



 **Review Sheet**



Last Reviewed
18 May '22



Last Amended
18 May '22



Next Planned Review in 12 months, or sooner as required.

Business impact



Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy will support with medication management at a service and has been reviewed with amendments to provide further guidance on overarching aims and increased governance. Updates made throughout including new objective 3.3 added, legislation and updates made in 4.12, 5.2 and 5.8. Underpinning Knowledge and Further Reading links also updated to ensure they remain current. The policy continues to detail the medication support provided by the service and should be read in conjunction with the full suite of medication policies and procedure on the QCS Management System.

Relevant legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Control of Substances Hazardous to Health Regulations 2002
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- The Pharmacy Order 2010
- Data Protection Act 2018
- UK GDPR



Underpinning knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none">• Author: Care Quality Commission, (2022), <i>Managing medicines: home care providers</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-medicines-home-care-providers [Accessed: 18/5/2022]• Author: Royal Pharmaceutical Society, (2018), <i>Safe and secure handling of medicines</i>. [Online] Available from: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines [Accessed: 18/5/2022]• Author: National Institute Health and Care excellence, (2018), <i>Medicines management for people receiving social care in the community - QS171</i>. [Online] Available from: https://www.nice.org.uk/guidance/qs171 [Accessed: 18/5/2022]• Author: Care Quality Commission, (2022), <i>Medicines information for adult social care services</i>. [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services [Accessed: 18/5/2022]• Author: National Institute for Health and Care Excellence, (2017), <i>Managing medicines for adults receiving social care in the community - NICE Guideline [NG67]</i>. [Online] Available from: https://www.nice.org.uk/guidance/ng67 [Accessed: 18/5/2022]• Author: NICE and SCIE, (2021), <i>Discussing and planning medicines support</i>. [Online] Available from: https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/discussing-and-planning-medicines-support [Accessed: 18/5/2022]
Suggested action:	<ul style="list-style-type: none">• Add the policy to the planned team meeting agendas• Encourage sharing the policy through the use of the QCS App• Ensure relevant staff are aware of the content of the whole policy
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



1. Purpose

1.1 To outline key points and responsibilities regarding medication management. This policy and procedure must be used with the individual, specific medication policies and procedures at HOLISTIC QUALITY CARE LTD to support best practice. Any local medication policies or procedures will be appended to this suite of policies.

1.2 To describe the ways in which Service Users may be safely assisted with managing their medication that promotes choice, independence, dignity and respect.

1.3 To describe the procedures involved in delivering medication support and the responsibilities of staff.

1.4 This overarching policy and procedure forms the cornerstone of the suite of Medication policies and procedures at HOLISTIC QUALITY CARE LTD, and should be used in conjunction with the following policies, which give further guidance:

- | **Recording the Administration of Medication**
- | **Auditing and Monitoring of Medication**
- | **Controlled Drugs**
- | **Safe Disposal of Medication**
- | **Over the Counter Medication**
- | **As Required and Variable Dose Medication (PRN)**
- | **Covert Medication**
- | **Medication Errors and Near Misses**
- | **Medication Away from Home**
- | **Training and Competency on Medications**
- | **Administration of Medicines**
- | **Storage of Medication**
- | **Ordering and Collecting Prescriptions**
- | **Other Routes of Medication Administration**

1.5 To support HOLISTIC QUALITY CARE LTD in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.6 To meet the legal requirements of the regulated activities that {HOLISTIC QUALITY CARE LTD} is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | Control of Substances Hazardous to Health Regulations 2002
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | The Hazardous Waste (England and Wales) Regulations 2005
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014



- | Health and Safety at Work etc. Act 1974
- | Human Rights Act 1998
- | Medical Act 1983
- | Medicines Act 1968
- | The Human Medicines Regulations 2012
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Misuse of Drugs Act 1971
- | The Misuse of Drugs (Safe Custody) Regulations 1973
- | The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- | The Pharmacy Order 2010
- | Data Protection Act 2018
- | UK GDPR



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Representatives
- | Commissioners
- | External health professionals
- | Local Authority
- | NHS



3. Objectives

3.1 To maintain the health, safety and independence of Service Users by supporting them to take prescribed medication at the correct time and in the correct way, as part of an individualised plan of Care.

3.2 To provide a safe framework for Care Workers to work within when assisting the Service User with medication, and reducing the risk of medication errors or incidents which in turn will help to prevent unnecessary admissions to hospital.

3.3 The suite of medication policies at HOLISTIC QUALITY CARE LTD will give clear guidance on how to support Service Users with their medicine needs, and demonstrates that HOLISTIC QUALITY CARE LTD has the appropriate procedures in place for the safe and effective management of medicines and associated equipment.

These policies include guidance on:

- | The '6 rights of administration'
- | The National Institute for Health and Care Excellence (NICE), Royal Pharmaceutical Society, (2018), Safe and secure handling of medicines and other relevant guidance (such as that published by the Care Quality Commission)
- | The process for administering and recording someone's medicine in their own home
- | The governance and quality assurance arrangements at HOLISTIC QUALITY CARE LTD for medicines administration records, to make sure they are accurate and up to date
- | HOLISTIC QUALITY CARE LTD Training and Competencies framework for staff who are involved in the administration of medicines
- | The process for monitoring records for medication including errors and omissions at HOLISTIC QUALITY CARE LTD
- | HOLISTIC QUALITY CARE LTD guidance that is specific to certain Service User groups, such as 'Stopping over medication of people with a learning disability, autism or both' (STOMP)

This list is not exhaustive and all staff are required to read and understand the suite of medication policies and procedures at HOLISTIC QUALITY CARE LTD in full.



4. Policy

4.1 HOLISTIC QUALITY CARE LTD understands the importance of providing safe, reliable Care in relation to medication management.

4.2 The Service User will be treated as an individual at all times, respecting their dignity, privacy, independence, choice and control.

4.3 HOLISTIC QUALITY CARE LTD recognises the importance of staff training and supervision and will ensure that all staff involved in medication management are well trained and competent to perform the activities within the remit of their roles, and in line with the Training and Competency on Medications Policy and Procedure.

4.4 This policy challenges discrimination based on age, gender, disability, sexuality, faith, religion, culture, ethnic or national origin, transgender or marital status.

4.5 Medicines remain the property of the Service User to whom they have been prescribed.

4.6 All staff will follow the 6 Rights of Medication Administration to ensure the safety and wellbeing of Service Users:

- | Right Service User
- | Right medicine
- | Right route
- | Right dose
- | Right time
- | Right documentation

These 6 Rights vary in definition (i.e. NICE guidelines refer to Right to Refuse instead of Right Documentation). This policy uses Right Documentation because of the high rate of errors associated with documentation but refers to the Right to Refuse.

4.7 Roles and Responsibilities of Staff - The Registered Manager is responsible for:

- | Ensuring that a mental capacity assessment forms part of person-centred Care Planning and that consent to support medication is obtained
- | Ensuring that, where best interest decisions are required, this is done in collaboration with others involved in the Service User's Care and is recorded and shared with relevant staff
- | Ensuring that capacity, in relation to the management of medication, is reviewed regularly
- | Ensuring that Service Users have a medication assessment undertaken prior to the service starting or as soon as is practically possible. This will form part of their Care Plan
- | Ensuring that medication reviews are part of, and align with, the Service User's care and treatment assessments, plans or pathways and that they are completed and reviewed regularly when their medication changes
- | Ensuring that regular medication reviews take place which involve the wider multidisciplinary team where appropriate, in line with the Auditing and Monitoring of Medication Policy and Procedure at HOLISTIC QUALITY CARE LTD
- | Ensuring that all staff involved in medication management are trained, assessed and competent to perform the activities required of them within their role
- | Ensuring that policies and procedures are in place that comply with current legislation and guidance for medicines administration including:
 - | Supplying and ordering
 - | Storage, dispensing and preparation
 - | Administration
 - | Disposal
 - | Recording
- | There is a culture that allows staff to report incidents. To achieve this, there will be systems to support:
 - | Clear incident reporting
 - | Investigations of incident reports, to decide whether to offer training to an individual or review

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existing procedures

- | Simple and regular audits of how things work
- | Reporting of serious incidents to the regulatory body and compliance with the Duty of Candour
- | Whistleblowing

4.8 Roles and Responsibilities - The Care Worker is responsible for:

- | Ensuring that they only administer medicines that they have been trained and have been assessed as competent to give
- | Accepting the delegated task of administering or assisting with medicines, and taking responsibility for ensuring that their actions are carried out carefully, safely and correctly by following the 6 Rights of Administration
- | Being aware of their responsibilities if a Service User refuses to take their medicines
- | Remaining up to date, participate in any training and supervision sessions
- | Reading and following the policies and procedures at HOLISTIC QUALITY CARE LTD and seeking guidance if there are any areas of misunderstanding before supporting Service Users with medication management
- | Reporting any concerns to their line manager as soon as they arise including errors or omissions

4.9 Consent and Mental Capacity

- | When assessing the Service User's requirements and agreeing their Care Plan, consideration will be given to the Service User's mental capacity and ability to give informed consent
- | The Support Worker will be guided by the principles of the Mental Capacity Act and the policies on Consent and Mental Capacity at HOLISTIC QUALITY CARE LTD
- | Consent will be obtained for important aspects of Service User care and support, including medication
- | HOLISTIC QUALITY CARE LTD will ensure that accessible information and resources are available which meet the communication needs of Service Users, to support making informed decisions
- | A record of a Service User's informed consent will be made in their care record
- | The Service User will be deemed to have mental capacity to make decisions about their Care unless there is an indicator that they are unable to make decisions relating to their medication. Where an indicator exists that a Service User may not have the capacity to make decisions about their medication, HOLISTIC QUALITY CARE LTD will ensure that:
 - | An assessment is completed in line with the Mental Capacity Act 2005 and where required, a best interest decision will be recorded in the Service User's care record

4.10 Protected Characteristics and Medication Management

HOLISTIC QUALITY CARE LTD will ensure that protected characteristics are considered when managing medicines. This includes the Service User's cultural and religious requirements, which will be fully and carefully considered and may include but not be limited to:

- | Vegetarians and people from some religious groups who do not want gelatin capsules or animal insulin (made from animal products)
- | Having medicines given to them by people of the same gender
- | The administration of medicines during religious festivals, including fasting
- | Medicines including 'unclean' substances

4.11 Confidentiality and Information Sharing

HOLISTIC QUALITY CARE LTD ensures that all staff are aware of the roles and responsibilities as set out by UK GDPR and implement the data protection policies and procedures of HOLISTIC QUALITY CARE LTD with regard to medication.

- | Information regarding a Service User's medication and health must be treated confidentially and respectfully
- | All records must be stored securely where they cannot be accessed by unauthorised persons
- | Information about a Service User will only be disclosed with that person's consent, unless HOLISTIC QUALITY CARE LTD is legally obliged to share the information
- | Any information shared must be relevant, necessary and proportionate



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- | If the Service User agrees, relevant information about them can be shared with their relatives or nominated representatives
- | The agreement for sharing information will be documented in the Care Plan
- | Information will be shared with health and social care professionals involved in the direct care of the Service User where it is needed for the safe and effective care of the individual, unless the Service User has refused to share the information
- | The Service User's refusal will be documented in their Care Plan and the Care Worker will ensure that the person is aware that such a refusal may compromise their safety if relevant information is not shared
- | If a Service User attends an appointment with a healthcare professional outside of their home, it is important that information is available to that healthcare professional, unless the Service User has refused consent
- | This information will be given by the Service User themselves, wherever possible. However, the Care Worker will ensure that the Service User (or the person accompanying them, if appropriate) has with them a copy of the current medication administration record (MAR) or is provided with the same details in another written form

4.12 COVID-19

During the COVID-19 pandemic, additional steps may need to be taken in relation to medication, and the CQC has provided [guidance](#) in this area that should be referred to often as it is regularly updated. Some key aspects include:

- | The need for accurate auditing of medication practices may be heightened during the COVID-19 pandemic
- | There is a likelihood that prescribed medications may change significantly when a Service User is symptomatic of or diagnosed with COVID-19
- | It has been recognised by the CQC, the Government and the NHS that during the COVID-19 pandemic, the approach to medication may need to be more flexible to ensure that Service Users receive the medication they need
- | When HOLISTIC QUALITY CARE LTD adapts medication practices to meet the needs of the Service User during the COVID-19 pandemic, it is recognised that additional auditing and monitoring of practice must be undertaken



5. Procedure

5.1 The Outcome of the Medication Assessment

The outcome of the medication assessment is to determine the support needs of the Service User from the following options:

- | Able to self-manage without assistance (self-caring)
- | Able to self-manage with the use of administration aids
- | Requires full or partial administration assistance (including the use of verbal reminders, sometimes referred to as prompts)
- | Requires administration by specialised technique

5.2 Confirmation of What Medication Support is Required

- | HOLISTIC QUALITY CARE LTD is responsible for agreeing on the medication support required and ensuring that the appropriate record keeping, and training needs are met
- | The Service User's Care Plan will require review as needs change

Ordering Medications

Where HOLISTIC QUALITY CARE LTD takes responsibility for ordering medications for Service Users, information will be completed within the Care Plan and an associated risk assessment will be in place. A clear audit will be in place following HOLISTIC QUALITY CARE LTD quality assurance procedures, which details:

- | Name, strength and quantity of medicine ordered
- | Date of order
- | Date medicines were received
- | Any discrepancies between what was ordered and what was received

5.3 Self-Managed

- | This type of intervention is when the Service User is assessed as having the mental capacity and physical ability to be able to fully undertake the medication process and therefore needs no assistance from the Care Worker
- | Support will be provided for the Service User to understand the medication process and encourage them to self-manage their medication
- | The Medication Administration Record (MAR) does not need to be completed
- | No assistance in any form will be given with any stage of the medication process
- | This is for any prescribed or over-the-counter medication (including homely remedies) in any form (e.g. tablet, capsule, liquid, drops, spray, cream) and covers medication:
 - | Supply
 - | Storage
 - | Preparation
 - | Administration
 - | Disposal
- | Where any support is provided by the Service User's family, etc. then this must be detailed in the Care Plan
- | The risk assessment must detail how medicines will be safely stored for the Service User to remain self-managing
- | Service Users must be encouraged to seek regular medication reviews from their GP
- | In order to protect the safety of the Service User and others, it is essential to assess the Service User's ability to manage their medications independently and safely. This assessment will include the following:
 - | Whether the Service User wishes to self-manage
 - | Identification that the Service User knows the medication they are taking, what it is for, and how and when to take it



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- ┆ Understanding of how important it is not to leave the medicines lying around where someone else may take it accidentally
- ┆ The assessment and documentation will be stored in the individual Service User's Care Plan, and a copy held with the Service User's medication record when a Service User is self-managing their own medication. This will help to remind staff of the need to monitor any associated risks

5.4 Other Types of Support

The following describes how HOLISTIC QUALITY CARE LTD will support with medication management once an assessment has been completed

- ┆ Physically Assisting with medication administration (where the Service User has been assessed as having mental capacity)
- ┆ Verbally Assisting with medication administration (where the Service User has been assessed as having mental capacity)
- ┆ Administering medication
- ┆ Administering medication using specialised techniques after receiving further training

5.5 HOLISTIC QUALITY CARE LTD Provides Assistance that Enables Self-Medication

- ┆ This can involve physical assistance from staff, such as opening medication from packaging, as long as the Service User directs the Care Worker
- ┆ The Service User must have been assessed as having the mental capacity to manage their own medication
- ┆ The assistance from staff will not involve the Care Worker choosing or selecting medication for the Service User
- ┆ Where a person chooses to self-manage, HOLISTIC QUALITY CARE LTD will record this on the Care Plan
- ┆ When the Care Worker either provides physical reminders or verbal assistance this must be recorded on a MAR to evidence that the support has been provided. Where MAR records are supplied by external providers the reference 'V' for verbal reminder will be used and 'P' for physical assistance will be used. This reference coding must be clearly communicated to all staff involved in medication management
- ┆ Where there is a risk to others, for example in a shared space, a risk assessment needs to be completed, if necessary
- ┆ If staff identify a change that indicates it may no longer be safe for the Service User to self-manage, then staff must consult with the Service User's GP to determine if:
 - ┆ The status is short-term or long-term
 - ┆ The person requires a medication review
 - ┆ Any new procedures are required in light of the information obtained from the above
- ┆ HOLISTIC QUALITY CARE LTD recognises that there may be situations where people are keen to look after some medicines and not others. An example is when a person keeps an inhaler for immediate use but prefers the Care Worker to look after tablets and liquid medicines
- ┆ Self-management does not have to be all or nothing; an assessment must be undertaken with the person and documented in the Care Plan
- ┆ Where the Service User is self-managing, but the Care Worker is required to give occasional verbal reminders or physical assistance under the direction of the Service User, a record of this assistance or the reminder must be made on the MAR
- ┆ A persistent or increasing need for a reminder may indicate that a Service User does not have the ability, or the wish, to take responsibility for their own medicine and this must trigger an urgent review of the Service User's Care Plan. anbara Haji Abdullahi will be informed at all times
- ┆ The term 'prompt' will not be used in the Care Plan as this does not clearly define the activity the Care Worker is required to undertake. 'Verbal Reminder' or 'Physically Assist' gives a clearer indication of the type of support required of the Care Worker

5.6 Administration by Care Staff: Care staff take responsibility for administering medication

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The Service User will have been assessed as requiring care staff to administer medication possibly due to impaired cognitive awareness, sensory disability or through physical disability or their expressed wish.

- | Staff administering medication must be trained and assessed as competent to administer medication
- | Consent must be obtained prior to administering medication
- | The Care Worker must follow the 6 Rights of Medication Administration
- | The Medication Administration Record (MAR) must include all prescribed medicines. Staff will be aware of the Recording the Administration of Medication Policy and Procedure at HOLISTIC QUALITY CARE LTD
- | Where HOLISTIC QUALITY CARE LTD staff support the administration of homely remedies, these must also be included on a MAR sheet with written confirmation from a GP/Pharmacist
- | Medication must never be secondary dispensed (potted up) for someone else to administer to the Service User at a later time or date or for the Service User to take at a later time
- | It is essential that the person who administers the medicine refers to the MAR at the time of administration and does not sign the MAR until after the medication has been administered and they are certain it has been taken
- | A record must be made if the medicine is refused or not administered, including the reason why
- | The local policy will dictate the codes used on the MAR and staff administering must be aware of the codes. This includes the codes for physical and verbal assistance
- | If errors occur or are identified, the Medication Errors and Near Misses Policy and Procedure at HOLISTIC QUALITY CARE LTD must be followed
- | The Care Worker will only administer medication from original packaging or pharmacy filled dosage systems or compliance aids. The Care Worker will not administer from family filled compliance aids

5.7 Administration by Specialist Technique: Care staff administer medication by specialist technique

These types of medicines will normally be administered by a healthcare professional. However, if appropriate, a healthcare professional may delegate these tasks to the named Care Workers provided that:

- | They agree this with the Registered Manager
- | The healthcare professional personally provides the required extra training and is satisfied that the Care Workers are competent

The following activities are usually considered specialised techniques, although this list is not exhaustive and is dictated by locally agreed policy.

- | Rectal administration, e.g. suppositories, enemas
- | Buccal administration
- | Administration into the vagina, e.g. pessaries
- | Any injections
- | Nasogastric administration
- | Administration through a Percutaneous Endoscopic Gastrostomy (PEG), including PEG feeds
- | Giving oxygen
- | Medications administered via a "pump" device, e.g. Duodopa, Insulin
- | Dressings, other than those applied as a simple first-aid measure
- | Compression bandages

The considerations in section 5.6 apply to this category.

Care Workers **MUST NOT** perform any specialist technique without the appropriate training and approval from anbara Haji Abdullahi.

5.8 Medication Review

Where HOLISTIC QUALITY CARE LTD is supporting with the administration of medication, through the types of support detailed in this policy, it is important to ensure that the medication records remain up to date and accurate for the Service User.

anbara Haji Abdullahi will ensure that regular reviews take place at least on an annual basis, and many



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Service Users will need more frequent medication reviews as detailed within their medication Care Plans. Reviews should also take place when:

- | There are changes in medication
- | There are changes in the Service User's health/support needs that may trigger review

The Care Plan and MAR should be updated and all staff involved in the Service User's Care informed of any changes.

Using the Governance and Quality Assurance framework of HOLISTIC QUALITY CARE LTD, regular audits and review of the medication process will be undertaken to ensure that it remains an accurate and up-to-date process for Service Users, as per the Auditing and Monitoring of Medication Policy and Procedure.

Where Service Users with a learning disability, autism (or both) using psychotropic medicines are supported by HOLISTIC QUALITY CARE LTD, the review process will use the principles of STOMP ([Stopping over medication of people with a learning disability, autism or both](#)).

Staff should also refer to the suite of medication policies and procedures for further information surrounding medication support at HOLISTIC QUALITY CARE LTD. These are listed in the Further Reading section of this policy.



6. Definitions

6.1 Medication Administration Record (MAR)

- | The MAR reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ("when required") medicine
- | The MAR is individual to the Service User and is a formal record of administration of medicine within the care setting and may be required to be used as evidence in clinical investigations and court cases. It is, therefore, important that it is clear, accurate and up to date

6.2 Delegation

- | Delegation is defined as the transfer of responsibility for the performance of a task from one person to another - "Transferring to a competent individual the authority to perform a selected nursing task in a selected nursing situation. The Nurse retains accountability for delegation"

6.3 Percutaneous Endoscopic Gastrostomy (PEG)

- | Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation)

6.4 Protected Characteristics

- | The Equality Act 2010 protects people in nine protected characteristic groups from discrimination in the use of services and employment:
 - | Age
 - | Disability
 - | Gender reassignment
 - | Marriage, same-sex marriage and civil partnership
 - | Pregnancy and maternity
 - | Race, this includes ethnic or national origins, or nationality
 - | Religion or belief
 - | Sex
 - | Sexual orientation

6.5 Medication Review

- | The interval between medication reviews should be no more than 1 year, and many Service Users will need more frequent medication reviews
- | Many frail, elderly people have multiple and complex conditions. These conditions can change, and the medicines that Service Users receive to treat these conditions need to be reviewed regularly to ensure that they remain safe and effective
- | The frequency of multidisciplinary medication reviews should be based on the health and care needs of the Service User, with their safety being the most important factor when deciding how often to do the review

6.6 Reconciliation

- | Medication reconciliation is the process of creating the most accurate list possible of all medications a Service User is taking - including drug name, dosage, frequency, and route - and comparing that list against the Doctor's admission, transfer, and/or discharge orders, with the goal of providing correct medications

6.7 Medication Error

- | A medication error is any preventable event that may cause or lead to inappropriate medication use or Service User harm while the medication is in the control of the health care professional, Service User, or consumer

6.8 A Medicine

- | A medicine is a substance that is introduced into the body, or externally applied to the body that exerts a physiological change to the body
- | They can be alternative medicinal products, e.g. herbal or homeopathic remedies, that are used for therapeutic purposes



- | They can be Controlled Drugs, i.e. substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under the Act
- | Medicines and medicinal preparations which come under the provisions of the Medicines Act (1968). They include medicines used in clinical trials, unlicensed medicines, dressings, and medical gases

6.9 Assisting and Administering

- | The difference between **assisting** someone to take their medicines and **administering** medicines is:
 - | When a care worker **assists** someone with their medicine, the person **must indicate** to the care worker what actions they are to take on each occasion
 - | If the person is not able to do this, or if the care worker gives any medicines **without** being requested (by the person) to do so, this activity must be interpreted as **administering** medicine



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Service Users who fully self-manage their own medication and have been assessed as having the capacity to self-manage do not need a MAR
- | Service Users who need physical assistance or verbal reminders but have been assessed as having the mental capacity to manage their own medication will need a MAR chart so that staff can record clearly when the physical assistance or verbal reminders have been provided and what medication the Service User has taken
- | Staff must only administer medication when they have been trained and assessed as competent
- | Staff check the 6 Rights of Medication Administration for any medication every time it is administered
- | Staff must give medication administration their full attention to avoid errors
- | If staff are unclear, or notice an error or omission, they must check before administering any medication and report any concerns
- | Consent must be obtained before any medication support is provided



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | Your consent will be obtained before any medication support is provided
- | We will ensure that you are supported to self-manage your own medication, unless you choose to receive support from staff
- | You have the right to refuse medication and we will ensure you are offered the opportunity to discuss your medications with your GP



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care:

https://webarchive.nationalarchives.gov.uk/20180328130852tf_/http://content.digital.nhs.uk/media/12822/Guide-to-confidentiality-in-health-and-social-care/pdf/HSCIC-guide-to-confidentiality.pdf/

National Care Forum - Free resources for supporting the safe use of medications in care facilities:

<https://www.nationalcareforum.org.uk/ncf-publications/medication-safety-resources/>

Care Quality Commission - Medicines in health and adult social care:

<https://www.cqc.org.uk/news/stories/medicines-health-adult-social-care-learning-risks-sharing-good-practice-better-outcomes>

NICE: Managing Medicines in Care Homes (although tailored to care homes it is a useful resource to review):

<https://www.nice.org.uk/guidance/sc1>

Linked Medication Policies and Procedures:

- | Recording the Administration of Medication Policy and Procedure
- | Auditing and Monitoring of Medication Policy and Procedure
- | Controlled Drugs Policy and Procedure
- | Safe Disposal of Medication Policy and Procedure
- | Over the Counter Medication Policy and Procedure
- | As Required and Variable Dose Medication Policy and Procedure (PRN)
- | Covert Medication Policy and Procedure
- | Medication Errors and Near Misses Policy and Procedure
- | Medication Away from Home Policy and Procedure
- | Training and Competency on Medications Policy and Procedure
- | Administration of Medicines Policy and Procedure
- | Storage of Medication Policy and Procedure
- | Ordering and Collecting Prescriptions Policy and Procedure



Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- | Root cause analysis is undertaken when errors or omissions or near misses arise, with lessons learnt applied and outcomes cascaded to staff to ensure Service User safety and continuous improvement
- | The Service User's personal choice is reflected in Care Plans and they are supported to self-manage wherever possible. Staff follow the Care Plans
- | Risks to individuals are thoroughly assessed and extensive information and control measures are put in place for staff to follow. This maximises people's opportunities for independence whilst minimising the risks they face
- | Staff have a good understanding of the Mental Capacity Act 2005 and its implications when providing support with medication
- | The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Medication Assessment Form - CM03	To assess the medication management support needs of Service Users.	QCS

HOLISTIC QUALITY CARE LTD
64b , Roaseville Road, n/a, Leeds, West Yorkshire, LS8 5DR

Medications Assessment				
	Yes	No	Not Applicable	Comments
Are you allergic to any medication?				
Do you need any assistance with medication?				
Do you need occasional verbal or physical support?				
Do you need assistance more regularly (opening bottles, etc.)?				
Is there anyone else who supports you with your medication?				
Do you need medication by routes other than by mouth (patches, drops, injection, etc.)?				
Do you use any over-the-counter medication?				
Is your medication in bottles, blister packs or pharmacy-filled dosette boxes or other (state)?				
Does any of your medication need to be given at a specific time every day (e.g. Diabetic, Parkinson's Epilepsy)?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Do you have any infections we should know about (e.g. MRSA, Blood Borne Virus)?				
How and where do you usually dispose of medication?				
Do you have a preferred pharmacy for your medication?				
Does your medication get delivered or do they/someone collect it?				
Who orders your medication?				
Does the Service User know and understand what medicines they should be taking & why?				
Is the Service User aware of date, day, time?				
Does the Service User always want to take their medication?				
Does the Service User usually remember to take their medication at the right time?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Can the Service User read the labels on medication packaging?				
Can the Service User remove tablets/capsules from the container themselves?				
Is the Service User able to swallow their tablets/capsules?				
Can the Service User pick up a bottle and pour out a dose of liquid medicine accurately?				
If applicable, does the Service User describe any problems using inhalers?				
If applicable, does the Service User have, or will they have any problems putting in eye drops?				
If applicable, does the Service User have, or would they have any problems putting in ear drops?				
If applicable, does the Service User have, or would they have any problems applying creams?				
If applicable, does the Service User have, or would they have any problems administering medication via PEG?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Is there any known medical reason why self-administration of medication should not be agreed?				
Has the Service User administered their own medication prior to commencement of care service?				
Will the Service User be able to give valid consent?				
Have monitoring arrangements/review dates been set and agreed?				

Details of any Medication Support Provided by Family or Others

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Details of any Medication Support to be Given by Staff

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Outcome of Assessment dated: _____	Circle / Delete as Appropriate
The Service User fully manages their own medication (no support required)	YES / NO
The Service User requires physical assistance as detailed in medication policy	YES / NO
The Service User requires verbal reminders as detailed in medication policy	YES / NO
Staff will need to fully administer medication	YES / NO
Staff will need to administer medication by specialised technique	YES / NO