Adult Social Care and Children and Families

Medication Administration policy

Document reference:	GCC-ASC-POL-**031**
Version:	1.0
Originator/author:	Policy Review Officer
Executive lead:	Assistant Head Adult Support Services 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
Next review due by:	31 July 2023

This is a controlled document

Please make sure that you are working to the most up to date version of this policy, i.e. the **controlled policy document** published on the GCC website.

You may print this document but **printed copies are not controlled**.

Medication Administration policy

1. Introduction

1.1 Gloucestershire County Council (we / the council) owns and operates residential / short break homes and day centres throughout Gloucestershire.

1.2 This policy sets out the council's requirements for medication management within these services to ensure that:

- potential risks related to medication are identified and managed
- medication is given safely and as prescribed when staff are responsible for medicine management.

1.3 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.

1.4 We will provide support with medication where this is assessed as necessary. The nature and level of support depends 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.

1.5 Staff will take full responsibility for managing medication for anyone over 16 assessed under the Mental Capacity Act 1983 (MCA) as lacking capacity to do so themselves.

1.6 Staff will take full responsibility for managing medication for anyone under 16 who is not competent to do so themselves.

2. Duty of care

2.1 We have a duty of care towards people using our services.

2.2 Staff will support and encourage people to maintain prescribed health treatments and to make informed decisions about their health and medication. We will provide information in an accessible format. Please see our Adult Social Care Accessible Information policy.

2.3 Staff will take a 'safety first' approach when there is any risk of harm to people using our services and take whatever action is appropriate or necessary to keep people safe. This may involve alerting a line manager / health professional; seeking clinical advice from an appropriate health professional; getting immediate help for the person when needed.

2.4 Staff will record concerns about health / medications and actions taken to resolve them in the person's record.

2.5 Staff will follow Gloucestershire's:

- 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.

3. Royal Pharmaceutical Society principles

3.1. 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.
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.

4. Responsibilities

4.1 **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 policy, local procedures, 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 2 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 and keeping these under review.

- that medication stocks, practices and records are regularly audited.

4.2 **Line managers / shift leaders** must ensure that:

- people using the service:
    - have a medication risk assessment which is updated as required.
    - 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.
    - have provided their written consent to any necessary support with medication. Where relevant, consent may be provided by a representative or agreed through a best interest decision.
- care or 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.

4.3 **Care or 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.

5. Training and competency

Medication training and competency assessment

5.1 Staff may not assist with medication until the council has assured itself that they have completed relevant training and are competent to administer medication.

5.2 The council will provide such initial medication training as is required at service entry. This will include familiarisation with procedures and recording requirements specific to the staff member's workplace. We will provide annual refresher training and may provide training at other times.

5.3 The council will assess medication competency after initial training / at service entry and will re-assess competency at least once each year. We may re-assess 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.

5.4 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.

5.5 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

5.6 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.

5.7 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.

5.8 **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 referred to throughout this policy 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 referred to throughout this policy as '**as and when required medications'**.

5.9 Certain prescribed medications are subject to legal requirements because of their potential for misuse. These medications are known as **controlled drugs.** Please see section 15 Controlled Drugs for details.

5.10 **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.

6. Information required before staff may assist with medication

Medication risk assessment

6.1 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.

6.2 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.

6.3 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.

Capacity and consent

6.4 We will not provide support with medication until the person has provided their written consent for us to do so. Consent may in some circumstances be provided by a representative or support with medication may be agreed as a best interest decision.

People aged 16 years and over

6.5 We will assume that anyone who is 16 or over has capacity to provide consent. If there are doubts about a person's capacity to consent, a capacity assessment will be undertaken.

6.6 Where we have determined that the person lacks 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

6.7 Children who are aged under 16 may provide consent if they are competent to do so. Otherwise, consent may be provided by someone with parental responsibility or the court.

Plan

6.8 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.

6.9 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

6.10 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.

6.11 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.

6.12 **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.

6.13 **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.

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

6.15 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.

6.16 **Over the counter products** – These may be provided for general use in some services or may be brought into the service by family.

6.17 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.

7. People assessed as able to manage their own medication

7.1 We encourage people who are managing their own medication to take their medication as prescribed and to store it safely.

7.2 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 – see section 15.10.

7.3 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.

7.4 Where the plan requires staff to remind someone to take their medication or to monitor that they are managing it safely, staff must immediately update, sign and date the MAR after each task / observation.

7.5 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 to make sure that this happens.

7.6 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

8. Prompting / assisting with / administering medication

General requirements

8.1 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.

8.2 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.
- packaging as purchased for an over the counter medication and must administer it in accordance with the manufacturer's instructions.

8.3 Staff must not administer:

- medication from containers packed by the person or family / carers.
- 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.

Pre-administration checks

8.4 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 medication label exactly match what is recorded on the MAR, in particular name, strength and dosage instructions.
- the sensitivity / allergy box
- that no-one else has already given the person their medication
- 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.

8.5 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.

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

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

8.7 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.

8.8 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 in a casenote. The casenote must state the reason for refusal if the person gave a reason and any actions taken.

8.9 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.

8.10 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

8.11 Staff will prompt people to take their medication as prescribed.

8.12 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.

8.13 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 countersign the MAR and the controlled drugs register. Please see section 15 Controlled Drugs for detail.

8.14 Staff must also update any separate administration records, for example for warfarin or lithium where dosage is dependent on blood tests.

8.15 Staff must record any dose that is accidently wasted or spoiled on the MAR and record the reason for wastage.

Covert administration

8.16 Covert administration means giving someone medicine in a disguised format without their knowledge, for example in food or drink. Administering medication in this way can affect how a medication works.

8.17 We will only administer medication covertly to anyone over 16 when:

- we have determined that the person lacks 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 a 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.

8.18 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.

8.19 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.

8.20 We will not administer medication covertly to anyone who has capacity to make their own decisions about their medication.

9 Side effects / adverse reactions to medications

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

9.2 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 casenotes.

10. Medication administration errors and incidents

10.1 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.

10.2 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.

10.3 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.

10.4 Managers must:

- explain what has happened to the person and their family / carers
- 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.

11. Ordering / receiving medication supplies

General requirements

11.1 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.

11.2 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 15 controlled drugs.

Medication received from families

11.3 Supplies of medications for people attending day centres or admitted for a 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.

11.4 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.

11.5 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.

11.6 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.

11.7 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.

12. Storing medication safely

General requirements

12.1 Medications (including medication for external application, oral nutritional supplements, appliances and medications awaiting disposal) in homes and day centres must be securely stored.

12.2 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.

12.3 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 15 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.

12.4 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.

12.5 We will explain our safe storage requirements to people who are managing their medication and offer secure storage space – see section 7 for detail.

Medication which requires refrigeration

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

12.7 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

12.8 Administering prescribed oxygen is outside the range of tasks that care or support staff may carry out but may be agreed in exceptional circumstances - see paragraph 5.7.

12.9 Oxygen is a fire hazard. Staff must seek advice about safe storage from the supplying pharmacist.

12.10 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.

12.11 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.

12.12 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.

13. Continuity of care

General requirements

13.1 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.

13.2 Where appropriate, we will assess potential risks to ensure that the person's safety (or that of other people) is not compromised.

13.3 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 15 Controlled Drugs for controlled drug requirements.

Offsite activities

13.4 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.

Visits to / returning home to families and carers

13.5 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

13.6 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.

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

14.1 When someone leaves our services, we will return their medications to them or where appropriate for safety reasons to their family / carers.

14.2 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.

14.3 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.

14.4 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.

14.5 Staff must obtain a receipt for medication returned to a pharmacy for disposal.

14.6 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 15 Controlled Drugs for controlled drug requirements.

Sharps boxes

14.7 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.

14.8 Medical professionals are responsible for the safe disposal of syringes or needles that they have used in any of our services.

15. Controlled drugs

15.1 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 categorises controlled drugs into five schedules. 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 in Schedule 2 and certain controlled drugs in Schedule 3 as set out in paragraphs 15.7 – 15.10.
- 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.

15.2 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

15.3 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).

15.4 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 15.7 – 15.10.

Double staff involvement – controlled drugs register and the MAR

15.5 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.

15.6 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

15.7 Access to controlled drug storage areas will be restricted according to need. Risk assessments will be used to decide who may hold keys.

15.8 **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.

15.9 **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:

15.10 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

15.11 Services must report missing stocks of controlled drugs that cannot be accounted for to the regional Controlled Drugs Accountable Officer (CDAO) at NHS England.

15.12 If the incident meets the criteria for statutory notification, regulated adult services must also report the incident to the Care Quality Commission (CQC).

16. Medication records and data protection

16.1 The council has a duty to keep records for each person using its services.

16.2 Staff must maintain complete, accurate and up to date records of all medication related activities as required by local procedures.

16.3 Paper based records 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.

16.4 We will keep information secure and use it in accordance with council Privacy Notices and the GDPR and Data Protection Act 2018.

17. Medication audits

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

18. Emergency Planning

18.1 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.

19. Concerns and complaints

19.1 As a first step, we encourage anyone dissatisfied with the care they have received (or their representative) 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.

19.2 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

19.3 People using regulated services have the right to bring concerns about their care and treatment to the notice of the regulator. These are:

- Care Quality Commission (CQC) –services for adults
- Office for Standards in Education, Children's Services and Skills (OFSTED) – for services for children

19.4 We will provide information about how to use our complaints procedures and how to contact the Local Government and Social Care Ombudsman or regulators.

20. Implementing, monitoring and reviewing policy

20.1 This policy will be published on the council's website. Line managers will advise staff that policy has been revised.

20.2 Compliance with this policy will be monitored by the management team and through internal audit processes and investigation of medication incidents and near misses.

20.3 We will review this policy by the end of July 2023.

Appendix 1

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 2

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 3 – 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)