

Adult Social Care and Children and Families

Medication Administration policy for residential / short break homes and day centres throughout Gloucestershire

Document reference:	GCC-ASC-POL-031
Version:	2.0
Originator/author:	Policy Review Officer
Executive lead:	Head of In-House Services Head of Service for DCYPS Children with Disabilities
Policy approved by:	Director: Adult Social Care Operations Director for Children's Safeguarding and Care
Policy replaces:	- Medication Administration in Adult Social Care Day Centres policy 2019 - Adult Social Care and Children and Families Medication Administration in Residential Care policy 2019
Policy approval date:	4 July 2022
Policy published:	July 2022
Policy reviewed	September 2026
Next review due by:	September 2029

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Adult Social Care Medication Administration policy for residential / short break homes and day centres throughout Gloucestershire

Version	Date	Author	Principal Changes
2	September 2026	Policy Review Officer	The 2026 Medication Administration updates the framework for the safe, lawful and person-centred management of medication across its in-house adult and children's services. The policy strengthens governance, accountability and safeguarding arrangements, while reinforcing the principle that individuals should be supported to remain as independent as possible in managing their medicines. It provides clearer guidance on assessment, consent, mental capacity, children's rights, risk management, record keeping, training and competency requirements, alongside enhanced procedures for high-risk areas such as emergency medication, controlled drugs, covert administration and medication errors. Aligned with current legislation, best practice and regulatory expectations, the policy aims to promote safe and consistent medication practices while protecting individual choice, dignity and wellbeing.

Any Questions regarding this policy can be directed to:



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1. Introduction

- 1.1 Gloucestershire County Council (we / the council) owns and operates residential / short break homes and day centres throughout Gloucestershire. Key terms are identified in **bold** and defined in Appendix 1.
- 1.2 Throughout this policy, “people” refers to adults, children, and young people unless otherwise stated.
- 1.3 This policy applies to adults, children and young people receiving services from Gloucestershire County Council. Where specific legal or practice requirements differ for children or adults, these are clearly set out within the relevant sections.
- 1.4 Many of the people who use the council’s In-House Services need to take medication, both **prescribed** and unprescribed. This policy supports the need to ensure all medication activities are completed safely, but with opportunities to promote independence, choice and control.
- 1.5 This policy sets out the council’s requirements for safe medication management and administration within these services to ensure that:
 - We are supporting someone in order to maximise and promote their independence when managing and administering their own medicines
 - potential risks related to medication are identified and managed
 - medication is given safely and as prescribed when staff are responsible for medicine management.
- 1.6 We promote independence throughout all our services. We will support people to look after and take their own medication unless this may put them or others at risk of harm.
- 1.7 Children aged 16 or over are assumed to be competent and that under 16 the test of whether they are competent is the "Gillick" test. Could include a link to the NHS guidance: <https://www.nhs.uk/tests-and-treatments/consent-to-treatment/children/>

1.8 We will take a person-centred approach to medication where this is assessed as necessary. The nature and level of support depend on individual needs, for example, staff may prompt people to take their medication, supervise while they take it, assist with anything the person cannot physically manage for themselves or administer medication.

- **Prompting** means that where necessary staff will remind people about their medication, for example to take it at a particular time or with food.
- **Assisting** means that staff will provide practical help with anything that people cannot physically manage for themselves. For example, staff might remove tablets from a blister pack; shake a medication bottle, remove the lid and measure a dose; move medications to and from secure storage; or provide other practical assistance.

1.9 Staff will take full responsibility for managing medication for

- anyone over 16 assessed under the **Mental Capacity Act 2005 (MCA)** as lacking requisite **mental capacity** to do so themselves.
- any child under the age of 18 who lacks capacity or who is not competent to do so themselves subject to obtaining the consent of all those who hold parental responsibility for the child.

For medications relating to 'delegated healthcare activities' see

<https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Delegated-healthcare-activities/Supporting-resources.aspx>

1.10 This policy has been written to support consistent, lawful medication practice across adult and children's services, while recognising where different legal and safeguarding frameworks apply.

2. Scope

- 2.1 This policy is for anyone working or attending the council's Adults and Children and Families in-house services, including permanent, temporary and agency staff including:
- Registered Children's homes
 - Short break services for children
 - Supported accommodation for young people ages 16 – 17 (where applicable)
 - Adult day centres
 - Adult short break and respite units
- 2.2 Volunteers in the council In-House Services are excluded from this policy as they are not permitted to undertake medication administration.

3. Legal and Regulatory context

- 3.1 This policy complies with:
- The Children's Homes (England) Regulations 2015, particularly:
 - Regulation 23 (Medicines)
 - The Health and Well-being Standard
 - The Protection of Children Standard: These regulations require that medicines are managed safely and that arrangements promote children's health, wellbeing, and protection from harm
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 Safe Care and Treatment
 - Ofsted inspection requirements
 - CQC inspection requirements

A more detailed list can be found in Appendix 4

4. Duty of care

- 4.1 We work alongside people to support their wellbeing and safety, recognising their strengths, abilities and right to live as independently as possible while receiving appropriate care and support.
- 4.2 Staff will support people to understand and manage their health in ways that work for them, enabling them to make informed choices. We encourage and support people to

follow agreed **care plans** and provide information in a format that is accessible and meaningful to them.

- 4.3 Staff will work proactively and collaboratively with people to promote safety and reduce risks, taking action when needed to prevent harm. This may include working with line managers, healthcare professionals or other services, seeking clinical advice, or arranging immediate support where this is in the person's best interests.
- 4.4 Any concerns about health, wellbeing or medication — and the actions taken in response — will be accurately recorded in the person's record, reflecting the person's views, wishes and outcomes wherever possible.
- 4.5 For children and young people, all practice must also align with:
- The child's care plan and placement plan
 - Statutory safeguarding duties under Working Together to Safeguard Children
- 4.6 Staff will follow Gloucestershire safeguarding procedures, working in partnership with people and other agencies:
- [Multi-agency safeguarding policy and procedures](#) where an adult with care and support needs appears to be experiencing or is at risk of abuse and neglect
 - [Safeguarding Children procedures](#) where it appears that a child or young person may be a child in need.

5. Principles

Royal Pharmaceutical Society principles

- 5.1 All services will follow the Royal Pharmaceutical Society's eight core principles for the safe and appropriate handling of medicines in social care:
1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
 2. Care staff know which medicines each person has and the social care service keeps a complete account of medicines.

3. Care staff who help people with their medicines are competent.
4. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
Medicines are available when the individual needs them and the care provider make sure that unwanted medicines are **disposed** of safely.
5. Medicines are stored safely.
6. The social care service has access to advice from a pharmacist.
7. Medicines are used to cure and prevent disease, or to relieve symptoms, and not to punish or control behaviour.

- 5.2 Medication must never be used as a means of behaviour control or restraint - We all need to follow the principles laid out in **STOMP**: STOMP stands for “stopping overmedication of people with a learning disability, autism or both”. Details of STOMP can be found here:

<https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

6. Responsibilities

Registered managers

- 6.1 **Registered managers** / care managers have overall responsibility for medication safety within services and for delegation and accountability. They must ensure:
- compliance with all relevant requirements, for example with this and other relevant council policies, local procedures, the Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts, the law, relevant guidance. Regulated services must meet the requirements of **external regulators**.
 - the service has written medication procedures. These must be reviewed regularly and include:
 - designated key holders for the service recording requirements
 - controls and staff guidance developed in conjunction with a doctor or pharmacist for **over-the-counter products** if the service offers these for

general use. See Appendix 3 for minimum requirements.

- that roles which involve assisting people with medication are identified and that the service has appropriate arrangements for medication training, competency assessment and alerting staff to changes to requirements
- the service has appropriate arrangements for assessing medication related risks and developing plans for people using services (including children and young people) and keeping these under review.
- that medication stocks into and out of the building are recorded and, medication practices and records are regularly audited.
- Ensure **medication errors** are reported following the process in section 13
- In children's services, registered managers must also ensure that medication arrangements reflect the child's placement plan, delegated authority, and that the child's views, wishes and feelings are taken into account.

Line Managers/Shift leaders

6.2 Line managers / shift leaders must ensure that:

- people using the service:
 - have a medication **risk assessment** (see section 8.1) which is updated as required.
 - have an up-to-date **PRN protocol** when required. If this is not in place, we may ask the person to attend the adult day centre/short break session at a later time once the protocol has been updated.
 - medication must not be administered until an appropriate PRN protocol is in place.
 - have a plan which confirms the exact nature of medication support (if any) the person requires from staff. The plan must be kept under review.
 - If attending as part of an adult's services, the person must have provided their consent to any necessary support with medication. Where relevant, consent may be provided by a representative or agreed through a **best interest decision**.

- If attending as part of Children's Services a competent child aged 16 or over or under 16 who is Gillick competent must have provided consent to any necessary support with medication. Where a child lacks capacity or competence consent needs to be obtained by those holding parental responsibility for the child. For looked after children, decisions must align with delegated authority arrangements and the child's care planning. Consent arrangements must be clearly recorded. Where there is a disagreement in relation to medical administration between those holding parental responsibility for a child in these circumstances legal advice should be sought.
 - Where the person is a child or young person, plans and risk assessments must also consider the safety of others in shared living environments.
- care and support staff:
 - understand their role and responsibilities and what records they must keep.
 - complete all medication training required by the council and undergo regular assessment of medication competency.
 - receive appropriate information, instructions and support for their role.
 - consult and follow the requirements of the medication administration record (MAR), plans and other relevant medication instructions.

Care and support staff

6.3 Care and support staff must:

- administer medication safely and as required by this policy and local procedures
- consult and follow the instructions in the person's plan and MAR
- check for and follow amended instructions. These must be recorded in the communications / message book or in handover records
- follow the prescriber's instructions and seek advice from the **prescriber** or a pharmacist as required

- alert a line manager / health professional as appropriate where there are concerns about the person's health or safety. Staff are not permitted to make **clinical judgements** and must seek advice from an appropriate health professional as needed
- keep accurate, complete and up to date records of all medication related activities
- alert their line manager if they believe they need more support or additional training in order to safely manage medication
- consider if tasks are 'delegated healthcare' and speak with their line managers if they have concerns

The person, their family, carers, or those with parental responsibility

6.4 The person, their family, carers or those with parental responsibility must:

- bring their medication and **safety information sheets**/patient information leaflet with them
- take their medication as prescribed where they are able to do this independently or with agreed support
- provide up to date information about their medication including any changes made by their GP or healthcare professional
- have an up-to-date PRN (as required) protocol where this applies, emergency medication protocols must be reviewed in line with their review period or services will be stopped until such a time they are reviewed
- inform staff if they feel unwell, have missed a medication dose or have any concerns about their medication to allow staff to gain advice from a healthcare professional
- store their medication safely following agreements with the service
- work with staff to make sure medication support is provided in line with their care plan and personal preferences.
- ensure where a person uses a **swallowing aid** and has over the counter medication, any medication interactions should be discussed with a healthcare professional, with this information provided to the service

7. Training and competency

Medication training and competency assessment

- 7.1 To ensure the safety of everyone accessing our services, and our staff, staff may not assist with medication until the council has assured itself that they have completed relevant training and are competent to administer medication.
- 7.2 The council will provide such initial medication training as is required when a staff member is employed or is working on behalf of the council. This will include familiarisation with procedures and recording requirements specific to the staff member's workplace. We will provide annual refresher training for both adult social and children's social care and may provide training at other times.
- 7.3 The council will assess medication competency after initial training / at service entry and will reassess competency at least once each year. We may reassess competency at other times, for example during general quality control activities or in response to a medication or other audit or to a medication error or incident. Practical skills will be assessed under supervision in the staff member's workplace.
- 7.4 The council will make **reasonable adjustments** to enable staff who are legitimately away from the workplace for an extended period (for example because they are on parental leave or extended sick leave) to meet ongoing training and competency requirements.
- 7.5 Each service must maintain an up-to-date list of the names, signatures and initials of staff assessed as competent to manage and administer medicines.

Medication which trained and competent staff may assist with

- 7.6 Staff may only assist with medication tasks within the range of their training and competency. In general, this means providing support with:
- taking tablets, capsules and oral mixtures
 - inserting ear, nose and eye drops
 - using inhalers

- applying a medicated cream or ointment.

These may be prescribed medications or over the counter products.

- 7.7 Registered managers / care managers may consider requests for assistance with other medication tasks, for example administration of oxygen or emergency medication. Managers will consider requests on a case-by-case basis taking into account all relevant circumstances. Approval will be contingent upon an assessment of risk and the availability of initial and ongoing training from, and competency assessment by, a relevant health professional.
- 7.8 Prescribed medications are prescribed by a health professional. They are usually prescribed to be taken at a specific dose at specific times or intervals. They may also be prescribed to be taken:
- at doses which depend on blood test results, i.e. the prescriber may alter the dose following a blood test. These medications are sometimes referred to as 'variable dose medications.
 - as and when they are required, for example to relieve pain or reduce hayfever symptoms rather than at specific times or intervals. These medications are sometimes referred to as '**as and when required medications**.'
- 7.9 Certain prescribed medications are subject to legal requirements because of their potential for misuse. These medications are known as **controlled drugs**. Please see [section 19 Controlled Drugs](#) for details.
- 7.10 Over the counter products can be purchased without a prescription in pharmacies, supermarkets, natural health shops and other shops. They include common treatments (such as paracetamol, cough and cold remedies), vitamins, food supplements, homeopathic, herbal and other remedies. These products can cause adverse reactions or interact with prescribed medication and cause side effects.

8. Information required before staff may assist with medication.

Medication Risk Assessment

- 8.1 We will not provide support with medication until we have carried out a risk assessment of medication related risks (including how medication will be stored) and determined that support is necessary. We will record the outcome of the risk assessment in the person's plan.
- 8.2 Wherever possible and safe, we will support people to become more independent with their medication. This may involve a trial period monitored by staff during which the person manages their own medication. We will review the trial immediately if the person or other people using the service are at risk of harm.
- 8.3 We will keep risk assessments under review and re-assess risks as appropriate, for example before **off-site activities**; at any time when there is any doubt about the person's ability to take their medication as prescribed and / or store it safely; when the person is being discharged or is transferring to another service.
- 8.4 Risk assessments must consider:
- the person's ability to manage medication safely
 - risks of misuse, overdose or self-harm
 - storage risks in shared or communal environments
 - risks to other people using the service, particularly children and young people

Capacity and consent

- 8.5 Consent must be obtained before any support with medication is provided.
- 8.6 Adults and young people aged 16–17 are presumed to have capacity to consent unless there is reason to doubt this, in which case a mental capacity assessment will be completed in line with the Mental Capacity Act 2005.
- 8.7 Children under 16 may consent to medication support where they are assessed as Gillick competent. Where a child is not competent, consent must be provided by a person with parental responsibility or through the court.
- 8.8 For looked-after children and young people, consent and decision-making must align with the placement plan and delegated authority arrangements.

People aged 16 years and over

- 8.9 We will assume that anyone who is 16 or over has mental capacity to provide consent. If there are doubts about a person's capacity to consent to medication, a mental **capacity assessment** will be undertaken.
- 8.10 Where we have determined that the person **lacks mental capacity**, consent may be provided by anyone authorised under the Mental Capacity Act to make personal welfare decisions on their behalf. If there is no such person, we will follow the Gloucestershire Multi Agency Mental Capacity Act policy and guidance to reach a best interest decision.

Children aged under 16 years

- 8.11 For children and young people:
- Children under 16 may consent if assessed as Gillick competent
 - Where a child is not competent, consent must be obtained from a person with parental responsibility or the court
 - For looked-after children, decisions must align with the placement plan and delegated authority arrangements
 - Young people aged 16–17 are presumed to have capacity but remain subject to safeguarding and care planning frameworks

Plan

- 8.12 We will record in the person's plan:
- whether or not the person requires support to safely manage their medication
 - the exact nature of any support required from staff and where relevant any staff monitoring responsibilities, for example when someone is managing their own medication including during a trial or **reablement** period.

8.13 We will review and update the plan at regular intervals and whenever there is any change to:

- the person's health, care or medication support needs
- the support or monitoring required from staff

Essential medication information

8.14 All medication may cause harm if it is not administered according to the prescriber's or manufacturer's instructions. We will not provide support with medication until we have all the information set out in this section.

8.15 Staff must immediately update the information whenever there is any change to:

- the person's medication, for example when a medication is started, stopped or a dose is changed
- the support required from staff.

8.16 All medications – the person's record must include these details:

- the full name and date of birth of the person to whom medication is to be administered
- A picture with a clear view of the person's face
- any known drug sensitivities e.g. to penicillin, aspirin
- the name of the medication to be administered
- the reason (clinical condition) why the person is taking the medication
- the form of the medication e.g. tablets or liquid
- the amount in the bottle/container supplied to the home / day centre
- the strength of the preparation
- the required dose
- the route of administration e.g. by mouth
- the time(s) or frequency that the medicine is to be administered
- any special instructions e.g. whether it should be given before or after food.

8.17 As and when required medications – the person's record must include these additional details:

- the circumstances in which the medication is to be given
- how much medication is to be given
- what the medication is expected to do, for example help them breathe more easily
- whether a dose can be repeated and if so:
 - the minimum time between doses if the initial dose has no effect, and
 - the maximum dose which can be taken within 24 hours.

8.18 Variable dose medications - Prescribers may alter the dose of a variable dose medication following a blood test.

8.19 If the person has had a blood test and no advice has been received from the prescriber; staff must check with the prescriber to see if the dose has changed. If it has, staff must ask the prescriber to confirm the correct dose in writing and update the person's record.

8.20 Over the counter products – These may be provided for general use in some services or may be brought into the service by family, carers or those with parental responsibility.

8.21 Staff must check with the person's GP or a pharmacist about whether an over-the-counter product might interact with a prescribed medication. Staff must record the advice in the person's record and where relevant discuss the advice with the person and / or their family.

9. People assessed as able to manage their own medication.

9.1 Where a person, child or young person is assessed as able to manage their own medication, this must be agreed through a formal risk assessment and care or placement planning process.

- 9.2 We encourage people who are managing their own medication to take their medication as prescribed and to store it safely, in line with their responsibilities.
- 9.3 Medication must be registered as being on the premises even if the person is self-medicating. We will explain that medication must be securely stored on our premises so that other people using the service cannot access it. Risk assessment is required for storage of controlled drugs.
- 9.4 We will provide an appropriate lockable space and meet any special storage requirements, such as refrigeration. We will ensure that people can access their medication when they need it.
- 9.5 Where the plan requires staff to remind someone to take their medication or to monitor that they are managing it safely, staff must record their observation.
- 9.6 In children's services, self-administration must:
- be risk assessed
 - Consider risks to other children in the home
 - Be agreed through placement planning processes
 - Include safe storage arrangements appropriate to shared living environments
- 9.7 If the person expresses concerns about their health or medication, we will suggest that they consult their GP or other health professional. Where appropriate, staff will liaise with family, carers or those with parental responsibility to make sure that this happens.
- 9.8 If it appears that the person is not taking their medication as prescribed, not storing it safely or there is any other potential risk to the person or others using the service, staff must take whatever action is appropriate and necessary to reduce the risk of harm and:
- record concerns and any actions taken in the person's record
 - review the risk assessment and make any necessary changes to person's plan

10. Prompting / assisting with / administering medication

General requirements

10.1 Staff must:

- follow local procedures
- take all practicable precautions to prevent and control the spread of infection
- only assist with or administer medication to the person it was prescribed for or, in the case of an over-the-counter product, intended for
- understand what the person's medications are and the reason why they are taking them. This information can be found in the person's record.

10.2 Staff must administer medication only from the original:

- labelled container / packaging provided by the pharmacy. Staff must check with the pharmacist if a label is illegible or has been altered. **Dispensing labels** should be attached to smallest container, as a minimum patient name should be on all containers i.e. box and bottle/tub
- packaging as purchased for an over-the-counter medication and must administer it in accordance with the manufacturer's instructions

10.3 Staff must not administer:

- medication from containers packed by the person or family, carers or those with parental responsibility, for example unlabelled **dosette boxes**
- any prescribed medication labelled as to be taken 'as directed'. The pharmacy label must detail exactly how the medication is to be used
- any over the counter remedy to someone who lacks capacity unless this has been agreed by a health professional and recorded in the person's plan

10.4 Before dispensing medications, staff will wash their hands with soap and water, dry them and put on any **Personal Protective Equipment (PPE)** that is deemed necessary. After this, the staff will then check that:

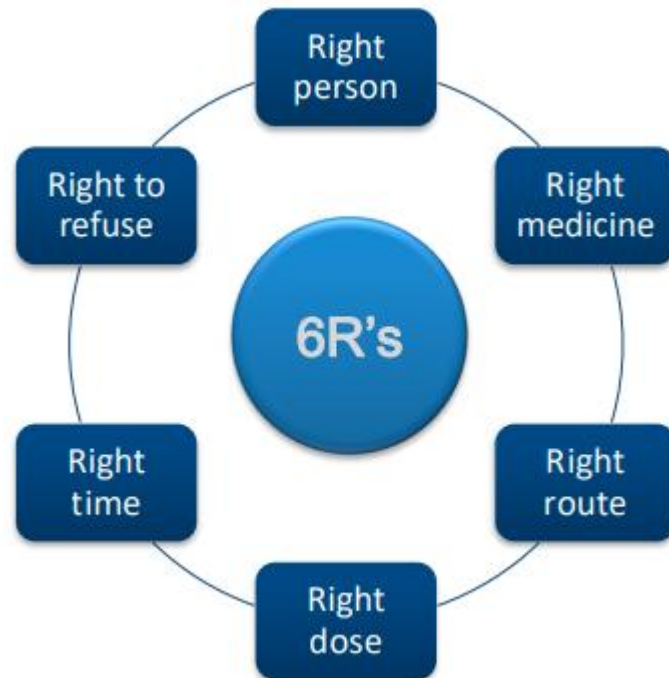
- the medication has not already been given by someone else
- they have the right medication for the right person
- the medication is as expected, does not appear to have been tampered with, is within its **expiry date** and has been stored properly. Staff who have concerns about a medication will inform their line managers and seek advice from the person's GP, pharmacist or the NHS 111 helpline before administering where appropriate.

10.5 Staff must check the **MAR** and:

- confirm the person's identity, for example by asking their name or by photograph
- ensure that they have the right medication for the right person
- that the details on the prescribed medication label exactly match what is recorded on the MAR, in particular name, strength and dosage instructions. If medication is provided in manufacturer's original packaging, check that the packaging information concurs with the attached dispensing label. If in doubt contact the dispensing pharmacy
- the sensitivity / allergy box
- that no-one else has already given the person their medication for the intended time
- whether any as and when required medication has been administered in the previous 24 hours
- the expiry date on the medication container to ensure that it is still in date.
- That they are in a space where they can be undisturbed, keeping full concentration and maintaining dignity and privacy of the individual

10.6 Staff must consult a pharmacist or the prescriber before administering the medication if they identify any discrepancies or have any concerns, for example if the medication looks different from expected or staff are unsure if they should administer an as and when required medication or its effect.

10.7 Before administering medication, staff will ensure the 6 R's of medicine administration have been considered:



Respecting the person's wishes and their right to refuse their medication

10.8 We will respect people's rights to dignity, compassion and privacy when assisting with / administering medication.

10.9 Before unpackaging the medication, staff will explain to the person what they wish to do and check that the person agrees to take their medication.

10.10 We will not administer medication against the person's wishes. If they do not wish to take it, staff must record this on the MAR and on the reverse of the MAR The reverse of the MAR/casenote must state the reason for refusal if the person gave a reason and any actions taken.

- 10.11 Staff will re-offer the medication after a short while. If the person still does not wish to take it, staff will check whether the plan has an instruction about what to do when medication is refused. If not, staff will seek advice from a relevant health professional.
- 10.12 Staff will raise concerns about any ongoing refusal with the person's family / carer or a relevant health professional as appropriate and record all actions taken in the person's record.

Prompting, assisting with, administering medication / monitoring

- 10.13 Staff will prompt people to take their medication as prescribed.
- 10.14 Staff who are assisting with / administering medication will prepare the correct dose and administer the medication as instructed on the label and the MAR. Staff will offer a drink of water for oral medicines or provide agreed swallowing aids as per the person's needs and following assurance it does not interact with the medication.
- 10.15 When the person has taken their medication, staff must update the MAR and sign and date the record. Where the medication is a Schedule 2 controlled drug, staff must also update the controlled drugs register and a second staff member must check that all is correct and countersign the MAR and the controlled drugs register. Please see section 19 Controlled Drugs for detail.
- 10.16 Staff must also update any separate administration records, for example for warfarin or lithium where dosage is dependent on blood tests.
- 10.17 Staff must record any dose that is accidentally wasted or spoiled on the MAR and record the reason for wastage.

Covert administration

- 10.18 When a person has mental capacity to make the decision about whether to take a medicine, they have the right to refuse that medicine - **Covert administration** means giving someone who lacks mental capacity to consent to having that medicine in a

disguised format, without their knowledge, for example in food or drink. Administering medication in this way can affect how the medication works.

- 10.19 If a person requires medication in a swallowing aid (as per paragraph 10.14), this does not constitute covert administration. It only becomes covert administration when the person does not know they are receiving the medication.
- 10.20 We will only administer medication covertly to anyone over 16 when:
- we have determined that the person lacks mental capacity to make decisions about their medication, and
 - the health professional prescribing the medicine(s), care home staff and family members or an advocate have made an MCA compliant decision that administering medication covertly is in the person's best interests and
 - the responsible health professional has provided written instructions about how to administer the medication covertly
- 10.21 We will only administer medication covertly to a child under 16 in accordance with the child's plan and as agreed with the relevant health professional and the person with parental responsibility.
- 10.22 We will record the decision in the person's MAR and plan. We will keep the plan under review to ensure that covert administration is used only for as long as is necessary.
- 10.23 We will not administer medication covertly to anyone who has capacity to make their own decisions about their medication.
- 10.24 Administering covert medications should be kept under regular review, the frequency of each review is individual to each person down to their own circumstances. This review may be taken by a healthcare professional and information passed to social care.

11. Emergency Medication administration

- 11.1 Emergency medication must only be administered to the person for whom it was prescribed.

11.2 Emergency medication refers to prescribed medication intended for immediate administration in response to a known, predictable medical emergency, where delay in treatment would place the person at risk of serious harm.

Examples include (but are not limited to):

- Buccal or intranasal midazolam for prolonged or clustered seizures
- Adrenaline auto-injectors for anaphylaxis
- Rescue inhalers for acute asthma symptoms
- Glyceryl trinitrate (GTN) spray for acute angina (where prescribed and authorised)

11.3 Emergency medication does not include:

- Routine prescribed medication
- PRN medication used for symptom relief that is not time-critical
- Medications administered as part of delegated healthcare activities unless explicitly assessed and authorised in line with council and NHS guidance

11.4 Emergency medication must not be administered unless all of the following are in place:

- A current prescription from an appropriate health professional
- A clear, written emergency medication protocol provided by the prescriber
- The protocol must be incorporated into the person's:
 - medication risk assessment
 - care plan
 - Medication Administration Record (MAR)
- Written consent from the person, or a best interest decision documented in line with the Mental Capacity Act (2005) where the person lacks capacity.

11.5 Emergency medication protocols must specify:

- the circumstances in which the medication should be given
- the exact dose

- the route of administration
- when a dose may be repeated (if applicable)
- when to call emergency services
- any follow-up actions required after administration

11.6 Protocols must be reviewed at least annually, and sooner if the person's condition change, the medication or dose changes or an emergency administration occurs

11.7 Only staff who have completed specific training for the emergency medication concerned and is assessed as competent may administer the emergency medication. When administering the medication the competent staff must:

- Follow the prescribed emergency protocol exactly
- Remain with the person to monitor their condition

11.8 Staff must not make clinical judgements outside of the protocol.

11.9 Emergency medication must be:

- stored securely, but readily accessible at all times
- clearly labelled
- kept in accordance with pharmacy and manufacturer's instructions
- checked regularly for expiry dates

11.10 When administering emergency medication, staff must:

- follow the prescribed emergency protocol exactly
- remain with the person and monitor their condition
- call 999 immediately where the protocol requires this or if the person's condition gives cause for concern
- not delay emergency services in order to contact managers or family or those with parental responsibility

11.11 Following administration of emergency medication, staff must record the administration immediately on the MAR and the person's care record, including:

- date and time
- dose
- reason for administration
- staff involved

11.12 The staff member must then inform a line manager or on-call manager, the person's family or representative (where appropriate), and relevant health professionals as required by the protocol

11.13 Review after emergency medication use staff training and risk assessments must be reviewed

12. Side effects / adverse reactions to medications

12.1 If someone becomes unwell after taking a new medication, this may be caused by the medication or a reaction with another medication.

12.2 If a side effect or adverse reaction is suspected, staff must immediately:

- seek and follow medical advice from the person's GP or the NHS 111 health line
- call 999 if the person is having difficulty breathing
- advise a line / on call manager as appropriate
- record what happened and actions taken on the MAR and in the **case notes**.
- Review the British National Formulary (BNF) for guidance

13. Medication administration errors and incidents

13.1 Despite best practice measures a medication administration error or incident may occur, for example incorrect dose administered; medication not given or given more than once; medication administered to the wrong person.

13.2 When an error occurs, staff must immediately seek and follow medical advice from a relevant health professional to prevent or reduce harm to the person concerned, then

- communicate the error to relevant staff on duty and to incoming staff
- advise a line / on call manager as appropriate
- record what happened in the plan and the MAR as appropriate
- complete an incident report and provide it to their line manager.

13.3 Incident reports must be completed for all errors, incidents and **near misses** i.e. when a potential error could have occurred but was averted in time.

13.4 Any concerns relating to medication, including refusal, misuse, over-medication or diversion must be considered within safeguarding frameworks and responded to in line with local adult or children's safeguarding procedures as appropriate.

13.5 Managers must:

- explain what has happened to the person and their family / carers
- advise if the person has been discharged from the service, the error will be passed to the council's safeguarding team
- investigate the incident
- advise the council's Safeguarding team where serious harm has occurred or there are significant concerns about errors
- for regulated services, advise the regulator of any incident which meets the criteria for statutory notification and keep the person, their family or representative informed about the investigation and its outcome
- monitor all medication related incidents and near misses to identify trends and take appropriate action to reduce the potential for future problems, for example by reviewing medication procedures; sharing information with staff; requiring staff to repeat training or have additional training

14. Ordering / receiving medication supplies

General requirements

- 14.1 Staff who are responsible for ordering medication must follow the service's ordering and supply procedures to ensure that sufficient supplies of medication are held to meet the person's needs.
- 14.2 Staff who receive medication from any source are responsible for:
- updating stock records as required by local procedures and updating the person's plan and MAR if the person's prescription has changed
 - checking whether the medication is a controlled drug and if so staff must meet the requirements set out in [section 19 controlled drugs](#)

Medication received from families

- 14.3 Supplies of medications for people attending day centers or admitted for short breaks are provided by the person receiving care, their family / carer or the person with parental responsibility for a child. People may arrange for a separate supply to be kept at the home or day centre if they wish to do so.
- 14.4 Medication must be supplied in sufficient quantities for the period required and in the original:
- containers supplied and labelled by the pharmacy. Labels must be legible and unaltered
 - packaging as purchased for over-the-counter products
- 14.5 Staff will not accept any medication packaged by families, marked to be taken 'as directed' or in foil strips which have been removed from the packaging supplied and labelled by the pharmacy.
- 14.6 Staff will check medications on receipt to make sure that they have not passed their expiry date and that any over the counter products are suitable for use. Staff will mark over the counter products with the person's name so that it is clear that it is not for general use.

- 14.7 Staff will discuss any concerns with the person, their family / carer or a relevant health professional as appropriate. This includes when prescribed medication differs unexpectedly from supplies previously received for the person.

15. Storing medication safely

General requirements

- 15.1 Medications (including medication for external application (e.g., medicated creams), oral nutritional supplements, appliances (e.g., inhalers, prescribed dressings) and medications awaiting disposal) in homes and day centres must be securely stored.
- 15.2 Services will store medications in a dedicated locked cupboard, trolley or room where the temperature does not exceed 25 degrees centigrade. We will fix mobile trolleys used for secure storage to a wall and keep them locked when not in use.
- 15.3 Temperatures will be taken by medication-trained staff weekly and recorded appropriately.
- 15.4 When temperatures exceed 25 degree, staff should follow local procedures and:
- check carefully for any signs of deterioration. If any signs are found, contact your local Pharmacist or the product's manufacturers for specific advice.
 - staff should do their best to reduce the temperature of rooms where medicines are stored including:
 - Using fans or air conditioning where possible
 - Removing heat-generating equipment, such as fridges, from the room
 - Shading windows from direct sunlight
 - Call and speak with a pharmacist or 111 for more advice
- 15.5 We will store:
- **external medications** separately from internal medications, for example in a separate locked cupboard or on separate shelves in the same cupboard
 - medication according to the pharmacy or manufacturer's instructions and in the original containers / packaging:
 - supplied and labelled by the pharmacist or

- as purchased for over the counter products
- over the counter products intended for individual use separately from those intended for general use. We will mark them with the person's name.
- controlled drugs as required by law. See section 19 controlled drugs for detail.
- medications awaiting disposal separately from medications which are in use. We will label them so that it is clear that they are not to be used.

15.6 Only authorised staff will have access to keys to medication storage areas.

Designated keyholders must be recorded in local procedures. Keys must be kept securely at all times. Keys to controlled drug storage areas must be kept separately from other keys.

15.7 We will explain our safe storage requirements to people who are managing their medication and offer secure storage space.

Medication which requires refrigeration

15.8 We will store medication which requires refrigeration in a dedicated locked refrigerator or in a locked container which can be stored in a refrigerator.

15.9 We will check maximum and minimum temperatures daily with a maximum / minimum thermometer. If temperatures vary from the normal range of between 2 and 8 degrees centigrade, staff must check whether medications are safe to use with a pharmacist.

Oxygen

15.10 Administering prescribed oxygen is outside the range of tasks that care or support staff may carry out but may be agreed in exceptional circumstances.

15.11 Oxygen is a fire hazard. Staff must seek advice about safe storage from the supplying home oxygen contractor.

- 15.12 Oxygen cylinders stored on the premises must be included in fire risk assessments. Warning signs must be displayed in oxygen storage areas and in any vehicles transporting oxygen. Signs must prohibit smoking and the use of naked lights in the vicinity.
- 15.13 Oxygen cylinders must be kept upright, dry and in clean condition. Storage areas must be:
- secure to prevent theft and misuse
 - under cover where cylinders are not subject to extremes of temperature
 - dry, clean and well ventilated
 - well away from storage areas containing highly flammable liquids and other combustible materials and any sources of heat or ignition.
- 15.14 In case of fire, when everyone has been evacuated, the fire warden must alert the fire service to where oxygen cylinders are stored on site.

16. Cutting medication

- 16.1 Some people may require half-doses of medications, and staff may be able to cut the medications providing:
- The medication is supplied as a tablet that has score lines and
 - The patient information sheet and/or box states medication can be split
- 16.2 If staff are unsure if medication can be cut, they must not act and must speak with a pharmacist and services will be stopped until such a time medication can be taken safely.

17. Continuity of care & sharing information

General requirements

- 17.1 We will work collaboratively with families, carers and other care settings where responsibility for care and treatment is shared or is transferred to other care settings.

- 17.2 Where appropriate, we will assess potential risks to ensure that the person's safety (or that of other people) is not compromised.
- 17.3 Staff will complete stock counts and update stock records as required by local procedures whenever medication leaves / is returned to the service. For medications which are Schedule 2 controlled drugs, staff must update the controlled drugs register. See section 19 controlled drugs for controlled drug requirements.

Offsite activities

- 17.4 Medication taken off-site so that it is available to people involved in activities away from the service must be transported in a secure bag attached to the responsible staff member. **Rescue medicines** (for example Midazolam) must be readily accessible if needed in an emergency. The staff member must ensure that medication is taken when required and complete all relevant administration records on their return to the service. Correct medication storage conditions must also be assessed and maintained.

Visits to / returning home to families and carers

- 17.5 Staff must provide families / carers responsible for medicine management while the person is visiting them or returning to their care with:
- the person's medications in a pharmacy labelled container(s)
 - clear directions about the dose required and how and when the person should take it, including any special precautions like after food
 - the time of the last and next dose for each medication
 - information about any medication changes since family or carers were last responsible for medicine management
 - a contact number for medication enquiries including out of hours, for example the home, the person's GP or the supplying pharmacy

When the person transfers to another care setting or is admitted to hospital

- 17.6 When someone moves from our service to a new care setting or is admitted to hospital, we will provide the receiving hospital / care setting with the person's medications in a pharmacy labelled container(s) and all information required to continue to administer medication safely and as prescribed.
- 17.7 When someone moves from another setting, like the hospital, to our in-house services, all information about their medicines, including who will be prescribing them in the future, should be sent with them so that everyone involved in their care has the information and mistakes aren't made

18. Returning medication at the end of service / disposal of unwanted medication

- 18.1 When someone leaves our services, we will return their medications to them or where appropriate for safety reasons to their family / carers.
- 18.2 If the person has died, we will retain their medication for a period of seven (7) days in case it is needed by the **Coroner's Office** then return it to a pharmacy for disposal.
- 18.3 Medication must be safely disposed of when the person's treatment changes and it is no longer needed or for any reason it becomes unsafe to use, such as when:
- it is past its expiry date or safe use period. Eye drops in particular have a short life span once opened.
 - it has been incorrectly stored
 - a dose is wasted, for example because a tablet was dropped or was removed from the container but the person did not wish to take it. Staff must seek advice from a pharmacist about how to dispose of a wasted dose and record the reason for wastage on the MAR.
- 18.4 Staff must clearly mark any unwanted medication and keep it in secure storage separate from medications which are in use until it can be returned to the person, their family / carers or to a pharmacy for disposal as appropriate.
- 18.5 Staff must prepare a receipt for medication returned to a pharmacy for disposal, to gain the pharmacist signature.

- 18.6 Staff must immediately update stock records whenever medication (including unwanted medication) is returned to the person, family / carers or to a pharmacy. If the medication is a **Schedule 2 controlled drug**, staff must also update the controlled drugs register. See section 19 Controlled Drugs for controlled drug requirements.

Sharps boxes

- 18.7 Used syringes or needles must be placed in a **sharps box**. Staff must seal the box when full and take it to a pharmacy for the contents to be disposed of.
- 18.8 Medical professionals are responsible for the safe disposal of syringes or needles that they have used in any of our services.

19. Controlled drugs

- 19.1 The Misuse of Drugs Act 1971 places controls on certain prescribed medications (known as controlled drugs) because of their potential for misuse. The Misuse of Drugs Regulations 2001 and The Misuse of Drugs (Safe Custody) Regulations 1973 categorise controlled drugs into five schedules and specify the different legal requirements for how controlled drugs must be stored and for record keeping apply to each schedule. To meet our legal obligations, we must:
- securely store all controlled drugs listed in Schedule 2 of the 2001 Regulations and certain controlled drugs in Schedule 3 as set out in paragraphs 19.8 – 19.10.
 - record the receipt, administration and disposal of Schedule 2 controlled drugs in the controlled drugs register in addition to all other records required by this policy and local procedures.
- 19.2 This section sets out the council's requirements for all medication in Schedule 2 and medication in schedule 3 to which legal requirements apply.

Identifying controlled drugs when they are received

- 19.3 Staff who receive medications from any source are responsible for checking whether or not the medication is a controlled drug. Any community pharmacy will be able to help identify controlled drugs and advise about storage and recording requirements. Reliable online information can be found at [Online BNF](#) (Adults); [Online BNF for Children](#); GOV.UK [common controlled drugs list](#); [CQC guidance](#) (controlled drugs in care homes).
- 19.4 Checking whether a medication is a controlled drug must be undertaken when someone first enters a service, or when there has been a medication change.
- 19.5 When a medication is identified as a controlled drug, staff must:
- check which schedule applies to the medication.
 - record the receipt of medications in Schedule 2 in the controlled drugs register
 - ensure that medication in Schedule 2 and medication in Schedule 3 to which legal requirements apply are stored as set out in paragraphs 19.8–19.10.

Double staff involvement – controlled drugs register and the MAR

- 19.6 Two staff must be involved in updating the controlled drugs register and the MAR whenever Schedule 2 controlled drugs are received, administered, disposed of and stock balances checked.
- 19.7 One staff member must carry out and record the activity then sign and date the record. The second staff member must check that everything is correct and countersign the record.

Storage requirements for controlled drugs

- 19.8 Access to controlled drug storage areas will be restricted according to need. Risk assessments will be used to decide who may hold keys.
- 19.9 Adult services must store all schedule 2 controlled drugs and those **schedule 3 controlled drugs** to which secure storage requirements apply:

- in a dedicated controlled drugs cupboard which meets the requirements of the **Misuse of Drugs (Safe Custody) Regulations 1973** (safe custody regulation), or
- in a separate container in a safe which complies with the safe custody regulation, or
- in a locked box separate from other medications in a standard locked medicines refrigerator if the medication requires refrigeration.

19.10 Children's homes are not subject to the safe custody regulation. Controlled drugs will be stored in a locked internal cabinet in a locked medication cabinet secured to the wall within a locked medication room or in a locked container in a refrigerator within a locked room if the medication requires refrigeration.

People who manage their own medication:

19.11 People who are using controlled drugs and manage their own medication are not subject to the safe custody regulation. Decisions about safe storage of controlled drugs managed by someone using the service will be based on risk assessment and recorded on the person's plan. The storage place must not be accessible to other people. This could be a lockable cupboard or drawer in their room.

Missing stock

19.12 If controlled drugs (schedule 2, 3, 4 and 5 The Misuse of Drugs Regulations 2001) go missing, the following reporting routes must be followed:

Controlled Drugs Accountable Officer (CDAO) / NHS England

19.13 All incidents involving missing, lost, stolen, given in error or unaccounted-for controlled drugs — including near misses — must be reported to your local **NHS England Controlled Drugs Accountable Officer** via the CD Reporting platform (www.cdreporting.co.uk).

- 19.14 Reports should ideally be submitted within 48 hours, particularly for high-risk incidents (e.g., potential diversion, patient harm, theft). Typically, a fuller investigation report should follow within 28 days.

Police (if criminal activity is suspected)

- 19.15 If the missing drugs are potentially the result of theft or other criminal activity, you must also report the incident to the Police — calling 999 in emergencies or 101 otherwise.

Home Office – DFLU Form (for thefts or losses)

- 19.16 Statutory notification of theft or unaccounted loss of controlled drugs must be made using the **Home Office** “Notification of theft/unaccounted loss” form, submitted to the Drugs and Firearms Licensing Unit (DFLU).

Care Quality Commission (CQC) [Regulated provision only]

- 19.17 In care homes and similar regulated adult social care settings, a missing controlled drug may meet the threshold for a **statutory Care Quality Commission (CQC) notification**, especially if it could affect service safety or indicates a serious issue (e.g., theft, abuse, serious error).

Internal and Additional Reporting

- 19.18 The incident must also be reported to the council’s Safety, Health and Environment (SHE) team and to the Head of Service to allow for essential internal investigation. All council policies must be followed, including safeguarding policies.

Summary of reporting:

Reporting Route	When to Report	Method
NHS England CDAO	Within 48 hours (with fuller report at 28 days)	Online via the CD Reporting platform (www.cdreporting.co.uk)
Police / CDLO	Immediately for suspected theft	Call 999/101 + CDLO notification
Home Office DFLU	Whenever any loss/theft occurs	Submit loss/theft form [gov.uk]
CQC	When thresholds for serious incidents are met	Via statutory notification
Internal / additional bodies	As per relevant policies (depending on above)	As per policy

20. Medication records and data protection

- 20.1 The council has a duty to keep records for each person using its services.
- 20.2 Staff must maintain complete, accurate and up to date records of all medication related activities as required by local procedures.
- 20.3 The council use electronic social care records for people accessing our services.
- 20.4 Some times, staff transcribe the MAR sheet, once they have specific and annually review training to do so. **Transcribing** is the process of copying medication information from an authorised source onto a Medication Administration Record (MAR) and carries an increased risk of error. Any transcribing must:
- be copied exactly from two of the following authorised sources:
 - the original pharmacy dispensing label
 - a written prescription
 - a written medication instruction or protocol from an appropriate health professional
 - include, as a minimum:
 - the name of the medication

- strength
 - dose
 - route of administration
 - timing or frequency
- be:
 - clearly marked as transcribed information
 - signed and dated by the person who transcribed it
 - independently checked and countersigned by a second competent member of staff before the medication is administered

20.5 Transcribing must never be undertaken from:

- verbal instructions alone
- memory
- photographs of medication labels
- previous MARs unless they are confirmed as current and accurate against an authorised source

20.6 Where paper-based records are used, they must be legible, completed in black ink, dated and signed by the person making the entry. Errors must be corrected by ruling a single line through the incorrect information so that the original entry remains legible. Staff must then record the correction and date and sign the record.

20.7 Regardless if the information is paper based or electronic, we will keep information secure and use it in accordance with council [Privacy Notices](#) and the UK GDPR and Data Protection Act 2018.

21. Medication audits

21.1 Medication stocks and records will be subject to regular audit as required by local procedures for stock reconciliation.

22. Emergency Planning

- 22.1 The council will have contingency plans in place for emergencies. In exceptional circumstances and only where legal criteria are met, services may not be delivered in accordance with this policy.

23. Concerns and complaints

- 23.1 As a first step, we encourage anyone (or their representative) who is dissatisfied with the care they have received to discuss their concerns with the staff member they are dealing with or ask to speak to the manager of the service instead. We will try to resolve concerns quickly or explain why this is not possible.
- 23.2 If the concern is not resolved, or if preferred, people may make a complaint to the council and may subsequently ask **the Local Government and Social Care Ombudsman** to review their complaint. Please see:

- [Adult Social Care complaint's procedure](#)
- [Children's Social Care complaints policy](#)

Local Government and Social Care Ombudsman can be contacted by the details listed on their website: <https://www.lgo.org.uk/>

- 23.3 People using regulated services have the right to bring concerns about their care and treatment to the notice of the regulator. These are:
- Adults: Care Quality Commission (CQC) see <https://www.cqc.org.uk/>
 - Childrens: **Office for Standards in Education, Children's Services and Skills (OFSTED)** see <https://www.gov.uk/government/organisations/ofsted>
- 23.4 We will provide information about how to use our complaints procedures and how to contact the Local Government and Social Care Ombudsman or regulators.

24. Implementing, monitoring and reviewing policy

- 24.1 This policy will be published on the council's website. Line managers will advise staff that policy has been revised.
- 24.2 Compliance with this policy will be monitored by the management team and through internal audit processes and investigation of medication incidents and near misses.
- 24.3 We will review this policy by the end of September 2029

Appendix 1 – Definitions

A

Assisting

Providing practical help with tasks the person cannot manage themselves, such as opening packaging, measuring doses, or moving medication.

As and when required medication (PRN)

Medication given only when needed, rather than at set times. A PRN protocol explains when and how it should be used.

B

Best interests

The option judged to be safest and most appropriate for a person who lacks mental capacity, following the Mental Capacity Act

C

Care plans

Documents describing the support a person needs, including their medication arrangements and any monitoring required.

Care Quality Commission (CQC)

The independent regulator for adult health and social care services in England. CQC inspects, monitors and rates services, and ensures they meet required safety, quality and legal standards

Casenote

A record in the person's file explaining an event, decision, or action taken.

Capacity assessment

A formal assessment under the Mental Capacity Act to determine if a person can make a particular decision.

Clinical judgement

A decision made by a qualified health professional based on clinical knowledge. Care staff must not make clinical judgements.

Controlled drugs

Medicines legally restricted due to their risk of misuse. They must be stored, recorded and disposed of under strict rules.

Coroner's Office

A public body that investigates certain deaths. Medication may sometimes be retained temporarily in case it is needed by the Coroner.

Covert administration

Giving medication in a disguised form (e.g., hidden in food) without the person's knowledge, but only if the person lacks capacity and there is a lawful best-interest decision.

D**Delegated healthcare activities**

Healthcare tasks normally done by clinical staff that trained care workers can carry out under supervision and agreed procedures.

Designated keyholder

A member of staff authorised to hold keys for medication storage areas.

Dispensing labels

Pharmacy-produced labels that show the person's name, medication name and dosage instructions, which must be followed exactly.

Disposal

The safe and legal process for getting rid of medication that is expired, damaged, or no longer needed.

Dosette box

A pill organiser divided into days and times. Staff may only use dosette boxes filled by a pharmacy.

E

Expiry date / safe use period

The date after which a medication must not be used. Some items have a shorter safe-use period after opening.

External regulators

Organisations such as CQC and OFSTED responsible for inspecting and assessing whether services meet legal and quality standards.

External medication

Medication applied to the outside of the body (e.g., creams, gels, patches).

F - G

(No entries)

H**Home Office**

The government department responsible for drug laws, including reporting thefts or losses of controlled drugs.

I**Internal medication**

Medication taken inside the body (e.g., tablets, liquids, inhalers).

J - K

(No entries)

L**Lacks mental capacity**

When a person cannot understand, retain, use or weigh information, or cannot communicate a decision at a specific time.

Local Government and Social Care Ombudsman

An independent service that investigates complaints about local authority services when someone is not satisfied with the outcome.

M

MAR (Medication Administration Record)

A record showing a person's medication, when it must be given, and what has been administered, refused or missed.

Medical/medication error

Any mistake in giving medication, such as wrong dose, wrong time or wrong person.

Mental Capacity Act 2005 (MCA)

The legal framework for supporting people who cannot make certain decisions and ensuring decisions are made in their best interests.

Mental capacity

A person's ability to understand, retain, use/weigh information and communicate a decision.

Misuse of Drugs (Safe Custody) Regulations 1973

Law setting requirements for how certain controlled drugs must be securely stored.

N**Near miss**

A situation where an error nearly occurred but was prevented in time.

NHS England Controlled Drugs Accountable Officers

Senior officers responsible for monitoring the safe handling and reporting of controlled drugs within regions and organisations.

O**Off-site activities**

Activities taking place away from a home or day centre. Medication must be transported securely and remain accessible when needed.

Office for Standards in Education, Children's Services and Skills (OFSTED)

The inspectorate responsible for regulating and inspecting children's social care services.

Over the counter products

Medications that can be bought without a prescription, such as paracetamol or cold remedies.

P

Parental responsibility

The legal authority to make decisions for a child under 16 or 17 who does not have capacity or competence, including decisions about medication.

Personal Protective Equipment (PPE)

Items such as gloves or aprons used to reduce risk of infection while handling medication.

PRN protocol

A written instruction explaining when and how PRN (“as needed”) medication should be administered safely.

Prescribed

Medication authorised by a qualified prescriber such as a GP or nurse prescriber.

Prescriber

A healthcare professional legally allowed to write prescriptions.

Prompting

Reminding a person to take medication without physically helping them.

Q

(No entries)

R

Reasonable adjustments

Changes made to support someone with specific needs so they can safely manage or receive medication.

Reablement

Short-term, goal-focused support aimed at helping a person regain independence, including with medication management.

Registered manager

The person legally responsible for overseeing the service, ensuring it meets standards and manages medication safely.

Rescue medication

Emergency medication used for conditions that require immediate treatment, such as seizures or severe allergic reactions.

Risk assessment

A structured assessment identifying possible risks and how they will be managed safely.

S**Safety information sheets (medication)**

Manufacturer-provided information on how to use, store and dispose of medication safely, including side effects.

Schedule 2 controlled drugs

Controlled drugs with the strictest storage and record-keeping requirements.

Schedule 3 controlled drugs

Controlled drugs with fewer restrictions than Schedule 2 but still requiring secure storage and careful handling.

Sharps box

A puncture-proof container for the safe disposal of used needles or syringes.

Statutory CQC notification

A legally required report submitted to the Care Quality Commission when certain serious incidents occur, including controlled drug issues.

STOMP (Stopping Over-Medication of People with a Learning Disability, Autism or Both)

A national programme aimed at reducing unnecessary or inappropriate use of psychotropic medication.

Swallowing aid

A product (e.g., gel or thickened fluid) that helps someone swallow medication more easily.

I

Transcribing

Copying medication instructions from an approved source onto a MAR sheet. It must be checked and countersigned due to risk of error.

U-Z

(No entries)

Appendix 2 - What must be recorded on the MAR

The person's medication requirements

The Medication Administration Record (MAR) is a record which details an individual's medication requirements, the correct dose(s), when medication(s) must be given and any special instructions for administration, such as with water or food. The MAR includes instructions for covert administration where this has been authorised.

Staff must **immediately** update the MAR whenever medication requirements change, for example when a medication is started, stopped or the dose changed.

Medication administration and stocks

The MAR also details what medication stocks have been received for the person and how the medication has been used or otherwise disposed of. It is a running record of stock use and remaining stock so that stocks can be monitored and audited.

Staff must **immediately** update the MAR whenever they receive medications stocks for the person; remind or help the person to take their medication; medication is transferred out of the service (for example returned to the person or their family, transferred with the person to a hospital or another service); stocks are disposed of or a dose is wasted. Staff must record:

- the date and time that they prompted or assisted the person to take their medication or administered the medication to the person. The record must confirm that the person has taken their medication. Staff responsible for monitoring that a child who is self-administering their medication has taken their medication will confirm this either by observation or by asking the child.
- the dose administered where this is variable
- the medication and the dose administered for any 'as and when required' or other infrequent prescribed medication and the reason why (for example for pain relief)
- the medication and dose of any over the counter product administered.

- any medication administered by visiting health professionals
- any prescribed dose that the person refused to take - and the reason why if the person gives a reason. This must also be recorded in the case notes.
- an explanation of any wasted dose
- any medication error

Every MAR entry must be signed and include the date and time of entry.

Appendix 3 - Minimum requirements: Staff guidance and procedures for over-the-counter products for general use

Homes which offer over the counter products for general use must develop in conjunction with a doctor or pharmacist written controls and guidance for staff. These must include as a minimum:

- which problems (for example headache, cough, insect bite) may be treated with over-the-counter products
- a list of medicines / products that may be administered and what they are for
- possible contraindications with certain prescribed medicines
- the dose and frequency
- the maximum daily dose
- how long the medicine / product should be used before seeking medical advice from the person's GP or pharmacist.
- what monitoring is required. For example, is the GP informed if the person frequently asks for indigestion remedies?
- recording requirements (must be recorded on the MAR)
- stock monitoring to ensure that medicines / products remain within expiry dates and ordering requirements.
- the names of staff authorised to administer over the counter medicines / treatments.

Stocks of over-the-counter products for general use in the home / centre must be:

- stored in the original packaging. Information supplied with the product by the manufacturer must be retained.
- marked with the date of opening.
- administered only:
 - as authorised by consent or a best interest decision
 - from the original packaging as purchased
 - in accordance with the manufacturer's instructions and the home or day centre's procedures

Appendix 4 – legal context

Legislation relevant to medication management includes but is not limited to:

- [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 12 Safe Care and Treatment](#)
- [The Children's Homes \(England\) Regulations 2015: Regulation 23 Medicines](#)
- [The Misuse of Drugs \(Safe Custody\) Regulations 1973 as amended](#)
- [The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015](#)
- [The Health and Social Care Act 2012 \(section 250 power to publish information standards which resulted in the publication of the NHS Accessible Information Standard 2016\)](#)
- [The Controlled Drugs \(Supervision of Management and Use\) Regulations 2013](#)
- [The Mental Capacity Act 2005 \(MCA\)](#)
- [The Human Rights Act 1998](#)
- [The Data Protection Act 2018](#)

Relevant statutory and other guidance includes but is not limited to:

- [Guide to the Children's Home Regulations including the quality standards, Department for Education \(April 2015\)](#)
- [Guidance to Regulation 12 Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014, CQC website](#)
- [Managing medicines in care homes: social care guideline sc1, NICE \(March 2014\)](#)
- [Medicines management in care homes: quality standard qs85, NICE \(March 2015\)](#)
- [Putting NICE guidance into practice - checklist for health and social care staff developing a care home medicines policy: implementing the NICE guideline on managing medicines in care homes, NICE \(May 2014\)](#)
- [The handling of medicines in social care - Royal Pharmaceutical Society of Great Britain \(2007\)](#)