

Medication Administration Policy Gloucestershire Shared Lives

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Gloucestershire Shared Lives Medication Administration policy

Medication Administration Policy - Gloucestershire Shared Lives

Version	Date	Author	Principal Changes
7.3	September 2025	Policy Review Officer	<p>Updated accessibility of document.</p> <p>Improved links to national guidance</p> <p>Created clarity over how to make a complaint or comment.</p> <p>Clear guidance on support people to remain independent</p>

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1. Introduction

- 1.1 Gloucestershire County Council (the council) operates a Shared Lives scheme known as Gloucestershire Shared Lives (we / GSL).
- 1.2 GSL is an alternative to traditional social care or health services. It is a service where someone aged 18 and over with an assessed eligible health or social care need can be supported for a few hours, a few days or live on a long-term basis with a GSL carer in their home as part of their family.
- 1.3 This policy sets out requirements for safe medication administration within a GSL arrangement. Please see the Gloucestershire Shared Lives policy for more information about GSL arrangements.

Gloucestershire Shared Lives Policy can be found here:

<https://www.gloucestershire.gov.uk/health-and-social-care/adult-social-care/social-care-policies-and-procedures/>

- 1.4 GSL carers should follow the best practice as described by the National Institute for Health and Care Excellence (NICE) guidelines:
<https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#transporting-storing-and-disposing-of-medicines>

2. About this policy

- 2.1 Many of the people who use GSL need to take medication, both prescribed and unprescribed. This policy supports the needs to ensure all medication activities are completed safely, but with opportunities to promote independence, choice and control.
- 2.2 This policy sets out what GSL and carers will do to manage potential risks related to medication management so that people in GSL arrangements are supported to use prescribed and other medications safely.
- 2.3 Further advice and support outside of this policy can be obtained from:
 - CQC by emailing: medicines.enquiries@cqc.org.uk.

- Reading the National Institute for Health and Care Excellence (NICE) Guidelines online at <https://www.nice.org.uk/guidance/health-and-social-care-delivery/adults-social-care/products?GuidanceProgramme=guidelines>

3. Who this policy applies to

3.1 This policy applies to:

- people using GSL services
- GSL officers and carers

4. Royal Pharmaceutical Society principles

4.1 GSL 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.
5. Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely
6. Medicines are stored safely
7. The social care service has access to advice from a pharmacist
8. Medicines are used to cure and prevent disease, or to relieve symptoms, and not to punish or control behaviour

5. Person Centred Care and Mental capacity

5.1 GSL will assume that people have mental capacity to make their own decisions about and manage their medications until it is established that they do not. We will follow the Gloucestershire Multi Agency Mental Capacity Act policy and guidance where capacity is in doubt.

The Mental Capacity Act Policy and Guidance can be found here:

<https://www.gloucestershire.gov.uk/mca/>

Medication support for people *with capacity*:

- 5.2 GSL carers should think about how they can support someone in order to maximise and promote their independence when managing and administering their own medicines. This includes how someone understands the medication they take, and what they take it for.
- 5.3 Carers may 'prompt' or 'assist' people with capacity to manage their own medications:
- **Prompting** means that where necessary carers will remind people about their medication, for example to take it at a particular time or with food
 - **Assisting** means that carers will provide practical help with anything that people cannot physically manage for themselves. For example, carers 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

Support for people who lack capacity:

- 5.4 Where agreed, carers will take full responsibility for medication for people assessed as lacking capacity under the Mental Capacity Act 2005 (MCA) to manage their medication themselves. In these circumstances, carers will make sure that medications are given or used as prescribed, safely stored and disposed of and that prescriptions are renewed as required.
- 5.5 GSL carers must follow the Mental Capacity Act Code of Practice when making assessments and decisions. This includes giving medicines covertly.- see paras 11.2 - 11.14

The Mental Capacity Act Code of Practice can be found here:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

Person-Centred Care

- 5.6 Individuals should have the opportunity to make informed decisions about their care and treatment, in partnership with their health professionals and social care practitioners to enable them to receive integrated, person-centred support.
- 5.7 GSL “My Shared Lives Plan” and any other care planning documents for the people with care and support needs are person-centred and tailored to their unique needs and preferences to support their emotional, physical and social wellbeing; including medication support.
- 5.8 Some adults who draw on the support of our services may at times behave in a way that challenges those providing care and support to them. The council, GSL and GSL carers are committed to using Positive Behavioural Support (PBS) strategies when supporting people who access our services.

See Adult Social Care PBS policy here: <https://www.gloucestershire.gov.uk/health-and-social-care/adult-social-care/social-care-policies-and-procedures/positive-behavioural-support-policy/>

- 5.9 Reactive strategies when supporting a person who displays behaviours that challenge may include administering a PRN (‘as required’) medication in accordance with the person’s PRN protocol. This is medication specifically prescribed to the person by a medical professional to be used in circumstances when risks to the adult / other people are severe and cannot be managed in any other ways
- 5.10 Where PRN medication is used for support with managing of behaviour, consideration needs to be given to STOMP which aims to ensure that medication is used appropriately. 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. Duty of care in GSL arrangements

- 6.1 GSL officers and carers have a duty of care to ensure the person they support is safe and well, ensuring their house is safe from any hazards, including the accessibility of medication.
- 6.2 Every person supported by GSL must have a completed Medication Profile and Risk Assessment, PRN protocol (where required or appropriate and completed by a healthcare professional (eg GP)).
- 6.3 Medication Profile and Risk Assessment must be reviewed annually, or as required by GSL.
- 6.4 All prescribed and non-prescribed medication for any person (i.e. not just the person who needs care and support) living in a household which supports a GSL arrangement must be stored in accordance with this policy (see section 10) so that no other person can take or use the medication, either by accident or on purpose.
- 6.5 Carers will support people who express concerns about their health or their medications to seek advice from their GP or pharmacist.
- 6.6 Carers who are concerned about the health of someone in a GSL arrangement or how they are managing their medication will discuss their concerns directly with the person if the person has capacity.
- 6.7 Carers will raise concerns about health / medication management directly with GSL and the person's GP / pharmacist if:
- the person lacks capacity, or
 - the carer continues to have significant concerns following their discussion with someone who has capacity and there's indications a person may be putting themselves or someone else at risk
- 6.8 Carers will record concerns about the person's health / medications and actions taken to resolve them in the person's record (see section 12) (required on MAR sheet and referenced in carers in logs as appropriate).

6.9 If someone needs immediate assistance, carers will seek and follow appropriate advice (for example from the person's GP / pharmacist, the NHS advice line, Accident and Emergency). As soon as practicable, carers will report what has occurred to GSL.

6.10 Examples of when a carer may be concerned about someone in a GSL arrangement or about their medication include but are not limited to when:

- someone who manages their own medication including those dependent on blood test results no longer appears to be taking it as prescribed. For example, they appear to be missing doses, taking the wrong or an additional dose, or not taking doses at the right intervals
- someone who has always taken their medication now refuses it.
- the carer believes that:
 - the person's capacity to make their own medication decisions has changed or is fluctuating
 - an 'over the counter' medication may affect a prescribed medication
- The Medication Profile and Risk Assessment needs to be reviewed
- there are unexplained changes in the person's health or behaviour
- the medication does not appear to be effective or there appear to be side effects or an adverse reaction. Please see also [section 15](#)
- there has been a medication error, for example a missed or incorrect dose; or a dose given more than once or to the wrong person or at the wrong time
- the medication label has been altered, removed or is hard to read or understand
- the carer is unsure about administering an 'as required or variable dose' medication or believes that the person is taking an incorrect dose
- the carer is unsure about medication provided in a dosette box
- the carer is concerned about the physical state of a medication or the way in which it has been stored, or is unsure about its shelf life
- There is a notable change to the amount of PRN required and/or the typical pattern of administration

7. Carer training, competency and general conditions which apply to medication administration in GSL arrangements

Carer training and competency

- 7.1 Medication administration and procedures must always reflect current regulations and the most up to date training. All GSL carers administering medication must have undertaken appropriate medication training, which is renewed annually.
- 7.2 In Gloucestershire, the GSL scheme:
- will provide medication and other related training for carers
 - will assess and regularly re-assess carer medication competency
 - may require carers to complete refresher / additional medication training
- 7.3 GSL carers must alert GSL if they believe they need more support or additional training to safely manage medication.
- 7.4 In exceptional circumstances, GSL may consider requests for support with medications which a GSL carer would not usually be expected to administer.

General conditions

- 7.5 Carers will not provide medication support unless:
- the carer has been trained and assessed as competent to provide the level of support which the person requires
 - the person (or their legally appointed representative if the person lacks capacity) has agreed to medication support or has a best interest decision
 - The carer has taken time to understand the medication needs, preferences and choices of the person they support
 - The carer has received appropriate handover information, and understands when a previous dose was given

- the level of support required is specified in the person's Medication Profile and Risk Assessment and included in the person's My Shared Lives Plan and their Adult Social Care support plan or Care Act record
- the carer has been provided with all relevant information about the person's health and medications
- the medication is in its original packaging as:
 - dispensed and labelled by the prescriber. This includes dosette boxes filled and labelled by a pharmacist / dispensing doctor. Pharmacies routinely dispense medicines using original product packaging, to maintain patient safety and enable correct identification of medications being administered. If the dispensing pharmacist has assessed the patient as requiring a 'monitored dosing system', appropriate medications may be provided in such a device
 - purchased if not a prescribed medication

Carers are not permitted to transfer any medication from its original packaging except:

- with the prior knowledge and consent of GSL (consent will only be given in exceptional circumstances) and
- in accordance with the person's Medication Profile and Risk Assessment requirements

8. Medications that trained and competent carers may administer

Prescribed medications

- 8.1 Most medications administered by carers are prescribed by a health professional.
- 8.2 Prescribed medications belong to the person they were prescribed for.

Carers will administer prescribed medication:

- as prescribed to the person it was prescribed for

- in accordance with the most up to date patient information leaflet
- in accordance with the individuals PRN protocols when required

Carers **will not**:

- administer a prescribed medication for any purpose other than the purpose it was prescribed for
- administer or supply a prescribed medication to any person other than the person it was prescribed for
- take an individual's prescribed medication for personal use
- Administer medication they are not trained or competent in (for example medications relating to 'delegated healthcare interventions' see <https://www.skillsforcare.org.uk/Support-for-leaders-and-managers/Managing-a-service/Delegated-healthcare-activities/Delegated-healthcare-activities.aspx> for more information)

As required / variable dosage medications (also known as PRNs)

- 8.3 'As required' medications are prescribed medications intended to be taken when needed rather than at specific times or intervals, for example for pain relief or for indigestion. Some prescribed medications have a variable rather than a fixed dose, for example 1 or 2 tablets.
- 8.4 Carers will not administer any prescribed 'as required' medication which may have a sedative or other effect on behaviour unless:
- agreed by GSL, and
 - the supporting health professional (such as a community nurse) has provided a written protocol specific to the person for whom the medication was prescribed. The protocol must detail the circumstances when the prescribed 'as required' medication should be used

- 8.5 The carer will record the reason for administering an 'as required' / variable dose medication, the time and the dose administered on the PRN Medication Administration Record sheet each time the medication is given (PRN MAR).
- 8.6 GSL carers must follow the GSL PRN guidance as per appendix 4.
- 8.7 PRN information, PRN protocol and PRN MAR sheets are expected to be available to all carers supporting a person at the required times. This will include a "handover" between carers.
- 8.8 Carers will contact the person's GP, the prescribing pharmacy or the NHS 111 helpline for advice if they are unsure about:
- when to give an as required / variable dose medication
 - what the dose should be
 - the effect of the medication

Over the Counter / non prescription medications

- 8.9 Carers:
- may support people with capacity to take 'over the counter / non prescription medications' in accordance with the information in the person's Medication Profile and Risk Assessment
 - will not administer over the counter / non - prescription medications to people who lack capacity except where:
 - the person's GP / other relevant health professional has advised that it is safe for the person to take the medication, and
 - the carer has documented the conversation with the GP / health professional in the person's medical record. This could be either on the back of the MAR or/and in the carer logs
 - it is in the person's best interest

Requests for support with medications that GSL carers are not usually expected to administer

- 8.10 Generally, health services are responsible for meeting primary health care needs.
- 8.11 GSL may consider requests for support with medications which a health professional rather than a GSL carer would usually be expected to administer. Examples include but are not limited to emergency medications, controlled drugs, certain 'as required/variable dosage' medications, medication where dosage is dependent on blood test results, oxygen therapy. GSL will only consider such a request in exceptional circumstances where:
- a relevant health professional has:
 - confirmed in writing to GSL that support is necessary and GSL is satisfied that potential risks can be managed
 - developed and provided to GSL a written protocol specific to the person's medication and health needs which includes arrangements for regular review by a relevant health professional
 - a relevant health professional / accredited training provider has agreed to provide specialist training and to assess initial and ongoing competency
 - both the person (or their legally appointed representative) and the carer agree to proposed arrangements
 - Or in the best interest of a person who lacks capacity
- 8.12 Where GSL does not agree to a request for a carer to provide medication support, GSL may not be able to offer a GSL arrangement unless alternative medication support is available.
- 8.13 Where GSL agrees to provide medication support, GSL will monitor adherence to the written protocol and will alert the relevant health professional to any changes / concerns.

Controlled Drugs

8.14 Drugs listed in the Controlled Drugs Act 1985 have special rules about how they are:

- stored
- disposed of
- administered
- reported if they are lost or missing

8.15 If a person supported by GSL is prescribed drugs from the controlled drugs list, the GSL carers should seek clarification and instruction from the person who has prescribed them on how to store, dispose of, administer, and report on the medication.

See CQC guidance here: <https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-home-care>

9. Ensuring that people have an adequate supply of medication

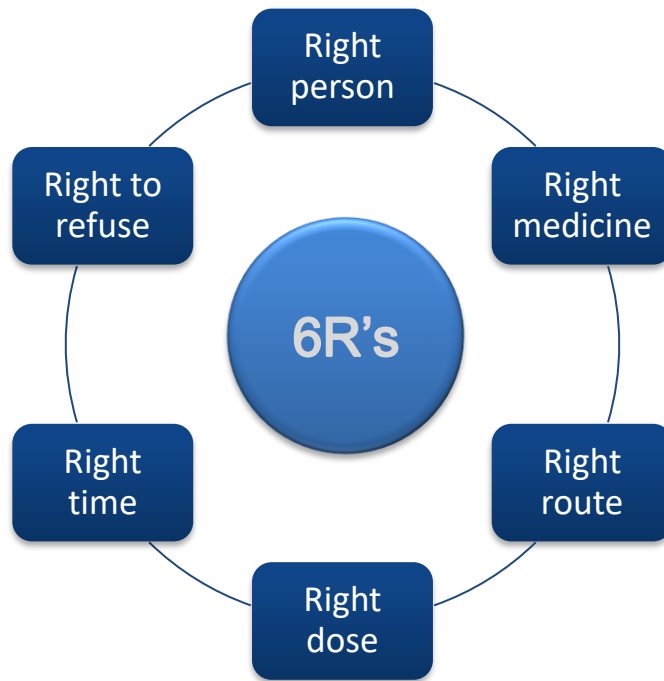
- 9.1 GSL should be confident that people living with carers will get the medication they need in a way that suits them.
- 9.2 Carers will encourage and support people with capacity to arrange their own medication supplies by working with pharmacies or doctors and providing reasonable adjustments to help people manage (such as large print, or easy read labels/patient information leaflets).
- 9.3 When making decisions over the stock of medication, GSL officers and carers must make decisions in the persons best interests if they lack capacity to make the decisions themselves. This includes considering the preferences of the person or their family members and their social, cultural and emotional wants and needs.
- 9.4 Carers who are responsible for medication supplies will ensure that sufficient medication is held so that prescribed treatments are not interrupted, for example by making sure that the person visits their GP as often as required and that prescriptions are ordered and collected without delay.
- 9.5 GSL carers are expected to record medication stock levels on the MAR sheet at the beginning of the month. Carers must then record stock reduction, adding new medications, and medication carried over to the next month.
- 9.6 MAR sheets and medication stock levels/usage are subject to be audited monthly by GSL.

10. Storing medication

- 10.1 To support independence, where a person in a shared lives placement is able to, and in accordance with their medication profile and risk assessment, the person is responsible for their own medication storage and ensuring that medication is accessible as per para 10.3.
- 10.2 Carers will take responsibility for storing prescribed and non-prescribed medications for all other members of the household, and supporting individuals to store their medication appropriately.
- 10.3 Medications are safely stored when they are:
- in their original labelled packaging in a lockable container (s) so that other adults and children in the household cannot take them either by accident or on purpose. If medications need to be kept cool, they will be kept in a locked and clearly marked container on the top shelf of the refrigerator
 - Placed somewhere they will not be damaged by heat, light, dampness or other factors
 - Carried as above when people are on outings in the community

11. Administering medication

- 11.1 Before administering medication, GSL carers will ensure the 6 R's of medicine administration have been considered:



- 11.2 Carers should not provide support with medication unless a medication profile and risk assessment has been completed and determined that support is necessary.

Capacity, consent and refusal

- 11.3 A person's My Shared Lives Plan will provide information on someone's overarching consent to medication administration, and requisite mental capacity assessment when required. Consent is still required before each medication administration.(see 11.7)
- 11.4 Carers will follow the person's wishes when assisting someone *with capacity* unless the carer is concerned that the person is no longer able to manage their own medications. Where this is the case, carers will seek advice from the person's GP before providing assistance then follow GSL incident reporting procedures.
- 11.5 People have the right to refuse their medication.
- 11.6 GSL carers will encourage people to maintain prescribed health treatments and to make informed decisions about their health and medication. They will provide information in an accessible format.

- 11.7 Each time a medication needs to be administered, carers:

- will explain to the person what they are about to do in the person's most confident communication style
- will not proceed unless the person gives their verbal or non verbal consent
- will re-offer the medication after a short while if the person does not give their consent
- will not administer the medication if the person still does not wish to take it and will record on the MAR sheet that the dose was refused

11.8 Carers will encourage people with capacity to consult their GP or pharmacist before they stop taking a prescribed medication.

11.9 If the carer remains concerned that the person is not taking their prescribed medication after discussing it with them, or if the person lacks capacity, the carer will raise their concerns with the person's GP / pharmacist and GSL.

11.10 Medication must **never** be used as a form of punishment or control and may only be used as a form of restraint where a best interests decision has been made in accordance with the provisions of the Mental Capacity Act 2005 regarding restraint.

Hygiene and safety

11.11 Before dispensing medications, carers will wash their hands with soap and water, dry them and put on any PPE that is deemed necessary. After this, the carer 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. Carers who have concerns about a medication will seek advice from the person's GP, pharmacist or the NHS 111 helpline before administering it

11.12 Carers will then:

- prepare the dose as indicated on the label and the MAR sheet and administer it to the person. Carers will follow any special instructions (like taking it with food) and will offer a drink of water for oral medications.
- Immediately record on the MAR sheet:
 - what medication has been taken
 - The dosage of medication
 - The time the medication was taken
 - if the medication was, refused, missed or spoiled as appropriate

Covert administration

11.13 Covert administration means that a medication is disguised and administered to someone without their knowledge and consent, for example in food or drink.

11.14 If a person has the mental capacity to make decisions about medication, it is unlawful to give them medicines covertly. They have the right to refuse to take their medication, even if this is detrimental to their health and wellbeing.

11.15 GSL will not covertly administer medication except when expressly:

- directed in writing by the person's GP or other relevant health professional to do so because covert administration is in the best interests of a person who lacks capacity, and
- agreed by all relevant parties and as recorded in the medication protocol and risk assessment

12. Medication records

Essential medication information

- 12.1 All medication may cause harm if it is not administered according to the prescriber's or manufacturer's instructions. Carers should not provide support with medication until they have all the information set out in this section.

Information provided by a Healthcare professional

- 12.2 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
- any known drug sensitivities e.g. to penicillin, aspirin
- the name of the medication to be administered
- the reason 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) the medicine is to be administered
- any special instructions e.g. whether it should be given before or after food

- 12.3 When a person has as required medications – the person's record must include an individualized PRN protocol, PRN MAR sheet, details listed in 12.2 and 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

- 12.4 Variable dose medications - Prescribers may alter the dose of a variable dose medication following a blood test.
- 12.5 If the person has had a blood test and no advice has been received from the prescriber, carers must check with the prescriber to see if the dose has changed. If it has, carers must ask the prescriber to confirm the correct dose in writing and update the person's record.
- 12.6 Over the counter products – These may be provided for general use in some services or may be brought into the service by family.
- 12.7 Carers must check with the person's GP or a pharmacist about whether an over the counter product might interact with a prescribed medication. Carers must record the advice in the person's record and where relevant discuss the advice with the person and / or their family. This should be recorded on the back of the MAR sheet and make reference where required in carer logs.
- 12.8 If any of the above is missing, the carer must notify the healthcare professional and GSL.

Information completed by the carer

- 12.9 Carers who provide any level of medication support will maintain up to date medication records. This will include:
- a medication administration record (MAR sheet) or PRN MAR sheet (where applicable) for each prescribed / non prescribed medication that the person takes. Carers will complete the MAR sheet as required by the GSL MAR protocol
 - the most up to date medication protocol and where relevant information about the content of a dosette box
 - the most up to date patient information leaflet for each current medication
 - any record book issued for medication where dosage is dependent on blood test results (for example warfarin, lithium)
 - any other necessary information about a current medication

12.10 All medicines administration records should:

- Be legible
- Be signed by the competent person administering medication
- Be clear and accurate
- Clearly indicate medication stock levels
- Have the correct date and time (either the exact time or the time of day the medicine was taken)
- Be completed immediately after the person has taken the medication;
- Avoid jargon and abbreviations
- Changes to typical and expected medication administration should be recorded on the reverse of the MAR sheet (e.g – medication spoiled, new medication stock added, refusal to take medication, handover to other services, or shared lives carers)

12.11 GSL will monitor medication records through routine audit processes, monthly medication audits and regular monitoring visits. This includes unannounced visits to the shared lives placement.

12.12 Carers will share information / ensure access to PRN MAR/ MAR sheets for each current medication with the person and their medication(s) whenever the person moves between the main and other carers or from one GSL arrangement to another:

- For example – when someone moves between GSL carers, the current GSL carer must inform the next carer of any medication administered prior to the handover – including time and dosage

12.13 The main carer will immediately make required changes to keep the person's medication record up to date at all times, in line with UK GDPR and the Data Protection Act 2018.

- 12.14 When a GSL arrangement comes to an end and the person is no longer being supported by a particular carer (for example when the person moves to another permanent arrangement or dies) the carer will return any paper medication records to GSL.
- 12.15 GSL will hold medication records in line with current data protection requirements and will review the record after 8 years. If the record is no longer needed, it will be securely destroyed.

13 Disposing of medication

13.1. Medication should be disposed of when:

- treatment is changed or discontinued
- it has reached its expiry date. Eye drops in particular have a shortened life span once opened and should be discarded as stated on the label. Carers will seek advice from the person's / another pharmacist before administering medication if they are unsure about its shelf life
- it may not be safe to use, for example because it was not stored correctly, spilled or taken out of the container but not administered. Carers will seek advice from the person's / another pharmacist about how to dispose of a wasted dose
- the person dies. Carers will retain medications for 7 days after the date of death in case they are required by the Coroner's Office

13.2 Carers will:

- encourage people with capacity to return their own unwanted / unused medication to a pharmacy if they are able to
- return unwanted / unused medications to a pharmacy for disposal (with the person's consent if the person has capacity)
- ensure that, where appropriate, the return of the medication is recorded on the MAR sheet

- Follow the guidance on returning controlled drugs (see section 8 for link). When in use the MAR sheet should be signed by the pharmacist when controlled drugs are returned

- 13.3 When a person leaves a shared lives placement, their medication must be returned to them or where appropriate for safety reason to the family/carers.
- 13.4 Carers must clearly mark unwanted medication and keep it in a secure storage, separate from medication currently in use until it can be returned to the person, or pharmacy for disposal as appropriate.
- 13.5 When medication is taken to the pharmacy for disposal, the carer should ask for, and retain a receipt and update stock records.

Sharps boxes

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

14. Continuity of care when someone is on a short visit away from home or moves between carers

- 14.1 To ensure continuity of care when someone is away from their main carer for any reason, all carers will ensure that handover information (including medication stock levels) is fully recorded when the person moves from one care setting to another, including between GSL carers.
- 14.2 The main carer will:
- ensure that other carers have been informed of the most recent medication administration on the main carer's MAR sheets for each current medication

- provide a contact number for medication enquires including out of hours, for example the home, the person's GP or the supplying pharmacy
- check that medication records are up to date and that stock levels are correct when the person returns to their care
- raise any concerns with GSL without delay
- The main carer will detail and handover the circumstances in which the PRN was required inline with the PRN protocol

14.3 All carers responsible for managing medications when they are supporting someone outside of the home will:

- transport medications safely and securely
- administer medications in accordance with the medication profile and risk assessment.
- have access to and update the MAR sheet in accordance with this policy

15. Side effects / adverse reactions

15.1 Carers will check potential side effects / adverse reactions listed in the patient information leaflet for each medication that they are to provide support with and remain alert to the possibility of harm.

15.2 Carers who suspect that the person is experiencing a side effect of or an adverse reaction to a medication will:

- immediately seek and follow advice from the person's GP, the NHS 111 helpline, the dispensing pharmacist or Accident and Emergency as appropriate
- record side effects and all actions taken on the MAR sheet
- advise GSL of any adverse effects, for example if the person's GP / other health professional is concerned about the person's health or the person is admitted to hospital

- follow usual GSL accident / incident / near miss reporting procedures so that GSL is made aware of all negative reactions to a medication including those that are resolved with no serious consequences

16. Medication errors

16.1 The National Patient Safety Agency defines a medication error as

“A patient safety incident involving medicines in which there has been an error in the process of prescribing, dispensing, preparing, administering, monitoring, or providing medicine advice, regardless of whether any harm occurred”

16.2 Despite the care taken by carers, mistakes can still happen. For example a dose may be missed; medication may be given at an incorrect dose or more than once; or given to the wrong person or at the wrong time.

16.3 If an error occurs, carers will:

- immediately seek and follow advice from the person's GP, the NHS 111 helpline, a pharmacist or Accident and Emergency as appropriate
- record on the PRN MAR/ MAR sheet what occurred, any changes to the person's health or behaviour and all actions taken
- advise GSL without delay of what happened and follow advice from the GSL officer
- complete a medication error form and send it to GSL

16.4 GSL has a duty of candour. We will tell people and / or their representatives / family if there has been a medication error and offer an apology. We will tell people about any notifiable incident (please see also paragraph 17.2 below) and the outcomes of investigations into the incident.

16.5 GSL will take all medication errors seriously. If recurring medication errors and/or medication recording error are reported or evidenced during GSL audits/review, GSL will work with the carers to provide resolution and safeguard the person in their care.

16.6 Medication errors and or recording errors may trigger the GSL performance and capability management procedure.

17. Monitoring medication support arrangements / quality assurance

17.1 The GSL Registered Manager is legally responsible for the quality and safety of care within GSL arrangements.

17.2 The GSL Registered Manager will:

- review and monitor all medication related incidents, errors and complaints
- take whatever action is necessary to improve medication administration practices and reduce the likelihood of medication related incidents occurring
- report all notifiable incidents to the Care Quality Commission (CQC). CQC is a government regulatory body which monitors and inspects Shared Lives Schemes

17.3 GSL officers will review a person's Medication Profile and Risk Assessment and monitor agreed medication support:

- during routine reviews of the quality of care within individual GSL arrangements through regular telephone contact and visits. Please see the Gloucestershire Shared Lives policy for information about GSL arrangements. Monitoring will include but will not be limited to checking medication administration and storage arrangements and medication administration records
- by monitoring and monthly MAR sheets audits
- by routine medication audits
- by monitoring and responding to carer concerns and any medication related incidents and complaints

17.4 GSL officers will alert the GSL Registered Manager to any concerns about medication administration practices and safety.

18. Concerns and complaints

- 18.1 Every person using GSL either as a person with care need, or a carer, has a right to share concerns and complaints. The process is different, for individuals and carers:

Individuals using GSL services

- 18.2 In the first instance, people using GSL should report any concerns or complaints to their GSL officer/another member of the GSL team.
- 18.3 If the person is not satisfied with the response, they can then make a complaint to the GSL Registered Manager if the concern is about GSL.
- 18.4 If this does not resolve the concern, the individual can make a complaint through the complaints and feedback procedure. Where the complaints procedure has been exhausted and the person is not satisfied with the response, they have the right to ask CQC to review their complaint.

Council complaints team details

You can contact the council's complaint's team:



online at: <https://www.gloucestershire.gov.uk/council-and-democracy/complaints-and-feedback/complaints-about-adult-social-care/>



by phone: 01452 427 082

CQC details

You can contact CQC:



online at: www.cqc.org.uk/contact-us



by phone: 03000 616161

- 18.5 GSL carers can support the individual raising in raising their concerns through the above process. GSL carers can raise their own concerns following a separate process for raising concerns themselves (see 18.7).
- 18.6 When carers support the person with their complaint, the GSL officer/manager should confirm, where possible, that the person is happy for this to happen, and that the complaint submitted reflects their views. Data Protection legislation affects what data we can share. Before responding to such complaints, we therefore require evidence that the other person's / people's permission has been given for us to discuss their confidential information. Once this evidence has been provided, we will treat the feedback in the same way we would if it had come from the other person directly.

GSL carers

- 18.7 In the first instance, GSL carers should report any concerns or complaints to their GSL officer/another member of the GSL team.
- 18.8 If the GSL carer is not satisfied with the response, they can then make a complaint to the GSL Registered Manager if the concern is about GSL using the escalation form provided by GSL.
- 18.9 If this does not resolve the concerns, GSL will provide carers the most appropriate escalation organisation contact details.

19. Emergency preparedness

- 19.1 GSL will have contingency plans in place for emergencies. In the event of an ongoing emergency situation such as the Covid-19 pandemic of 2020, GSL will follow relevant statutory guidance.

20. Implementation

- 20.1 GSL will publish this policy on the council's website and ensure that GSL officers and carers are aware that they must read and follow this updated policy.

21. Review

21.1 GSL will review this policy by September 2028 or sooner if required.

Appendix 1 – Definitions

A

Adult Social Care support plan

A support plan for adults is a document that outlines the specific needs, goals, and support services required for an individual to maintain their well-being and independence

As required/ variable dosage medications - also referred to as ‘PRN’s

‘As required’ medications are prescribed medications which are intended to be taken or used when they are needed rather than at specific times, for example to relieve pain, indigestion or itching.

‘Variable dosage’ medications have a variable rather than a fixed dose, for example 1 or 2 tablets.

Assisting

Assisting in this policy means that carers will provide practical help with anything that people cannot physically manage for themselves. For example, carers 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.

B

Best Interest (decision)

Section 4 of the Mental Capacity Act has a best interests checklist. This outlines what someone needs to consider before taking an action or making a decision for some while they lack capacity. They should:

- *Consider the person’s wishes and feelings. This means current wishes and those expressed before losing capacity to make the decision. It also includes any beliefs and values that are important to them*
- *Consider all the circumstances relevant to the person. This includes the type of mental health problem or physical illness someone has, and how long it’s going to last. It also includes:*
 - *Age*
 - *Whether they would normally take this decision themselves*

- *Whether they're likely to recover capacity in the near future*
- *Who's caring for them now or has cared for them in the past*
- *Consider whether they'll have capacity to make the decision in the future. This may include assessing whether the decision can be put off in the short-term*
- *Support involvement in acts done for the person and decisions affecting them*
- *Consider the views of carers, family or other people who may have an interest in the person's welfare. Or anyone appointed to act for them*
- *Consider if there are other questions relevant to their situation*

C

Capacity (mental capacity)

*Mental **capacity** is a person's ability to make a specific decision at a specific time.*

In this policy, 'with capacity' means that the person has the ability to make their own decisions about their health and their medications

People may lack capacity because of a wide range of conditions including dementia, a learning disability, mental health problems, a brain injury or stroke. Just because a person has a diagnosis does not mean they lack capacity.

A lack of capacity can be temporary, for example when someone has been in an accident and is unconscious.

A legal definition is contained in Section 2 of the Mental Capacity Act 2005. GSL will assume that people have capacity to make their own decisions until we have established that they do not. We follow the Gloucestershire Multi Agency Mental Capacity Act policy and guidance if capacity is in doubt.

Care Act record

An electronic file, held by the council, with the individual's care and support needs as defined by the Care Act 2014. This includes details from assessments, care plans, reviews, and any other relevant data collected by Gloucestershire County Council.

Care Quality Commission (CQC)

CQC are the independent regulator of health and social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Controlled Drugs

Controlled drugs are regulated, classified prescribed medications. Legal requirements apply to controlled drugs to prevent them from being misused, obtained illegally or causing harm. Carers collecting a controlled drug for a person are legally required to show the pharmacist proof of identity if asked and for certain medications will need a letter of authorisation. The pharmacist will explain what is required.

A list of the most common controlled drugs is available at

<https://www.gov.uk/government/publications/controlled-drugs-list--2>

Covert Administration

Covert administration means that a medication is disguised and administered to someone without their knowledge and consent, for example in food and drink.

D

Data Protection Act 2018

The Data Protection Act 2018 is a UK law that sets out how personal data must be processed, collected, and stored to protect individuals' privacy.¹

Dosette box

Usually a plastic container with different compartments for storing medication by time of day and days of the week.

Duty of candour

GSL has a **duty of candour** to be open and honest when a notifiable incident occurs. This means that we will:

- tell the person and / or their representative / family without delay and in person about what has happened and provide support

¹<https://www.gov.uk/data-protection>

- *provide all known facts, explain what further enquiries are appropriate and offer an apology*
- *provide the same information in writing and update the person on enquiries into the incident*
- *keep written records of all communication with the person*

E

Eligible health or social care need

*An **eligible health or social care need**, under the Care Act 2014 in England, is one that arises from or is related to a physical or mental impairment or illness, and which causes a person to be unable to achieve at least two specified outcomes in their daily life, significantly impacting their wellbeing. This means the need must be directly linked to a health condition, not just a lack of resources or other factors².*

G

GSL Arrangement

*A **GSL arrangement** is when someone aged 18 or over with assessed needs is supported by a GSL carer. Support can be for a few hours, a few days or the person may live on an ongoing basis in the GSL carer's home as part of their family.*

GSL carers

***GSL carers** are approved by GSL to provide personal care and support in GSL arrangements. Some experienced carers are approved to provide emergency care.*

GSL Officers

***GSL officers** are employed by Gloucestershire County Council to:*

- *recruit, approve and train GSL carers*
- *set up, support, monitor and review GSL arrangements*

L

Legally appointed representatives

*A **legally appointed representative** is someone who is authorised to make personal welfare decisions on behalf of an adult who lacks capacity, i.e.*

² <https://www.scie.org.uk/assessment-and-eligibility/determination-eligibility/#:~:text=Eligible%20need:%20the%20need%20arises,or%20mental%20impairment%20or%20illness>

- *someone who holds a lasting / enduring power of attorney given to them by the person before they lost capacity, or*
- *a deputy appointed by the Court of Protection*

M

Medication Administration Record (MAR sheet)

*The **MAR sheet** details the medication(s) prescribed for the person, the dose, when the medication must be given and any special instructions. It is a running record of what medication the carer has administered, remaining stocks of medications and any carer observations. The record may be in paper or digital form.*

Carers keep a separate MAR sheet for each medication that the person takes. Carers must follow the GSL MAR protocol at all times and keep the record up to date.

Medication profile

A record of all the medication the person in the GAL arrangement is currently taking.

Medications where the dosage is dependent on blood test results

***Dosage for some medications** (for example lithium, warfarin) is dependent on blood test results.*

Blood test results and the required dosage are updated in the person's record book and are confirmed by a health professional.

Mental Capacity Act (2005)

The Mental Capacity Act 2005 is a UK law that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make those decisions for themselves. It applies in England and Wales to individuals aged 16 and over who are unable to make decisions due to mental impairment or inability to communicate. The Act emphasizes the importance of supporting individuals to make their own decisions, and when this is not possible, ensuring that decisions made on their behalf are in their best interests³

³ [https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance/#:~:text=The%20Mental%20Capacity%20Act%20\(MCA\)%202005%20applies%20to%20everyone%20involved,guidance%20for%20less%20formal%20carers.](https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance/#:~:text=The%20Mental%20Capacity%20Act%20(MCA)%202005%20applies%20to%20everyone%20involved,guidance%20for%20less%20formal%20carers.)

Mental Capacity Act Code of Practice

Practical guidance to explain how the Mental Capacity Act 2005 will operate on a day to day basis and offers examples of best practice to carers and practitioners.

My Shared Lives Plan

*The **My Shared Lives Plan** is a plan developed between the person, the carer and GSL to support the person in the GSL arrangement.*

Among other things, the plan details any support the person needs to take their medication safely.

N

National Institute for Health and Care Excellence (NICE)

NICE guidelines are evidence-based recommendations for health and care in England and Wales. They help health and social care professionals to prevent ill health, promote good health and improve the quality of care and services.

National Patient Safety Agency

The National Patient Safety Agency was a special health authority of the National Health Service in England. It was established in 2001 to monitor patient safety incidents, including medication and prescribing error reporting, in the NHS

Notifiable incident

*A **notifiable incident** is a serious and unintended or unexpected incident that a health care professional believes has resulted in / requires treatment from a health professional to prevent:*

- *death*
- *impairment of sensory, motor or intellectual functions that has lasted or is likely to last for at least 28 consecutive days*
- *changes to the structure of the body*
- *experiencing prolonged pain or psychological harm*
- *shortening life expectancy*

Incidents which require police involvement and /or incidents which may indicate a safeguarding concern are also notifiable.

The GSL Registered Manager is legally responsible for how the service is run and for the quality of care provided. The Registered Manager must report any notifiable incident to the Care Quality Commission (CQC).

O

Over the counter medication

'Over the counter' medications are used to treat minor ailments and can be bought without a doctor's prescription, for example paracetamol, herbal, homeopathic and Ayurvedic remedies. Some over the counter medications, including herbal products and some traditional Chinese medications, can interact with prescribed medication and cause harm

P

Positive Behavioural Support (PBS)

A person-centred approach that aims to understand the reasons behind behaviour that are sometimes seen as challenging, often viewing it as a form of communication for unmet needs, and then developing strategies to meet those needs more effectively

PRN Protocol

*A PRN medication is a medication that is not required on a regular basis. It is important that these medicines have a person-centred **PRN protocol**: A document on how and when this medication should be administered.*

Prescribed Medication

Prescribed medication is medicine by a healthcare professional (e.g doctor) has given you a prescription for it. Usually following a clinical assessment.

Prescriber

*The **prescriber** is the professional who prescribes the person's medication. This is usually their GP but it could be another health professional.*

Prompting

Prompting means that where necessary carers will remind people about their medication, for example to take it at a particular time or with food.

R

Reactive Strategies

Reactive strategies are actions taken in response to problems or behaviours that have already occurred. They aim to manage situations or de-escalate tension after a challenge has arisen. Reactive strategies tend to focus on immediate solutions rather than long-term prevention

Reasonable adjustments

Changes that council have to make for people with a disability to prevent disabilities disadvantaged access when compared with others who are not disabled.⁴

Reasonable adjustments include:

- *Making changes to the way things are organised or done if they currently put disabled people at a substantial disadvantage*
- *Making changes to the built environment or physical features around you, such as the physical features of a public building that put a disabled person at substantial disadvantage*
- *Providing aids and services for you to overcome the substantial disadvantage*

Registered Manager

A key individual in regulated care services, holding legal responsibility for the quality and safety of care provided

Risk Assessment

To ensure safe medication management, a risk assessment identifies some risks, risk reduction measures and documents this

Royal Pharmaceutical Society

Professional leadership body for pharmacists and pharmaceutical scientists.

⁴ <https://www.mind.org.uk/information-support/legal-rights/disability-discrimination/reasonable-adjustments/>

S

STOMP

*People with a learning disability are thought to be 16 times more likely and autistic people 7 times more likely to be prescribed an antipsychotic than the general population. Stopping over medication of people with a learning disability and autistic people (**STOMP**) is a national NHS England work programme to stop the inappropriate prescribing of psychotropic medications. People should only be given psychotropic medication for the right reasons, in the lowest dose, for the shortest time.*

W

Wellbeing

Wellbeing under the Care Act relates to:

- *personal dignity and the right to be treated with respect*
- *physical and mental health and emotional wellbeing*
- *protection from abuse and neglect*
- *the person's control over day to day life, including over any care and support provided and the way it is provided*
- *participation in work, education, training or recreation*
- *social and economic wellbeing*
- *domestic, family and personal relationships*
- *suitability of living accommodation*
- *the person's contribution to society*

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 this guidance is for care homes

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 – As Required “PRN” Medication Guidance

As Required “PRN” Medication Guidance

Gloucestershire Shared Lives

Aim

This guidance aims to support and guide Shared Lives Carers in administering and recording the use of PRN medication for people who use Gloucestershire Shared Lives.

Context

The administration of PRN medication requires skill, competence and training. Before administering any medication Shared Lives Carers need to have completed Medication Administration Training and competency quiz and be deemed competent and confident in administering PRN medication. Several medications may be prescribed by a prescribing health care professional on an “as required” PRN basis. These medicines range from pain medications and inhalers to antipsychotics. PRN medication will require a PRN administration plan and a medication protocol to ensure that clear instructions are in place for how and when to administer PRN medications. Protocols will be put in place by the prescribing professional and followed by Shared Lives Carers. Protocols will require review on a 12 month basis (minimum).

STOMP

Where PRN medication is used for support with managing of behaviour, consideration needs to be given to STOMP which aims to ensure that medication is used appropriately. 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 which are here:

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

Recording

PRN medication should be recorded on MAR for PRN medication

The Gloucestershire Shared Lives Medication Policy states the following- *7.5 The carer will record the reason for administering an 'as required' / variable dose medication and the dose administered on the MAR sheet each time the medication is given.*

Where PRN medication is required, Shared Lives Carers must check the maximum dose stated, when it was last given and that the correct time has elapsed between the last dose. Individuals should be offered the opportunity to utilise alternative coping mechanisms (i.e changing position, altered diet, altered environment, application of cold/heat) as an alternative to PRN medication where appropriate and as identified and agreed with health care professionals.

For medicines used to manage a person's behaviour CQC state that staff should know how to support a person in a different way before using a medicine. For example, changes to the person's environment

CQC state that when PRN medicines are administered the record should include:

- the reasons for giving the when required medicine
- how much has been given including if a variable dose has been prescribed
- the time of administration for time sensitive medicines
- the outcome and whether the medicine was effective

PRN protocols will often work alongside behaviour guidelines or plans eg PBS plan and fit in with the overall approach to supporting someone in relation to behaviours that challenge.

Handovers of PRN medication between different Shared Lives Carers and/or other services should be detailed on the back of the MAR sheet. For example, where PRN medication has been administered by another Shared Lives Carer/Family member/service a note on the back of the GSL MAR sheet should detail the handover that has been verbally provided including date, time and amount of medication administered. This is to reduce the risk of overdose and medication administration errors.

Reviewing of PRN medication

CQC state that we need to work with prescribers to ensure that PRN medicines are regularly reviewed. Thorough recordings, as outlined above, will support with and aid our involvement in this process and ensure that we are able to provide sufficient supportive evidence.

Appendix 5 - PRN Medication Administration Record (MAR) - In conjunction with PRN protocol Gloucestershire Shared Lives

MONTH: Add month and year

Name: Full name of individual	G.P: Individuals GP
Date of Birth: Date of birth for individual	Surgery: Individuals GP address of surgery
Allergies: Any listed allergies	Tel Number: Individuals GP contact telephone number

Shared Lives Carer: Name of carer for on-going arrangements	Shared Lives Support Carer: Respite/Outreach carer name
Address: Address of carer for on-going arrangements	Address: Respite/Outreach carer address
Telephone: Contact number of carer for on-going arrangements	Telephone: Respite/Outreach carer telephone number

Name of Medication: Unless individual has a medidose system in place, all medications should be on individual MAR Sheets.	Reason for prescription: Details of why prescription medication is required.
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STORAGE REQUIREMENTS: Eg. Please follow instructions on medication information sheet, and detail here.

STRENGTH: As listed on medication packaging.

COMMENTS: Eg. Before food/with food

FORM: Eg. Tablet/capsule/drops/liquid/topical

ROUTE: Eg. Oral/topical

EXPIRY DATE OF MEDICATION: Expiry date taken from packaging

MAXIMUM DOSAGE THAT CAN BE GIVEN IN A 24 HOUR PERIOD – IF A COURSE OF PRN MEDICATION PLEASE RECORD HOW LONG HAS IT BEEN PRESCRIBED FOR

Please add your initials, each time you dispense and administer medication. This must be completed directly after administering medication.

Dosage:

Medication
dose
and
frequ
ency,
for
each
medic
ation.

Date Time	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3

Number of
tablets
after
each

Date Time	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3

[illegible]

SM=SELF MEDICATED
R=REFUSED
M=MISSED
S=SPOILED
H=Holiday/Short

Break -to be used when support is being provided outside of GSL eg by family member or another service provider

Please note any new stock of PRN medication, medication handovers (including stock numbers of each medication handed over) between carers in this table.

Date	Time	Reason	Effects of giving Prn medication to individual	Signature (Include both carers signatures for Handover)
	MUST RECORD TIME DISPENSED	Please do not forget to add here any new PRN medication received.		
		If you are handing over medication to a respite or outreach carer, the amount of medication handed over must be recorded here, and signed by both carers.		

		Any medication being handed back to long term carer must also be recorded and signed for here.		
		Please record reason for giving PRN medication – WHAT HAD YOU TRIED BEFORE IF PART OF RAG PROTOCOL – PLEASE ALSO DETAIL IN CHARMS LOGS		