
- 2.2 Registered Services are encouraged to have an agreed arrangement with a local pharmacy for the supply and disposal of medications.
 - Frogmore Road – Wheatfield Pharmacy, Luton
 - High Street Sandy – Britannia Pharmacy, Sandy
 - Walkers Close – Lloyds Pharmacy, Shefford
- 2.3 On receipt of medication, support staff should check the medication received against the list of known prescribed medication for the person. If the medication is different from what is expected check with the prescriber before administering.

- 2.4 The quantity received, and the date should be entered on the MAR chart for each medication and signed by two competent staff.
- 2.5 All medication received must be appropriately labelled by the pharmacist with legible information as follows:
- Name of the person (and in some cases the address).
 - Name of prescribed medication
 - Prescribed dosage
 - Frequency of dosage
 - Storage conditions, where applicable
 - The expiry date
 - Date of dispensing
 - Name and address of supplying pharmacy
- 2.6 New labels must be sought from the pharmacy without delay if prescriptive labels are unreadable.

3. Practical Considerations

- 3.1 Whenever possible, people should be responsible for looking after and taking their own medicines. However, some people may require support. ([See section on Self Administration](#))
- 3.2 Staff must offer the support that is stated in the person's care and support plan and relevant risk assessments. A person's care and support plan 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](#))
- 3.3 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.
- 3.4 The following procedure should be followed at all times:
- 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.
 - 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
 - Support staff must not alter the medication, times, and doses unless this is approved by a GP/pharmacist and clearly documented on the persons medication care and support plan.
 - All relevant documents must be accessible at the point that medication is being administered.
 - Support staff 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](#))

- The designated administering staff member must ensure that the dose has not already been given 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 MAR sheet immediately in the correct column by the correct medication and time.
- The number of medications that remains in stock after administering should be documented on the MAR sheet.
- If the dose is not administered, the relevant signage code must be completed (Refused, Social Leave, hospitalised etc.) as referenced at the bottom of the MAR sheet.

3.5 Colleagues must never interrupt staff members whilst administering medication except in the event of an emergency.

Refusal

3.6 Medications must be given with the knowledge and consent of the person receiving them.

3.7 People have a right to refuse medication and to ask for an alternative treatment.

3.8 Medicines must not be administered covertly unless in exceptional circumstances, if the person lacks capacity, to consent to treatment or understand the consequences of refusal and medical treatment is given in their best interests. ([See section on Covert Administration](#))

3.9 The decision on administering medication in this case will be agreed by a Best Interest Assessor and the multidisciplinary team involved in a person's care. This decision must be formally documented in the persons records.

3.10 All refused medication should be placed into a sealed envelope and labelled (medication, dose, quantity).

3.11 The medication should be placed in the returns box of the medication cupboard in the office and the returns log must be completed immediately.

Medication Containers

3.12 Support 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.

3.13 Until a dose is to be administered, medicines must never be removed from the original containers or bottles in which the pharmacist dispensed them.

3.14 When medication needs to be transported to another service i.e., a day centre it must be transported in original container and never be decanted into another container.

Awareness of Side-Effects

3.15 An adverse drug reaction (ADR) is an unwanted or harmful reaction which occurs after administration of a drug or drugs.

3.16 An adverse drug reaction can be experienced following the administration of a drug or combination of drugs under normal conditions of use, which is suspected to be related to

the drug. The reaction may be a known side effect of the drug, or it may be new and previously unrecognised.

- 3.17 If a support worker thinks that someone may be having a serious allergic reaction to a medicine, phone 999 and ask for immediate medical help.
- 3.18 Contact GP or pharmacy immediately if there is a side effect experienced or observed that is listed as severe in the Patient Information Leaflet (PIL) or if there is concern for the persons health or wellbeing.

Precautions

- 3.19 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

- 3.20 The unsafe use of emollient creams can result in serious or fatal injuries from fire.
- 3.21 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.
- 3.22 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.
- 3.23 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.
- 3.24 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
 - to change their 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

- 3.25 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.
- 3.26 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.
- 3.27 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

- 3.28 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.
- 3.29 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.

Medication safe keys

- 3.30 The keys for people's medication safes, if the person does not hold them, they are held in the staff safe in each of the three services:
- Frogmore Road.
 - High street Sandy.
 - Walkers Close.
- 3.31 The key to access the staff safe can only be accessed through the one designated key holder per shift. Each time a person's medication key is accessed this is signed for by the staff who is to administer the medication.
- 3.32 The persons medication safe will be accessed by the designated staff member and the key returned to the locked area immediately after medication has been administered.
- 3.33 Failure to return the keys could have potentially serious consequences as it may result in medications not being given at the prescribed time.) Failure to return the keys will be treated seriously – this will be raised initially as a recorded supervision item (health & safety) – continued and repetitive failure to return keys may result in a temporary withdrawal of responsibility.

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. (See Level 1 support)
- 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 member of the management team 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 Support Workers.
- 6.3 Details of a person's medication should be provided by their GP or from the MAR provided by the pharmacist. Where a MAR sheet is not available from the pharmacist, the Service will provide a MAR to record current medicines. ([see section on Record Keeping](#).)
- 6.4 It is possible that a person may require several levels of support depending on their physical capabilities. 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 recorded in the personalised care and 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 Support 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.
- Every instance of prompting should be recorded on the Daily notes. There is no expectation of completion of a MAR chart.
- Any refusal of medication or evidence of confusion in the person should be recorded in daily note and reported to the management team for a review of the care and support plan. This includes evidence of mismanagement, excessive medication and loose medication found in a person's home.

Level 1b – Assist

- To assist means to physically help a person who has capacity and ability to instruct the Support Worker on what it is they require, for example, 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.
- Every instance of assisting should be recorded on the Daily notes and the MAR sheet.
- If a Support Worker suspects any confusion from the person in instruction it should be reported to the management team to review the care and 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 care and support plan and in accordance with the directions of a prescriber. The care and support plan will specify the tasks the Support Worker is able to undertake and their responsibility for ordering, recording, storing, and disposing of the medication, in whole or in part.
- Administering means taking full responsibility for ensuring that the person is given medicine as prescribed.
- 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.
- Every medication administered by whatever route must be recorded on the MAR sheet and signed appropriately utilizing codes where necessary.
- Staff must be appropriately trained and evidence of training and competency assessments available to view.

Level 3 Support – Specialist Administration

6.5 5.5 There may be a need for a Support Worker to administer medication by a specialist technique (listed below) which falls outside of the core learning outcomes.

- Buccal administration
- Rectal administration
- Percutaneous Endoscopic Gastrostomy (PEG)
- Assistance with oxygen administration

6.6 If a person needs support for a specific procedure listed above, this will be determined following an assessment by an appropriate healthcare professional. In these circumstances, the Support Worker must undertake training to meet the required competencies.

Epilepsy Management

6.7 Epilepsy management plans should be in place for people living with epilepsy and require “rescue” medication such as buccal or rectal medication. The plan should include the type of seizures and the action to take in the event of a seizure occurring. The epilepsy management plan must be adhered to, and appropriate medication administered in the timeframe given, it is not appropriate to delay treatment in order to wait for a paramedic to attend.

6.8 The following must only be carried out by registered health care professionals:

- Injections involving preparations of medicines
- Administering intravenous medicines
- Programming of syringe drivers

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 Support 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 the management team 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) 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 electronically or on paper.

8. When Required Medication (prn)

8.1 All people prescribed PRN (as and when required) medication will have guidance on the circumstances, in which it can be administered. Staff must not administer these medications unless there are clear, specific instructions outlining:

- What the medication is to be used for e.g., pain
- The dose to be given
- The minimum amount of time between doses
- The maximum dose to be given in 24 hours

8.2 Staff must contact the prescriber or pharmacist if this information is missing.

8.3 Before administering PRN, medication staff must:

- Check the time of the previous dose, ensure that it is outside of the minimum interval and within the maximum dose limits.
- Check for any contraindications (a situation where a drug should not be used).
- Record on the MAR and complete the date, time, and reason for administration in the Medication Notes.
- Record the remaining balance after each dose has been administered.

8.4 If PRN medicines are used infrequently, before administering, it is important to check:

- That the medication was originally prescribed for the purpose that it is now intended.
- The person is not taking any new medication that may interact or duplicate the action of the PRN medication, if in doubt check with the doctor or pharmacist.

- That it has not been replaced by a more recently prescribed PRN or daily medication.
- That the supply is still in date, bearing in mind that some medications have a shortened expiry date once opened.

9. Homely Remedies

- 9.1 A homely remedy is used to treat minor ailments, which can be bought over the counter and does not require a prescription. Homely remedies allow a person to access medication to relieve the symptoms of self-limiting conditions without delay and without the need to contact the GP. For example, Paracetamol for headaches and Gaviscon for heart burn.
- 9.2 People with capacity can purchase over the counter medication, however staff must not purchase this on their behalf.
- 9.3 For people who do not have capacity to manage their medication, the GP, pharmacist, and provider should compile an agreed list of remedies, and this should be regularly reviewed.
- 9.4 Staff must always check with the pharmacist that these remedies will not have any adverse interactions with any prescribed medication the person is already using.
- 9.5 Staff should ensure they know what these remedies contain to prevent an accidental overdose.
- 9.6 Homely remedies may be given in accordance with the doses stated on the licence for a maximum of 48 hours. The GP should be contacted if symptoms persist.
- 9.7 These remedies must be fully documented, and their administration recorded on the persons MAR.

10. Covert Medication

- 10.1 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.
- 10.2 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
- 10.3 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)

11. Record Keeping

- 11.1 Staff should ensure that a complete account of medicines is recorded for each person.

- 11.2 People should have a MAR supplied by the dispensing pharmacy. Regular medication should be typed. Where handwritten entries are required, these must be checked and signed by two members of staff.
- 11.3 MAR sheets must include the following information:
- Name of medication
 - When to be given and how often
 - Dose and Route
 - Any special information i.e., take with food
 - All PRN medication must also have instructions when to give this medication.
- 11.4 Support staff will sign the medication record (MAR) immediately after they have administered a person's medication.
- 11.5 If medication is not given, this should be recorded on the MAR sheet. This must be coded in accordance with the instructions on the MAR sheet.
- 11.6 Changes to medication should be made clear on the MAR i.e., discontinued.

12. Medication storage

- 12.1 Medicines should be stored in people's homes, rather than centrally in an office.
- 12.2 When a person is supported in their own home, and they have capacity they should decide when and how to store their medicines.
- 12.3 Medicines must be stored where they are readily accessible to the people we support unless this is an identified risk.
- 12.4 When a person is prescribed controlled drugs, those supporting the person should consider the risk of misuse of controlled drugs. In supported living schemes these medicines do not need to be stored in a separate controlled drug cupboard.
- 12.5 Where this is a risk, a risk assessment and guidelines will be completed, giving clear guidance to the storage of medication. As a principle, medication must be:
- In a locked well-constructed cupboard.
 - Kept away from heat and light sources.
 - Provided and contained within the original pharmacy produced labelled packaging.
 - Medicines should never be transferred from their original container to another container. This is regarded as secondary dispensing.
- 12.6 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)
- 12.7 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. Any medication which requires room temperature must be below 25 degrees, out of direct sunlight and away from windowsills.

12.8 If medication storage is not followed, for example eye drops that should be stored in a fridge are placed in a cupboard. The staff member must seek advice and guidance from the pharmacist before assisting with medication.

13. Disposal

13.1 A support worker might need to dispose of medicines when:

- A person's treatment changes or stops
- A person transfers to another care service
- A person dies
- The medicine reaches its expiry date

13.2 Unwanted medicines must be disposed of appropriately to avoid placing people who use the service at risk. Disposal of waste is subject to legislation and regulated by the Environmental Agency. Do not dispose of medicines on site through the sewage system.

13.3 Medicines for disposal should be stored securely and separately from any medicines in use.

13.4 All unwanted or out of date medicines should be promptly returned to a community pharmacy.

13.5 Records must be kept to ensure medicines are managed properly during disposal. Records should include:

- Name and strength of medicine
- Quantity removed
- Person for whom medicines were prescribed or purchased
- Signature of the member of staff who arranges disposal
- Date of disposal or return to pharmacy
- Signature of the person collecting the medications for disposal

13.6 All medication returned to a pharmacy should be recorded and signed for by the pharmacist and a copy retained by the Supported Living setting.

14. Dealing with significant events involving medication

14.1 Medication errors occur when weak medication systems or human factors affect processes. We have a duty of candour to be open and transparent with people using the services. Support staff must let the person know what has happened.

- Examples of a medication error include wrong dose being given,
- medication given at the wrong time or
- medication not being given at all.

14.2 As soon as a medication error is identified, staff must ensure the wellbeing of the person concerned and seek appropriate medical advice from NHS 111, the prescriber, GP, or pharmacist and follow the directions given.

14.3 We have a duty of candour to be open and transparent with people using the services, staff must let the person know what has happened.

- 14.4 Support workers must report the details of the error immediately to management stating the name of the person concerned, the nature of the error, the medication and the date and time of the error. They should also outline the immediate action taken and any advice given by other professionals.
- 14.5 All incidents will be fully investigated, the results documented, and every possible action taken to prevent the mistake happening again.
- 14.6 The appropriate action taken to reduce the likelihood of the incident re-occurring will be a decision taken by the management team supported by Central Bedfordshire Guidance for when Medication Management Concern is identified in Care Homes & Care Agencies. (For further information see appendix 1 Medication risk assessment flow chart) Further observation, training or other appropriate action may be considered depending on the severity or frequency of the incident.
- 14.7 Medication maladministration relating to significant harm, abuse, maltreatment, or neglect should be referred to the safeguarding team.
- 14.8 The CQC must be notified by the registered manager if a medicines error has resulted in death, injury, abuse, or allegation of abuse or is an incident reported to or investigated by the police.

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 1 Medication Risk Assessment Flow Chart)

16. Transfer of Care

- 16.1 When a person is transferring to another care setting or when admitted to hospital, a copy of the current MAR including PRN medication and any remaining medication belonging to the person are to be sent with the person.
- 16.2 Staff supporting the person must ensure a record of medicines sent is completed including the following:
- Date of transfer
 - Name and strength of medication
 - Quantities of medication
 - Special instructions (e.g., store in fridge)
- 16.3 When a person returns home following a hospital admission, it is important to check if there are any changes to their medication.
- 16.4 Staff can support a person with their medication as long as it is fully labelled and accompanied by a corresponding discharge summary listing the medications.
- 16.5 Any changes must be communicated to the team and the MAR updated.

16.6 Any unwanted medication must be removed immediately and disposed of. ([See section on disposal](#))

17. Training

17.1 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).

18. Implementation and Monitoring

18.1 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.

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

18.2 Completed MAR charts and daily notes should be regularly audited 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 Support 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.

19. References

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

Nice Guidance NG5 Medicines Optimisation.	https://www.nice.org.uk/guidance/ng5
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 Managing medicines in support living.	Managing medicines in supported living - Care Quality Commission (cqc.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 Storing medicines.	https://www.cqc.org.uk/guidance-providers/adult-social-care/storing-medicines-fridges-care-homes
Care Quality Commission Over the Counter Medicines and Homely Remedies	Over the counter medicines and homely remedies - 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
BLMKICB Covert administration guidance.	Covert Administration Guidance (Adults) – BLMKICB Medicines Management

20. Appendices

- Appendix 1 Medication Risk Assessment Flow Chart