Title of Policy:	**Medication – Assistance and Administration**
Section:	**Health and Safety**

Purpose

The safe and proper administration of prescribed medications is a critical element within a package of care to be delivered to any Client of Carers Choices. This policy clarifies the clear objectives of Carers Choices to provide a safe service and provides excellent advice and guidance on correct procedures to be followed by employees at all times.

This policy has been designed in compliance with the guidance issued by the National Institute of Clinical Excellence (NICE) in Guideline NG67 (March 2017) and the Royal Pharmaceutical Society of Great Britain's Principles of safe and appropriate handling of medications.

Statement

"Today's medicines are powerful compounds that control disease, ease discomfort and prolong life for millions of people and are generally beneficial.

Unfortunately, no medicine is without side effects and some are worse than others. Side effects are not the only potential problem with medicines; sometimes people take medicines when they do not need them or use them in the wrong way or even take someone else's medicines.

Usually, these things happen by accident or because of misunderstandings. Often the consequences are mild but sometimes they can be severe or even life-threatening.

In any situation where care-workers are responsible for the looking after and giving of medicines to other people, be they young or old, healthy or sick, it is important to follow a set of general principles to ensure that this is done safely".

Royal Pharmaceutical Society of Great Britain

This Policy statement, with associated procedure and guidance notes confirms Carers Choices' commitment to provide you with a comprehensive understanding of your duties and responsibilities for the safe administration of medications to those allocated to your care. It is the responsibility of every Carer to review this, and all other operational policies, and confirm their understanding. Queries should be raised with your immediate Supervisor.

Procedure and Guidance

Carers Choices and its Care staff - Understanding our joint responsibilities

We, Carers Choices, will:

- Promote the safe administration of medications within The Service, and ensure that all staff are aware of, understand, and abide by the requirements of this policy.
- Underpin the safe and correct administration of medications by the completion of a Medication Administration Record (commonly abbreviated as a MAR chart), by an appropriately experienced and trained individual, for every Client requiring assistance with the administration of medications, and this is located in the Client's home.
- Ensure that systems are in place to communicate changes to the MAR chart to those charged with responsibilities for care.
- Provide a named and appropriately trained Medication Lead, trained as detailed in Appendix 6 who will act as the primary point of contact for queries and concerns regarding medication, as well as leading The Service on medication governance, compliance and competency.
- Communicate with other parties involved in the delivery of care to the Client so as to promote a seamless service where everyone understands their

individual roles and responsibilities, and are advised of changes to a Client's medication needs, and their plan of care, etc.
- Evaluate the training needs of all staff delegated with the responsibility for administering medications to Clients upon entry (induction), and in response to changing needs and circumstances.
- Provide training to satisfy these needs.

You the Carer, will:

- Follow the requirements of this policy, query anything which you do not understand, and advise of any situation where you feel that your training, experience or competence is inadequate for the tasks you are expected to perform.
- Advise of any change in circumstances of the Client such that their medication requirements may need to be reviewed or modified, or risks associated with the administration of medications re-evaluated.
- Seek advice on any issue in relation to the administration of medications upon which you have a query or a concern.
- Support with ordering and collection to ensure enough supplies of medications are available at all times.
- Always administer medication with the consent of the Client.
- Observe the fundamental principle that every Client has the right to receive a consistent and satisfactory standard of care, delivered in a non-discriminatory and dignified way, and which encourages their independence and protects the confidentiality of information relating to them.
- Not offer advice to Clients about over-the-counter medication or complementary treatments.
- Wear Personal Protective Equipment when administering medications/delivering care in accordance with initial and subsequent health and safety risk assessments.

The majority of people who receive domiciliary care are taking medications that come as tablets, capsule, liquids, eye, ear and nose drops, inhalers and products that are applied to the skin. However, a small number could also be having specialist treatments such as subcutaneous insulin, intravenous feeding (TPN), cytotoxics, anti-cancer medications, or intravenous antibiotics. This may result in the person

having care at home from several different care providers, and Carers Choices will ensure that collective responsibilities for medications are defined and clear.

Adults supported in their own homes will normally be responsible for their own medications, both prescribed and non-prescribed, and such independence is encouraged by Carers Choices, whenever it is possible. Assessment may determine that some Clients can fully administer their own medications whilst others will require varying levels of support. This may be due to impaired cognitive awareness but can also result from a physical disability. In some cases, the level of support for medication will be substantial.

Assessment Process With Respect to Medication Administration

All Clients will undergo an initial assessment of their capacity and support needs regarding medicines administration, which will be undertaken by their allocated social worker or an equivalent professional before provision of care begins. The agreed approach will be formally documented within the individual's care plan, which Carers Choices is responsible for implementing.

The Registered Manager, or where delegated the Medication Lead, is responsible for monitoring service delivery. This will be achieved through regular audits and reviews to establish whether there are any risks or concerns that may require a change to the method of medication administration or support. If any changes in a Client's capacity, risk factors or ability to self-manage medication are observed, the social worker must be notified promptly.

Carers Choices will always encourage independence with regard to medication administration wherever this is safe and practical to do so, taking into account the Clients' individual needs and risk factors. It is important to recognise that both needs and risk factors may change with time, as they can fluctuate if impacted on by decline or improvement in the Client's health, their mental capacity, environmental factors, behavioural patterns or variations in the type, quantity and frequency of medication which each Client requires. Audits and reviews, as well as feedback from Clients and staff members, are important to pinpoint when a formal assessment regarding a change of methodology may be required.

No substantive change to the agreed level or method of medication support may be implemented by care staff until this has been reviewed and authorised by the social worker and documented through an updated care plan. Staff must continue to follow the most recent signed and dated version of the care plan at all times, unless directly instructed otherwise by the Registered Manager or Medication Lead to mitigate any immediate and serious risks while a formal review is undertaken either of the method of assistance/administration (by the social worker) or the prescribed medications and doses (by an appropriate prescribing medical professional assigned to the Client).

The formal care plan, together with medication requirements will be subject to periodic scheduled reviews and subject to modification when circumstances change.

Assistance with medication and administration of medication – what is the difference?

Assistance

Where the Client takes responsibility for their own medication, it may well be the case that very little, or only occasional support is needed. The support given may include some or all of the following:

- requesting repeat prescriptions from the GP
- collecting medications from the community pharmacy/dispensing GP practice
- disposing of unwanted medications safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
- an occasional reminder or prompt from you to take their medications. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medications and should prompt a review of the person's plan of care)
- manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack upon request and when you have not been required to select the medication. (Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether he or she has taken medications). The compliance aid will normally be filled and labelled by the community pharmacist or dispensing GP. The person may qualify for a free service from a community pharmacist under the Equality Act 2010.

Self-administration of medications is not an 'all or nothing' situation. For example, some people might keep and use their own inhalers but not their other medications. Alternatively, a person might be able to manage his/her medications provided that care workers assist him/her.

For example:

- A person who has suffered a stroke and is unable to open containers may want to keep medications and ask care workers to assist at the time he/she chooses to take the medication
- A young person may be given a tube of cream to apply privately even though care workers give other prescribed medications
- A person who has limited understanding and awareness may be able to cope with a day's supply of medications in a compliance aid

In all cases, the Client's plan of care will detail the level of support required to be given and how this is to be achieved, together with confirmation of how consent is to be given. Records will be kept to evidence delivery of that level of care. If the Client is unable to communicate informed consent, then medication should only be administered following a best interests decision within the guidelines of the Mental Capacity Act and the prescriber should indicate formally that the treatment is in the best interest of the individual.

Administration

The task of administering medication to the Client will be undertaken where the individual has been assessed as not being able to manage their medication administration without the help of a Carer (in full or in part), and the risks associated with this assistance, (if any) have been evaluated, and appropriate measures put in place, where necessary. The exact nature of the assistance will be specified in the Client's plan of care. Administration must always be in accordance with the Prescriber's instructions and on each occasion with the consent of the Client.

However, when medication is given by invasive techniques, then this may only be undertaken by Carers who have received appropriate and relevant training.

Administration of medication may include some or all of the following:

- When the Carer selects and prepares medications for immediate administration, including selection from a monitored dosage system or compliance aid
- When the Carer selects and measures a dose of liquid medication for the person to take
- When the Carer applies a medicated cream/ointment; applies patches, inserts drops to ear, nose or eye; and administers inhaled medication
- When the Carer puts out medication for the person to take themselves at a later (prescribed) time to enable their independence

Carers Choices will ensure that only competent and confident staff are assigned to people who require help with their medications. Further and more detailed guidance on the administration of medications is at Appendix 3.

Medication Storage: Manufacturer's and Dispenser's Guidance

The primary consideration in determining where medication is stored within a service user's home is compliance with the requirements set out in the prescribing and dispensing documentation, including the pharmacy label and any accompanying manufacturer's instructions.

This ensures that medicines are kept in conditions that maintain their safety and effectiveness. For example, this may require storage at room temperature, refrigeration where specified or protection from light or moisture.

Staff must always follow these documented requirements as the first point of reference before considering any additional individualised arrangements based on the service user's needs and circumstances.

Medication Storage Considerations for Specific Client Groups

We recognise that safe storage of medication within a Client's home is a key element of medicines management and overall wellbeing. Unlike residential settings, responsibility for storage arrangements rests within each individual's personal environment, which requires a person-centred approach that respects their autonomy, living circumstances, and specific needs. This policy therefore highlights the importance of tailoring storage solutions to the individual, ensuring safety, accessibility and dignity, while also mitigating risks such as accidental ingestion, missed or duplicate doses, or inappropriate access by others.

Below are some examples of important considerations for conditions which Carers Choices' Clients commonly present with.

Individuals with dementia:

- Risk of forgetfulness, duplicate dosing, or missed doses requires consideration of locked or supervised storage.
- Potential confusion over medication identity means medicines should be kept clearly labelled and separated from non-medicinal products.

Individuals with learning disabilities:

- Medicines should be stored in accessible but safe places, taking account of the person's understanding and ability to follow safe medication administration routines.
- Use of visual prompts, colour-coding, or dosette boxes may aid comprehension while minimising risk.

Individuals with autism:

- Predictable and structured routines for accessing and storing medication are important to reduce anxiety.
- Sensory sensitivities (e.g. aversion to noisy blister packs or strong smells) should be considered when choosing storage solutions.

Individuals with physical disabilities:

- Storage must be accessible for the individual, avoiding high shelves or cupboards if mobility or reach is limited.
- Assistive devices such as easy-open containers may be required where dexterity is impaired.

Where secure storage is required, this will be identified and agreed during the Client Assessment process. Secure medication storage should not be introduced into the Client's home without it first being agreed by the social worker and documented within the formal care plan.

The Six R's in Medication Administration

Carers Choices' staff are obliged to observe and comply with the '6 R's', which the National Institute for Clinical Excellence (NICE) define as follows: right resident, right medication, right route, right dose, right time, resident's right to refuse. This is a simple alliteration that is designed to help staff quickly and easily remember the core responsibilities when handling, administering or assisting with medication.

Errors in administering medication are a reality within care settings. High risk events can happen, and it is every staff members responsibility to work to prevent this. The 6 r's or "Rights" protect people from any accidental harm. When administering medication every staff member should consider the 6r's as a simple check list to promote best practice.

Right Person – People can have very similar, or even the same names. Always make absolutely sure you have the right person.

Right Medicine – Many medicines have similar names so thoroughly check the name on the prescription.

Right Dose – No matter how many times you've done it in the past, always read the directions and measure correctly. Too little and the medicine will be ineffective, too much and the person could become sick.

Right Time – Make sure enough time has passed since their last dose, otherwise you could end up giving them too much. Check to see when the medicine was last administered.

Right Route – Make sure you carefully read how to administer the medication. Some medications can have multiple routes. Some people may have the same medication to be administered at different doses via different routes.

The right to refuse – If a person refuses to take their medication you cannot force them to do so. Take note of their refusal and any reasons they give. Always consider the principles of the Mental Capacity Act and check care plans for best interests' decisions or legal authorisations.

Obtaining Informed Consent for Medication Administration

Before any medication is administered, staff must ensure that the Client has given valid, informed consent. This process includes the following key elements:

Providing Information:

- The Client should be told, in a way they can understand, what the medication is for, how it will be given, and any likely effects or side-effects.
- Information should be communicated in plain language, supported where necessary with written material, visual aids, or repetition to aid understanding.

Ensuring Understanding:

- Staff must check that the Client has understood the information by inviting questions and asking them to repeat back their understanding where appropriate.
- If there are doubts about understanding due to communication needs, learning disabilities, or cognitive impairment, appropriate adaptations or specialist input (e.g. speech and language therapist, advocate) should be sought.

Voluntariness:

- Consent must be given freely, without pressure or undue influence. The Client should feel able to say “no” at any time.

Decision-Making Capacity:

- Staff should consider whether the Client has the mental capacity to consent to the administration of the medication at that time, in line with the Mental Capacity Act 2005.
- Where capacity is in doubt, a capacity assessment must be carried out and documented. If the person lacks capacity, decisions must follow best-interest principles, and may require input from the social worker, family, or other professionals.

Documenting Consent:

- Verbal consent should be confirmed before each administration and recorded appropriately on the Medication Administration Record (MAR).
- Where ongoing consent is obtained as part of the care planning process, this should be clearly noted in the care plan and regularly reviewed.

Respecting Withdrawal of Consent:

- A Client may withdraw consent at any time. If this occurs, staff must respect the decision, record it, and promptly inform the Registered Manager and, if necessary, the social worker or prescribing clinician.

Medical Gases

The only medical gas the Company authorises for use within the homecare environment is prescribed Oxygen. If a Client is prescribed Oxygen, all staff must be aware that Oxygen is a drug and must only be given in line with the individual’s prescription.

- The Oxygen policy and procedure must be followed.
- An individual Oxygen care plan must be created and followed.
- Individual instructions from the Oxygen supplying company and prescriber must be followed.

Emergency medication and equipment

Some individuals using the service may be prescribed emergency medication and/or equipment.

This should be considered at the point of assessment to ensure that the service can meet the individual's needs. Additional training and support may be required in the use of emergency medication and equipment.

This would normally be considered 'PRN' or 'As Required', for example Midazolam is an emergency PRN medication prescribed for the treatment of Status Epilepticus. If an individual was prescribed Midazolam, specialist training, care planning and a PRN protocol would be required.

An example of emergency equipment would be a portable Oxygen cylinder – care plan and risk assessment along with PRN protocol would be required. This should include safe storage and transportation.

Refusal of medication

Clients have the right to refuse medication, and to withdraw their consent to its administration. If refusal persists, and the medication due to be given is not given, then this fact must be recorded, with reasons for refusal (if any), and the date and time. Every instance must be reported to the Manager without delay.

Medication Administration Errors

Errors can occur in the prescribing, dispensing or administration of medications. Most medication errors do not harm the individual although a few errors can have serious consequences. It is important that errors are recorded, and the cause investigated so that you and Carers Choices can learn from the incident and prevent a similar error happening in the future.

Examples of administration errors are:

- Wrong dose is given, too much, too little
- Medication is not given
- Medication is given to the wrong child or adult

Carers Choices promotes a strong culture that encourages Carers to report incidents without the fear of an unjustifiable level of recrimination. Further guidance is contained in Appendix 4.

Adverse Reactions

On rare occasions, a Client may suffer an adverse reaction to a new medication, such as feeling unwell, a rash appearing, breathing difficulties etc. Carers who suspect that a medication has caused a problem are to report the matter immediately to the Manager so that the situation can be discussed with the Prescriber.

If the reaction is serious, you should consider contacting the Emergency services. Doctors, nurses and pharmacists are usually the one's to report adverse drug reactions to the Medication and Healthcare products Regulatory Company.

Over the Counter (OTC) Medications

Over the Counter (OTC) is a term used to describe a medication that is available from a pharmacist or a supermarket to treat common conditions without a prescription. For example, a cough medication, pain killers or a hay fever remedy. They can also include some complementary or homeopathic medications. Carers are not authorised to offer advice to Clients about over-the-counter medication or complementary treatments.

Clients may, on occasion ask you to purchase one of these medications from the pharmacist whilst you are out shopping. You must ensure that consent is received from the Client to tell the prescriber what 'over the counter' medication has been requested so that any contra-indications or drug reactions can be identified, and permission obtained to purchase this for the Client. All purchases must be recorded in either the plan of care or the MAR chart.

When giving any 'over the counter' medication the dosage and time given should be recorded in the care plan or Medication Administration Record in line with the recording procedure. This should include the generic name of the medication, the dosage, the suggested frequency and the number of tablets in the package. You must sign and date the record as per routine.

Safe disposal of medications

There will be occasions when medications will need to be disposed of, such as when:

- A person's treatment is changed or discontinued and the remaining supplies of it should be disposed of safely (with the person's consent).
- A person transfers to another care service. They should take all of their medications with them, unless they agree to dispose of any that are no longer needed.
- A person dies. The person's medications should be kept for seven days, in case the Coroner's Office, Procurator Fiscal (in Scotland) or courts ask for them.
- The medication reaches its expiry date. Some medication expiry dates are shortened when the product has been opened and is in use, for example, eye drops. When applicable, this is stated in the product information leaflet (PIL).

When medications are disposed of you need to make a record to show that they were handled properly. You should record the following information:

- Date of disposal/return to pharmacy (or any other location)
- Name and strength of medication
- Quantity removed
- Person for whom medication was prescribed or purchased
- Signature of the Carer who arranges disposal of the medications

STOMP

The Organisation supports the STOMP project. STOMP stands for Stopping Over Medication of People with a learning disability, autism or both with psychotropic medications. It is a national project involving many different organisations which are helping to stop the overuse of these medications. STOMP is about helping people to stay well and have a good quality of life.

Psychotropic medications affect how the brain works and include medications for psychosis, depression, anxiety, sleep problems and epilepsy. Sometimes they are also given to people because their behaviour is seen as challenging. People with a

learning disability, autism or both are more likely to be given these medications than other people.

These medications are right for some people. They can help people stay safe and well. Sometimes there are other ways of helping people so they need less medication or none at all. It is not safe to change the dose of these medications or stop taking them without help from a doctor.

Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medications, when they do not have the health conditions the medications are for. Children and young people are also prescribed them.

Psychotropic medications can cause problems if people take them for too long. Or take too high a dose. Or take them for the wrong reason. This can cause side effects like:

- putting on weight
- feeling tired or 'drugged up'
- serious problems with physical health.

Where any of our Clients appear to be suffering from excessive symptoms which may be related to psychotropic medications, Carers Choices' policy is to liaise with the most appropriate contact to raise these concerns and to begin the process of requesting a medication review.

In some cases, the most appropriate contact may be a family member of the Client, i.e. if they usually support the Client with medical appointments, the collection of medication from the pharmacy or other clinical processes. Carers Choices would provide the family member with observations and information to justify why a medication review should be requested with the Client's GP or consultant.

In other cases the Client may have an appointed advocate, and Carers Choices would raise the concern with the advocate so that they can represent the Client's best interests by contacting the GP or consultant to request a medication review.

Once the concern has been raised, the family member or advocate would be expected to make contact with the GP or consultant either on behalf of, or alongside, the Client.

In some cases the Client themselves may have capacity to raise this concern with their GP or consultant themselves. Carers Choices' position is to support independence where possible and would encourage a Client to speak to their GP or consultant directly if they are deemed to have capacity. However, we will be aware that this may not be the most effective method, especially if the Client is already struggling with clarity of thought or their ability to communicate as a combined result of their disability/condition and potentially the effect of psychotropic medication.

Where there is no appropriate contact (i.e. family member or advocate), or the appropriate contact has been unable to request the medication review for any reason, or the Client themselves lacks capacity or the Client has capacity but is finding it difficult to communicate effectively with their GP or consultant, Carers Choices will contact the GP or consultant on their behalf to request a medication review.

In these circumstances, Carers Choices will state factual observations of the Client to explain reasoning for the request for a review of the prescription of any psychotropic medications and will state that Carers Choices' position is to support the STOMP project wherever reasonably possible.

Training

When a Client's needs mean the Carer must administer medications, training in safe handling of medications is important. Where the Carer has very limited, or negligible experience and training, then Carers Choices will provide a training package that will meet both the needs of Carers and Clients.

The essential elements of this training will include:

- The supply, correct storage and disposal of medications
- How to prepare the correct dose of medication for ingestion or application

- How to safely administer medication that is not given by invasive techniques, including tablets, capsules and liquid medications given by mouth; ear, eye and nasal drops; patches; inhalers; and external applications
- The responsibility of the Carer to ensure that medications are only administered to the person for whom they were prescribed, given in the right (prescribed) dose, at the right time by the right method/route
- Checking that the medication 'use by' date has not expired
- Checking that the person has not already been given the medication by anyone else, including a relative or Carer from another Company
- Recognising and reporting possible side effects
- Reporting refusals and medication errors
- How a Carer should administer medications prescribed 'as required', (PRN) for example, pain killers, laxatives
- What Carers should do when people request non-prescribed medications
- Understanding Carers Choices' policy for record keeping

Carers Choices will formally assess whether the Carer is sufficiently competent in medication administration before being assigned to such tasks and will regularly assess their competence through supervision and appraisal. Such assessments will be undertaken by the Registered Manager, Medication Lead or an individual identified competent to carry out this task.

Care workers should not undertake the following unless they have satisfactorily completed additional training:

- Rectal administration, e.g., suppositories, diazepam (for epileptic seizure)
- Injectable drugs such as insulin
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Giving oxygen

Medication Lead Contact Details

Name of Medication Lead	Job Title of Medication Lead	Office Address, Phone Number and Email Address of Medication Lead
Sharon Box	*Centre Manager*	*Office Address:* *The White House, Kiln Road, Benfleet, Essex, SS7 1BU* *Phone Number:* *03003021212* *Email Address:* *sharon.box@carerschoices.org*

CQC Registration and Inspection Compliance

Key Questions and Quality Statements applicable to this Policy	Care Quality Commission (Registration) Regulations 2009 applicable to this Policy
Safe • **Medications Optimisation**	

Legislative Compliance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 applicable to this Policy	Other legislation relevant to this Policy

Regulation 11: Need for consent Regulation 12: Safe care and treatment Regulation 9: Person-centred care Regulation 17: Good governance	

Policy Reviewed on Date of Implementation by the Following Company Officer:

Full name:

Paul Ramsden

Job Title:

CEO

Signature:

P. Ramsden

Appendix 1

The Royal Pharmaceutical Society of Great Britain's Principles of safe and appropriate handling of medications

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medications.

2. Care staff know which medications each person has, and the social care service keeps a complete account of medications.

3. Care staff who help people with their medications are competent.

4. Medications are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medications to them.

5. Medications are available when the individual needs them, and the care provider makes sure that unwanted medications are disposed of safely.

6. Medications are stored safely.

7. The social care service has access to advice from a pharmacist.

8. Medications are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

All Employees are required to observe these core principles.

Appendix 2

Controlled Drugs

Controlled drugs (CDs) are prescribed medications that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements. Examples include:

- Morphine
- Pethidine
- Methadone
- Fentanyl
- Methylphenidate

The Misuse of Drugs Regulations 2001 has a full list of controlled medications.

Legal controls

Stricter legal controls apply to controlled medications to prevent them:

- being misused
- being obtained illegally
- causing harm

For example, these legal controls govern how controlled medications can be:

- stored
- produced
- supplied
- prescribed

Controlled medications are classified (by law) based on their benefit when used in medical treatment and their harm if misused. The Misuse of Drugs Regulations include five schedules that classify all controlled medications and drugs. Schedule 1 has the highest level of control, but drugs in this group are virtually never used as medications. Schedule 5 has a much lower level of control.

How does this affect me?

When you collect a Schedule 2-controlled medication, such as morphine or pethidine, the pharmacist will ask for proof of your identity, such as your passport or driving licence. You'll also be asked to sign the back of your prescription, to confirm that you've received the medication. If you're collecting "controlled medication" for someone else, you're legally required to show the pharmacist proof of your identity if asked. To collect certain medications, you'll need a letter from the Client (check with the Manager in relevant circumstances) giving you authorisation to act as their representative.

The pharmacist will let you know what's required. To collect a Schedule 3-controlled medication, such as flunitrazepam, you just need to sign the back of the prescription. Special requirements apply to destroying controlled medications, so return any unused controlled medications to the pharmacist who will dispose of them.

Who can prescribe controlled medications?

Doctors and dentists can prescribe all controlled medications to treat illness or injury. However, doctors must hold a licence from the Home Office to prescribe controlled medications to treat addiction. Specially trained nurses can prescribe some controlled medications for specific conditions, such as pain relief in palliative care, but can't prescribe controlled drugs for treating addiction, such as diamorphine and cocaine.

Midwives may use a limited range of controlled medications such as morphine, and pethidine, to help relieve pain during childbirth. Other healthcare professionals, including nurses and pharmacists, may prescribe controlled medications. Their level of training in prescribing determines the range of controlled medications they can prescribe and under what circumstances.

Prescriptions for controlled medications

Prescriptions for controlled medications in Schedules 2, 3 and 4 are only valid for 28 days. Prescriptions for Schedule 2 and 3 controlled medications (except temazepam) must include specific details about the medication, such as:

- its name and what form it's in
- strength and dose

- total quantity or number of doses, shown in both words and figures

Prescriptions for temazepam and Schedule 4 and 5 controlled medications are exempt from these requirements. Pharmacists must record prescriptions for controlled medications in a special register. Before supplying the medication, they must check that the prescription is correctly written. If it's not, it may need to be rewritten by the prescriber.

Appendix 3

Administration of Medications/Records

Safe administration of medications means that medications are given in such a way as to maximise benefit and to avoid causing harm. In every service where Carers give medications, they must have a MAR chart to refer to.

The MAR chart must detail:

- Which medications are prescribed for the person
- When they must be given
- What the dose is
- Any special information, such as giving the medication with food

Procedures for giving medications

The following is a process for selecting the right medications, preparing the right dose and giving in the right way to the right person.

1. Ask the Client if they want their medications and check that it has not already been administered by someone else. People can refuse medications for different reasons. When this is an important medication, it may be better to wait a little while and ask them later. It is never acceptable to force medications upon people, or to hide them in food or drink. Persistent refusal must be reported to the Manager without delay.
2. Check you are giving the medications to the right person. All prescribed medications should be labelled with the name of the person for whom they have been prescribed, the manner in which the medication is to be administered, and at what frequency.;
3. Select all of the correct medications for this time of day for that person. Even when medications are supplied in a Monitored Dosage System (MDS), there may be other medications in the fridge. Confirm medications to be taken with the Medication Administration Record (MAR) and do not rely on memory. Check whether the medication needs to be taken before, with or after food.

4. Some medications are meant to be taken occasionally, such as those for the treatment of pain, constipation, indigestion or anxiety. Check with the Client whether symptoms are present and administer if directed. Ensure that maximum dosage is not exceeded.
5. Make sure that there is a glass of water available to wash tablets/capsules down and encourage the Client to sit upright or to stand when taking medication, so as to reduce the possibility of anything being stuck “on the way down”. Taking medications with hot drinks (e.g., a cup of tea) is not a good idea.
6. If tablets/capsules are in a monitored dosage system or compliance pack open the appropriate section and empty the tablets/capsules into a medication pot and hand it to the Client. If the tablets/capsules are in bottles or strip packs, transfer the appropriate number of tablets/capsules into a medication pot and hand it to the Client. Do not just guess or use any spoon or allow the Client to drink from the bottle.
7. If the medication is a syrup or mixture make sure that you use the medication spoon of measure that the pharmacist provided.
8. Do not handle medications – use a “clean”, technique by pushing a tablet or capsule out of a blister directly into a medication pot.
9. If you are applying medications to the skin, it is really important to use gloves both for your own protection and also to prevent cross-infection.
10. Records must be kept of medications given including the dose, using a Medications Administration Record (MAR). The record must be dated and signed. Carers must also document if any medication has been left out for the person to take themselves, but they can’t record its actual administration because they didn’t do it or witness it being taken.

If a Client cannot swallow tablets or capsules, or has occasional difficulty, then the problem should be discussed with the Manager who will be able to find out whether a suitable liquid product is available.

This could be a liquid version of the original medication or a different medication that has the same effect. In either case, this will have to be discussed with the prescriber or pharmacist.

Medications that have been prescribed and dispensed for one person should not, under any circumstances, be given to another person or used for a purpose that is different from the one they were prescribed for.

Covert administration of medications

'Covert' is the term used when medications are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Covert medication is sometimes necessary and justified but should never be given to people who are capable of deciding about their medical treatment. Giving medication by deception is potentially an assault. The covert administration of medications should only take place within the context of existing legal and best practice frameworks to protect the person receiving the medications and the care workers involved in giving the medications.

Carers are specifically instructed, therefore, never to administer medications covertly unless "best interest" meetings have been held and covert administration is considered (and minuted) as an essential, well-considered and agreed aspect of the Client's care, is in their best interests and is so documented in their plan of care.

Administering medication by specialised techniques

In exceptional circumstances and following an assessment by a healthcare professional, a Carer may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g., suppositories, diazepam (for epileptic seizure);
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG);

If the task is to be delegated to the Carer, either the healthcare professional must train the Carer or Carers Choices is to provide such training and also and be satisfied they you are competent to carry out the task.

Records

Keeping records is an essential element in the safe administration of medications and you must record each and every time that you administer medication on behalf of your Client. It is important to record what you do when you do it. Do not rely on your memory to write information accurately at a later time and if you record giving medications to people, there is no point making that record when you prepare the medications. The person may decide they do not want it, but your record means that they have accepted and taken it. From your records, anyone should be able to understand exactly what you, the care worker has done and be able to account for all of the medications you have managed for an individual.

Records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record. If you prompt a Client to take their medication then the daily care notes must record this fact, including the date and time.

This information is vital to other care workers who also visit this person.

The MAR chart lists a patient's medications and doses, when they must be given, any special information such as giving the medications with food, along with spaces to record when the doses have been given and to specify exactly **how much** is given when the directions state, for example, 'one or two'. It is also important to keep a record when prescribed medication has **not** been given. PRN (when required) medications administered by you must be recorded on the PRN recording sheet.

Clear records will help to prevent drug errors.

Problems are more likely to occur when:

- People have long lists of prescribed medications.
- Some medications are taken regularly, and some are taken only when required for specific reasons, e.g., for pain relief;
- Labels say, 'take as directed' and the person is unable to explain or cannot remember what this means.
- The dose of a medication is not constant but depends on the results of blood tests, e.g.
- warfarin (a medication given to thin the blood to avoid the risk of stroke or thrombosis)

- More than one prescriber is involved. More than one doctor might prescribe medications for the same person; dentists and a range of other healthcare professionals such as some nurses and pharmacists can also prescribe medications.
- People have hoarded medications that the doctor has told them to stop taking.
- People are confused about what they should be taking.
- An individual is also taking complementary medications. For example, someone with arthritis might have tablets from the GP but could also be buying glucosamine from a health food shop.
- When a new medication is introduced or the dose changes.
- There are frequent changes to treatment.

When people are at the start of a new home care package, how can you be sure that all of the medication is for a current treatment?

There are two quick checks you can make immediately:

- The label attached to the medication, which has the person's name on it, will also have a date when the medication was prepared. If it is more than six months ago, check with the person's GP whether they should still have it.
- What is the expiry date printed on the pack? You must not give date expired medication, and this may also indicate that the person has not been taking this medication recently. Check with the person's GP whether they should still have it.

Obtaining Prescriptions

There will be occasions when medications run out and need to be replaced. In such cases you will need to discuss with the Client how repeat prescriptions may be obtained, and whether a new consultation with the Doctor needs to be scheduled. You are authorised to collect prescriptions from the Pharmacy as part of the Client's plan of care. Any medication received, that is administered by you, must be recorded in the care plan or Medication Administration Record.

Appendix 4

Errors in Administration

Errors can occur in the prescribing, dispensing or administration of medications. Most medication errors do not harm the individual although a few errors can have serious consequences. It is important that an open culture of communication is maintained, and errors are recorded, and the cause investigated so that you and Carers Choices can learn from the incident and prevent a similar error happening in the future.

Examples of administration errors include, but not limited to:

- Wrong dose is given, too much, too little.
- Medication is either not given, or is given, but it is the wrong one.
- Medication is given to the wrong child or adult.

Equally, errors may occur in prescription, or dispensing, in which case the matter will be discussed directly between the Manager and the responsible individual.

On occasion you may be unable to or refuse to give medication to a Client. There may be a number of reasons for this such as:

- Something may be wrong with the medication.
- There may be no medication left.
- There may be concern about a dosage.
- There may be some concern over what is required to be given.
- The Medication Administration Record and/or care plan may be unreadable.
- There may be a lack of understanding about what is required.
- There may have been a lack of training.
- You may not feel confident to give the medication.
- The medication may have already been given by the family.

In such an event you should record the reason for not being able to give the medication on the Medication Administration Record.

Any incident must be reported without delay (in the first instance to the Registered Manager or Medication Lead, or in their absence or lack of immediate availability, to Carers Choices' on call service. This must be undertaken with the same level of urgency as taking appropriate action such as contacting 999 where immediate medical assistance is appropriate.

If an error of administration is considered to be the fault of an individual Carer then the matter will be fully investigated so that the reasons can be established, and, if necessary, new and more robust procedures, or retraining implemented without delay. If procedures are changed, then all Carers will be informed. Where the conduct of an individual Carer is considered to be at fault, then disciplinary action needs to be taken via Carers Choices' disciplinary procedure.

Appendix 5

Glossary

Attention deficit hyperactivity disorder (ADHD) A common developmental and behavioural disorder; characterised by poor concentration, distractibility, hyperactivity, and impulsiveness that are inappropriate for the child's age.

Analgesic medication Pain reliever.

Anaesthesia Loss of awareness or feeling, e.g., in preparation for a surgical operation. Induction of anaesthesia — the process of causing loss of feeling or awareness using a drug.

'As required' medication Medication to be given when required for defined problem, e.g., pain, constipation.

Audit trail Step-by-step record by which financial and product usage data can be traced to its source.

Care provider Organisation that is responsible for providing care.

Care worker Individual who works in a care setting.

Chemist Community pharmacist or community pharmacy.

Community pharmacist Pharmacist based in a community (high street) pharmacy.

Complementary medications Medications that are used together with mainstream medications; examples include acupuncture, homoeopathy and herbal medications.

Compliance aid Device that makes it easier for users to take medications correctly.

Cytotoxic Anti-cancer medication.

DDA Disability Discrimination Act.

Denaturing Changing the form of a drug. For example, controlled drugs must be denatured before disposal in a pharmacy so that they cannot be retrieved and used.

Dispensing Making up of medications (in a pharmacy).

Dispensing assistant Assistant to pharmacist.

Drug dependence Also known as drug addiction. A state in which regular doses of a drug are needed to avoid withdrawal symptoms.

Glyceryl trinitrate (GTN) Medication used to relieve pain of angina. Can be a tablet that is put under the tongue to dissolve or a spray that is sprayed into the mouth.

Homely remedies Medications for minor ailments that could be bought over the counter, such as paracetamol for headaches or indigestion remedies.

Hospice Health care facility devoted to palliative and end-of-life care.

Intravenous Given directly into a vein, e.g., intravenous antibiotics are antibiotics that are injected or infused directly into a vein.

Licensed medication A medication that has been licensed in the UK (by the Medications and Healthcare products Regulatory Company (MHRA) for specific conditions.

Maximum/minimum thermometer A thermometer that shows the current temperature and also the highest and lowest temperatures since the thermometer was last read and reset.

Medication review A review of current medications to check that they are all being used correctly, are having the desired effects and are still needed. Includes clinical medication reviews and medications use reviews.

Medication Includes all medicinal products — tablets, capsules, drops, inhalers, injections, oral syrups and mixtures, creams and ointments.

Medications administration record (MAR) A document on which details of all medications given in a care setting are recorded. Usually designed to show the dose given, the time when given and the identity of the person who gave it.

Medications management Medications management seeks to maximise health gain through the optimum use of medications. It encompasses all aspects of medications use, from the prescribing of medications through the ways in which medications are taken or not taken by patients.

Medications use review (MUR) A review of prescribed medications carried out with the patient by a community pharmacist in order to identify problems with the use of medications and to help people get the best out of their treatment.

MHRA Medications and Healthcare products Regulatory Company — the government Company which is responsible for ensuring that medications and medical devices work and are acceptably safe.

Monitored dosage systems Systems for packing medications to make use easier, e.g., by putting medications for each time of day in separate blisters or compartments.

Nurse prescriber Nurse who has undertaken additional training in order to enable him/her to prescribe medications.

Palliative care Palliative care is care of patients with serious illness from which recovery is not expected. Dealing with pain and other symptoms is important, but palliative care also looks at the person as a whole, including their overall sense of wellbeing as well as their physical condition.

PCO Primary Care Organisation. Exact names differ — in England these organisations are Primary Care Trusts, in Wales they are Local Health Boards and in Scotland they are Health Boards. The local NHS organisation that is responsible for managing the health service in the locality.

PCT pharmacist Pharmacist who works for a Primary Care Trust.

PEG (Percutaneous endoscopic gastrostomy) A flexible tube that goes through the abdominal wall directly into the stomach. Used for giving liquid food.

PGD Patient Group Direction. A written instruction for the sale, supply and/ or administration of named prescription only medications in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment.

Pharmaceutical care The process through which a pharmacist co-operates with a patient and other professionals in designing, implementing and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient.

Pharmacist Person who has studied pharmacy at University and is on the register of Pharmaceutical Chemists.

Pharmacist prescriber Pharmacist who has undertaken additional training in order to enable him/her to prescribe medications.

Pharmacy technician Person who has studied pharmaceutical sciences to S/NVQ level 3 and works under the supervision of a pharmacist.

Prescription only medication (POM) Medication that can only be obtained with a prescription written and signed by a qualified prescriber.

PRN Latin abbreviation meaning ‘when required’

Rectal administration Giving of a medication, usually an enema or suppository, via the rectum (back passage).

Registered manager The person who is in day-to-day charge of a registered care setting.

Registered owner The owner of a registered care setting.

Registered person Registered owner or manager of a care setting.

Secondary dispensing Re-packaging a medication that has already been dispensed by a pharmacist or a dispensing doctor

Stroke Sudden disabling attack usually due to a blood clot or burst blood vessel in the brain.

Subcutaneous Under the skin. For example, insulin has to be injected subcutaneously.

Synchronised supply Supply of medications where all quantities have been adjusted to finish at the same time. Intended to help people to avoid accumulating medications that they need now and again but do not use very often.

Temazepam A 'sleeping tablet'. Temazepam belongs to the benzodiazepine group of medications and is also classified as a controlled drug (Schedule 3).

Therapeutics The science of using medications.

Thrombosis A blood clot that blocks a blood vessel.

Unlicensed medication A medicinal product that has not been licensed by the MHRA.

Verbal order Request to change treatment that is made over the telephone and is not in writing.

Appendix 6

Minimum Requirements and Best Practice for Designated Medication Lead

As a CQC-registered care provider, we recognise the critical role of the Medication Lead in ensuring safe, compliant, and effective medicines management across our service. This policy sets out the minimum requirements for appointing a Medication

Lead, as well as the recommended additional training, skills, and competencies to maintain the highest standards of practice.

These minimum requirements act as a benchmark to ensure candidates possess the necessary training, skills, and oversight to manage medicines safely.

The role of the Medication Lead may be separate from other named leadership roles within The Service but may also fall to the Registered Manager, a Director or other existing senior person. The role requires both professional knowledge and the ability to provide leadership, training, and quality assurance within the service.

Mandatory Minimum Requirements

The appointed Medication Lead must:

- **Qualifications & Knowledge**
  - Hold, as a minimum, a recognised Level 3 Medication Management qualification (e.g. online course, minimum one-day).
  - Demonstrate knowledge of:
    - Controlled drugs procedures
    - Buccal Midazolam and epilepsy medicines management
    - STOMP (Stopping Over Medication of People with a Learning Disability, Autism or both) principles
    - Covert administration protocols
    - Organisational policies and procedures (P&P) for medicines
    - Procedures for handling errors and near-misses
    - CQC regulations relating to medicines (Regulation 12: Safe care and treatment; Regulation 13: Safeguarding; Regulation 18: Staffing and training)
    - Relevant legislation including the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) in relation to consent and capacity
    - NICE guidelines (including SC1 and NG67) relating to medicines management and review
    - Robust record keeping and the six rights of medication administration

- **Competence**
  - Demonstrate the ability to oversee medicines administration safely and to regulatory standards.
  - Be able to assess and sign off the competence of staff in medicines administration, ensuring adherence to policies and protocols.
  - Show confidence in handling medication errors, identifying trends, and implementing corrective actions.

- **Experience**
  - Have at least 12 months' experience within a care setting where they have been directly involved in medicines management.
  - Demonstrate leadership qualities and the ability to oversee the work of others.

Best Practice: Recommended Training & Competencies

To strengthen compliance and oversight, the following training and competencies are recommended:

- **Higher-Level Qualification**
  - Level 5 Health and Social Care (Leadership & Management) qualification, particularly where the Medication Lead is also the Registered Manager, to provide robust understanding of policies, procedures, and compliance oversight.
- **Specialist Training**
  - Train the Trainer course in medicines management, enabling the Lead to support staff, deliver training, and conduct competency assessments.
  - Further training in high-risk medicines and advanced practice, including anticoagulants, insulin, lithium, and end-of-life medicines.
  - Root cause analysis and medicines-related incident investigations.
- **Leadership & Oversight**
  - Conduct and oversee annual reviews of staff knowledge, skills, and competencies, in line with NICE recommendations.
  - Carry out internal audits of medicines processes and support external inspections or reviews.

- Maintain up-to-date CPD (Continuing Professional Development) in relation to medicines management, CQC requirements, and national guidance.

Provider Responsibilities

As a care provider, we will:

- Ensure any staff appointed as Medication Lead meet the **minimum requirements** before assuming the role.
- Provide access to additional recommended training and ongoing CPD opportunities.
- Maintain training and competency records for the Medication Lead and the staff they supervise.
- Support the Medication Lead in their responsibilities, including conducting audits, training, and competency assessments.
- Regularly review this policy to reflect updates in legislation, CQC regulations, and best practice guidance.

This policy ensures our Medication Lead is equipped with the knowledge, skills, and authority to oversee all aspects of medicines management, safeguarding service users, and ensuring compliance with CQC standards.