	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

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.

We aim :

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

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

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

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.

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

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

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

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

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.


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

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

All staff will follow the 6 Rights of Medication Administration to ensure the safety and well-being of the Service User.

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


- Ensuring that a mental capacity assessment forms part of person-centred

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

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

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

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

Administration of Covert Medications

Covert administration is a complex issue and involves the administration of a medicine disguised in food or drink to a service user without their knowledge or consent. It should only be considered, within a legal framework, for service users who are deemed to lack capacity, consistently refuse medication and it is deemed in the service user's best interests.

Covert administration of medications will only take place when Serendipity Healthcare Ltd has obtained authorisation from the prescriber and any other relevant body, and clear instructions for the administration will be recorded within the service user's plan of care.

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


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

Confidentiality and Information Sharing

- 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 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

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

- 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

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

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

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 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 (on PASS for CARE) 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

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

- 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

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 specialized technique after receiving further training

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

- This can involve physical assistance from staff if 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
- 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 considering 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

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

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


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 (PASS for CARE) must include all prescribed medicines. Staff should be aware of the QCS 'Recording the Administration of Medication' Policy
- Under no circumstances medication should 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 the reason why
- The local policy will dictate the codes used on PASS for CARE 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

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

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

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 specialized 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

Non-Compliance

Serendipity Healthcare Ltd understands that the correct taking of medication is essential for the health and well-being of service users but the organisation also understands that there are circumstances whereby some service users may fail to comply with their prescribed treatments, self-medicating service users failing to take their medication as directed or non-self-medicating service users refusing prescribed medication, or failing to swallow it and then disposing of it. In such cases the organisation is clear that its staff have no right to force non-compliant service users to take their medication but that they do have a duty to report cases of non-compliance back to the service user's GP and/or to the social worker. All staff at Serendipity Healthcare Ltd are trained to know how and where to report and record such circumstances.

Collections

This organisation believes that every service user has the right to manage and administer their own medication if they wish to and that this is an important part of maintaining their independence, dignity and autonomy. This not only applies to the keeping and administration of medicines but to their collection and dealing with prescriptions.


Members of staff will provide support to enable safe self-administration and collection of prescription and collection of prescriptions/medication wherever possible.

Where a member of staff has any queries about the prescription or collection of a prescription they will, with the service user's permission, discuss the matter with the Management Team, GP or pharmacist involved and record any actions and outcomes in the service users care records.

Disposal

Where staff are responsible, they must dispose of all unwanted or surplus medication to a pharmacist for disposal, obtain a receipt and inform the Management Team and care records will be updated. All care staff are trained to understand that all medications are the property of the service users and are only disposed of with the permission of the service user and the Management Team.

Partnership working

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

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

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

6.2 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


6.3 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

6.4 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

6.5 Medication Review

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

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

6.6 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

6.7 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

6.8 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"

6.9 Medication Administration Record (MAR)

- The PASS for CARE system is individual to the Service User and is a formal

	Medication Policy	Ref:	063
		Issue Date:	November 2017
		Issue:	9

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

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

6.10 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)

Reviewed:- 14th October 2025

S L Pickles

Director