

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
Unit 5 Millennium Way, Dunston, Chesterfield, Derbyshire
S41 8ND



1. Purpose

1.1 The purpose of this Overarching Policy and Procedure is to outline key points and responsibilities regarding Medication Management. This policy and procedure should be used alongside the associated QCS Medication policies and procedures that provide further detail and support the implementation of this policy.

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 comply with regulatory and legislative requirements, best practice recommendations, guidance, and professional codes of practice.

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

1.5 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
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?
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 Serendipity Healthcare 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
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- 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

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



- 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
- Safeguarding Vulnerable Groups Act 2006
- Data Protection Act 2018

2. Scope

2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- Nurse
- Care staff

2.2 The following people may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

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

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 and support.

3.2 To provide a safe framework for the Care Worker to work within when assisting the Service User with medication.

3.3 To reduce the risk of medication errors and incidents and to help prevent unnecessary admissions to hospital.

4. Policy

4.1 Serendipity Healthcare Ltd understands the importance of providing safe, reliable care including support and treatment in relation to Medication Management.

POL15 – Overarching Medication Policy and Procedure

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4.2 The Service User will be always treated as an individual respecting dignity, privacy, independence, choice, and control.

4.3 Serendipity Healthcare Ltd recognises the importance of staff training and supervision and will ensure 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, trans-gender, 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 well-being of the Service User.

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 should 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 multi-disciplinary team where appropriate, in line with the QCS Auditing and Monitoring of Medication Policy and Procedure
- 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:
 - Administration
 - Disposal
 - Recording
- There is a culture that allows staff to report incidents. To achieve this, there should be systems to support:
 - Clear incident reporting
 - Investigations of incident reports to decide whether to offer training to an individual or review existing procedures

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



- 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
- 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 Serendipity Healthcare Ltd's policies and procedures and to seek 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 QCS policies on Consent and Mental Capacity
- Consent will be obtained for important aspects of Service User care and support, including medication
- A record of a Service User's informed consent will be made in their care record
- The Service User should 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, Serendipity Healthcare Ltd will ensure:
 - 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

Serendipity Healthcare 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 gelatine capsules (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

- Information regarding a Service User's medication and health

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



- 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 should only be disclosed with that person's consent, unless The Agency is legally obliged to share the information
- Any information shared must be relevant, necessary, and proportionate
- If the Service User agrees, relevant information about them can be shared with their relatives or nominated representatives
- The agreement for sharing information should be documented in the Care Plan
- Information should 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 should be documented in their Care Plan and the Care Worker should 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 Care Worker outside of the home, it is important that information is available to that healthcare professional, unless the Service User has refused consent
- This information should be given by the Service User themselves, wherever possible; however, the Care Worker should ensure that the Service User (or the person accompanying them, if appropriate) has with them a copy of the current medication administration record (MAR) chart or is provided with the same details in another written form

5. Procedure

5.1 The outcome of the medication assessment will determine:

- The ability to self-manage without assistance
- The ability to self-manage with occasional verbal reminders (sometimes referred to as prompts) or with the use of administration aids
- Full assistance required
- Administration by specialised technique

5.2 Levels of Support

- Serendipity Healthcare Ltd is responsible for agreeing on the **level of support required** and ensuring that the appropriate record keeping, and training needs are met
- The Service User's plan will require review as needs change

5.3 Self-Managed

- This level 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

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



Worker

- Support should be provided for the Service User to understand the medication process and encourage them to self-manage their medication
- Medication Administration Record (MAR) does not need to be completed
- No assistance in any form should be given with any stage of the medication process
- This is for any prescribed or over-the-counter medication in any form (e.g., tablet, capsule, liquid, drops, spray, cream) and covers medication:
 - 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 should be encouraged to seek regular medication reviews from their GP
- 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 should 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
 - 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 In addition to self-managed, there are three levels when support is required with medication administration:

Level 1 – General support or assisting with medicine

Level 2 – Administering

Level 3 – Administering by specialised technique after receiving further training

5.5 Level 1 - Serendipity Healthcare Ltd provides general support or some assistance with medication administration

- This can involve physical assistance from staff 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 should not involve the Care Worker choosing or selecting medication for the Service User
- Where a person chooses to self-manage, Serendipity Healthcare Ltd will record this on the Care Plan

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



- 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 should 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
- Serendipity Healthcare Ltd recognises that there may be situations when 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 should 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 in line with locally agreed policy
- 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 should trigger an urgent review of the Service User's Care Plan. The Registered Manager should be always informed
- The term 'prompt' should 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 Level 2 - Administration by Care Staff: Care staff take responsibility for administering medication

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 should be aware of the QCS 'Recording the Administration of Medication' Policy
- Medication must never be secondary dispensed (potted up) for someone else to administer to the Service User later or date or for the Service User to take a later time
- It is essential that the person who administers the medicine refers to the Medication Administration Record at the time of administration and does not sign the Medication Administration Record until after the medication has been administered and they are certain it has been taken
- A record should be made if the medicine is refused or not administered, including

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



the reason why

- The local policy will dictate the codes used on the MAR chart and staff administering should be aware of the codes
- If errors occur or are identified the QCS Policy on 'Medication Errors and Near Misses Policy and Procedure' should be followed
- The Care Worker should only administer medication from original packaging or Pharmacy filled dosage systems or compliance aids. The Care Worker should not administer from family filled compliance aids

5.7 Level 3 - Administration by Specialist Technique: Care staff administer medication by specialist technique

A healthcare professional will normally administer these types of medicines. However, if appropriate, a healthcare professional may delegate these tasks to named Care Workers provided:

- 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
- Nasogastric administration
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG), including PEG feeds
- Giving oxygen

5.8 Partnership working

When supporting Service User's for the first time with medication, staff will inform the Service User's GP and supplying pharmacist.

6. Definitions

6.1 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
- 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
- They can be Controlled drugs, i.e., substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under

POL15 – Overarching Medication Policy and Procedure

Serendipity Healthcare Ltd
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S41 8ND



the Act

- They can be alternative medicinal products, e.g., herbal, or homeopathic remedies, that are used for therapeutic purposes

6.2 NMC

- The Nursing and Midwifery Council is a regulatory body which regulates Nurses and Midwives in England, Scotland, Wales, and Northern Ireland

6.3 The 6 Rights of Medication Administration

- The 6 Rights of Medication Administration are:
 - Right **P**atients
 - Right **D**rugs
 - Right **D**ose
 - Right **R**oute
 - Right **T**ime
 - Right **D**ocumentation

A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound the **D**ay

These 6 Rights vary in Definition - 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

6.4 Medication Error

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

6.5 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

6.6 Medication Review

- 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

POL15 – Overarching Medication Policy and Procedure

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- 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
- The interval between medication reviews should be no more than 1 year, and many Service Users will need more frequent medication reviews

6.7 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

6.8 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

6.9 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"

6.10 Medication Administration Record (MAR)

- The MAR chart 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

POL15 – Overarching Medication Policy and Procedure

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- The MAR chart reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ("when required") medicine

6.11 Percutaneous Endoscopic Gastrostomy (PEG)

- Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient'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)

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