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Review Sheet



Last Reviewed
30 Dec 2025



Last Amended
30 Dec 2025



This policy will be reviewed as needs require or at the following interval:
Annual

Business Impact:



These changes require action as soon as possible.

Reason for this Review:

Best practice

Changes Made:

Yes

Summary:

This policy has been updated in response to the CQC Supporting Documents guidance updates of 16.12.25. There is a more formal review of this policy and procedure underway with a view to create one whole policy and procedure rather than a suite. In the interim, this policy has been updated with additional content across the whole policy to form a robust overarching medicines management policy that covers all aspects required from the CQC - further detail can still be found in the individual policies in QCS Compliance Centre. Underpinning Knowledge and Further Reading links have also been checked and updated where needed.

Relevant Legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Control of Substances Hazardous to Health Regulations 2002
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971 (Amendment Order 2024)
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- The Pharmacy Order 2010
- Data Protection Act 2018

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	<ul style="list-style-type: none"> • The Controlled Waste (England and Wales) Regulations 2012
Underpinning Knowledge:	<ul style="list-style-type: none"> • Author: The Care Quality Commission, (2025), Regulation 12: Safe Care and Treatment [Online] Available from: https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-12 [Accessed: 30/12/2025] • Author: The Care Quality Commission, (2025), Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment [Online] Available from: https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-13 [Accessed: 30/12/2025] • Author: Care Quality Commission, (2023), Medicines Information for Adult Social Care Services [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services [Accessed: 30/12/2025] • Author: National Institute for Health and Care Excellence, (2017), Managing Medicines for Adults Receiving Social Care in the Community - NICE Guideline [NG67] [Online] Available from: https://www.nice.org.uk/guidance/ng67 [Accessed: 30/12/2025] • Author: NICE and SCIE, (2019), Discussing and Planning Medicines Support [Online] Available from: https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Discussing-and-planning-medicines-support-quick-guide-1.pdf [Accessed: 30/12/2025] • Author: National Institute Health and Care excellence, (2018), Medicines Management for People Receiving Social Care in the Community - QS171 [Online] Available from: https://www.nice.org.uk/guidance/qs171 [Accessed: 30/12/2025] • Author: Royal Pharmaceutical Society, (2024), Safe and Secure Handling of Medicines [Online] Available from: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines [Accessed: 30/12/2025] • Author: Care Quality Commission, (2022), Managing Medicines: Home Care Providers [Online] Available from: https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-medicines-home-care-providers [Accessed: 30/12/2025]
Suggested Action:	<ul style="list-style-type: none"> • Encourage sharing the policy through the use of the QCS App
Equality Impact Assessment:	<p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p>

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1. Purpose

1.1 Meeting Regulation 12: Safe care and treatment

This policy is designed to ensure that all care, support and treatment provided is safe, effective, and in line with best practices and regulatory standards. Risk assessments, staff training, and continuous monitoring are implemented to maintain the highest levels of safety and quality in care and support delivery.

1.2 Meeting Regulation 13: Safeguarding Service Users from abuse and improper treatment

This policy aims to safeguard Service Users from abuse and improper treatment by implementing robust procedures for prevention, identification, and response. Staff are trained to recognise signs of abuse and are equipped with clear reporting mechanisms to address any concerns promptly and effectively.

1.3 To outline key points and responsibilities regarding medication management. This policy and procedure must be used with the individual, specific medication policies and procedures at Wellspring Recruitment and Care Services Limited to support best practice. Any local medication policies or procedures will be appended to this suite of policies.

1.4

Key Question	Quality Statements
EFFECTIVE	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
EFFECTIVE	QSE2: Delivering evidence-based care & treatment QSE3: How staff, teams & services work together
EFFECTIVE	QSE6: Consent to care and treatment
SAFE	QSS8: Medicines optimisation
WELL-LED	QSW5: Governance, management and sustainability

1.5 Relevant Legislation

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Control of Substances Hazardous to Health Regulations 2002
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968

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- The Human Medicines Regulations 2012
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971 (Amendment Order 2024)
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- The Pharmacy Order 2010
- Data Protection Act 2018
- The Controlled Waste (England and Wales) Regulations 2012



2. Scope

2.1 Roles Affected:

- Registered Manager
- Other management
- Care staff

2.2 People Affected:

- Service Users

2.3 Stakeholders Affected:

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



3. Objectives

3.1 This policy is designed to ensure that all care and treatment provided is safe, effective, and in line with best practices and regulatory standards. Risk assessments, staff training, and continuous monitoring are implemented to maintain the highest levels of safety and quality in care and support delivery.

This Wellspring Recruitment and Care Services Limited policy also aims to safeguard Service Users from abuse and improper treatment by implementing robust procedures for prevention, identification, and response. Staff are trained to recognise signs of abuse and are equipped with clear reporting mechanisms to address any concerns promptly and effectively.

3.2 To maintain the health, safety and independence of Service Users by supporting them to take prescribed medication at the correct time and in the correct way, as part of a

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bespoke plan of care.

3.3 To provide a safe framework for Care Workers to work within when assisting the Service User with medication, and reducing the risk of medication errors or incidents which in turn will help to prevent unnecessary admissions to hospital.

3.4 To ensure that all Wellspring Recruitment and Care Services Limited staff supporting the medication process are trained, competent and work within their code of conduct to give medicines to Service Users when required.

3.5 To direct staff to the relevant associated medication policies and procedures and relevant medication forms to support best practice for the safe handling of medication at Wellspring Recruitment and Care Services Limited.



4. Policy

4.1 CQC Regulated Activities, Service Types and Service User Bands

Where required, Wellspring Recruitment and Care Services Limited will be registered with the CQC for regulated activities, service types and service user bands as defined in the CQC Statement of Purpose.

This will ensure that Wellspring Recruitment and Care Services Limited provides services that are safe, effective, caring, responsive and well-led in line with the CQC's published quality statements, regulatory framework and associated best practice guidance.

Wellspring Recruitment and Care Services Limited **is registered to provide the following regulated activities:**

Community-based services for people with mental health needs, Community-based services for people with a learning disability, Domiciliary care service, Supported living service, Day Care, Community Services, Personal Care, Learning disabilities or autistic spectrum disorder, Older people, Adults, Younger adults, Mental health, Sensory impairment, Dementia, Autism, AHD, Cancer Care, Palliative Care, Cerebral Palsy, Epilepsy, Head/Brain Injury, Motor Neurone Disease, Multiple Sclerosis, Neuropathic, Parkinson's Disease, Orthopaedic, Schizophrenia, Stroke, Respite Care, Day Care, Independent Living Training, Mental Health

Wellspring Recruitment and Care Services Limited **is registered to provide the following service types:**

Wellspring Recruitment and Care Services Limited **is registered to support the following service user bands:**

4.2 The Registered Manager, Olajumoke Omolola, and Nominated Individual, Michael Omolola, of Wellspring Recruitment and Care Services Limited, have overall management responsibility for this policy and procedure. This is in line with the Policy Management Policy and Procedure at Wellspring Recruitment and Care Services Limited.

4.3 Staff trained in giving medication at Wellspring Recruitment and Care Services Limited can assume that the Service User can take and look after their medicines themselves (self-administer) unless a risk assessment has indicated otherwise.

Self-Administration:

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- Can improve Service User satisfaction
- Encourages independence and self-care
- Can prepare Service Users for discharge

Wellspring Recruitment and Care Services Limited is responsible for assessing and agreeing on the level of medication support required and ensuring that the appropriate record keeping and training needs are met.

4.4 Safe Administration of Medicines/The 'RIGHTS'

All Care Workers who administer medication must be familiar with the Professional Guidance on the Administration of Medicines in Healthcare Settings from the Royal Pharmaceutical Society (RPS) 2019. Care Workers administering medication should have a sound knowledge of the medicines they are administering, including:

- Therapeutic use
- Usual dose
- Side effects
- Precautions
- Contraindications

If they do not have this knowledge, they should not administer and should seek advice from a senior staff member at Wellspring Recruitment and Care Services Limited.

There are a number of 'Rights of Administration' associated with medicines administration; the 5 rights, 6 rights, 7 rights, 8 rights, 9 rights and 10 rights.

They all outline the key principles for the administration of medicines.

For this policy we will use the 6 rights of administration as outlined by the National Institute for Health and Care Excellence (2014) and referred to by CQC (2025).

- Right Service User
- Right medicine
- Right route
- Right dose
- Right time
- Service User's Right to refuse

4.5 Olajumoke Omolola ensures the provision of resources necessary to support the safe and secure handling of medication at Wellspring Recruitment and Care Services Limited, understanding the importance of having staff who are medication trained and competent as well as suitable equipment that is fit for purpose.

4.6 Wellspring Recruitment and Care Services Limited understands the importance of providing safe, reliable care in relation to medication management.

The Registered Manager is accountable for the safe and secure handling of medication at Wellspring Recruitment and Care Services Limited.

4.7 Routes of Administration

- The oral route is the most frequently used route for medication administration. However, other routes are used for various reasons
- It is the responsibility of Wellspring Recruitment and Care Services Limited to ensure that Care Workers who administer medication are trained and competent to administer medication via the routes prescribed

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- The most recent version of the Royal Marsden Manual of Clinical Nursing Procedures should be available for staff to ensure that evidence-based clinical procedures are followed for the administration of medication via different routes

4.8 Medication Administration by Care Workers

- Care Workers administering medication at Wellspring Recruitment and Care Services Limited must be appropriately trained, assessed as competent and meet relevant professional and regulatory standards and guidance
- Care Workers should only administer medicines that they have been trained to give. The Department of Health (2016) states this will generally include:
 - Oral Route - tablets capsules, liquids
 - Creams and ointments
 - Inserting drops into eyes, ears, nose
 - Inhaled medicines
- Care Workers should refer to the Training and Competency on Medications Policy and Procedure at Wellspring Recruitment and Care Services Limited
- Any Care Workers accepting the task of administering medication must take responsibility for ensuring their actions are carried out carefully, safely and correctly

Delegation of a Specialised Technique:

Both the CQC and the Department of Health describe the administration of medicines by invasive or specialised techniques, such as injections (including Insulin) or medication via a feeding tube as clinical tasks and normally the role of a registered nurse.

However, a registered nurse can delegate the administration of these medicines to a suitably trained and competent senior Care Worker as long as it has been deemed in the best interest of the Service User.

- Care Workers will:
 - Need extra and more specific training and competency checks before undertaking these routes of administration
 - Receive supervision and support
 - Understand the delegated task fully
 - Understand their limitations
 - Know when and how to seek help and escalate concerns
 - Be comfortable in carrying out the tasks safely and correctly
 - Know what to do if the Service User refuses their medicine
 - Be monitored to ensure required standards are met

- One senior Care Worker is not authorised to delegate to other senior Care Worker

Wellspring Recruitment and Care Services Limited understands that within its duty of care, as a provider, Wellspring Recruitment and Care Services Limited may only accept this responsibility when they have, and can evidence that they have, sufficient numbers of staff trained in the way described above to meet the Service User's requirements for all days of the year and with all applicable visits.

4.9 Olajumoke Omolola will:

- Promote an open and honest culture at Wellspring Recruitment and Care Services Limited that supports the safe and secure handling of medication
- Ensure regular audit and monitoring that checks the standards of practice at Wellspring Recruitment and Care Services Limited

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- Ensure the frequency of audit is based on risk assessment
- Share the results of audits with the team at Wellspring Recruitment and Care Services Limited to improve learning and practice
- Ensure required actions are taken as necessary

4.10 Olajumoke Omolola is responsible for:

- Overseeing the quality of medication handling at Wellspring Recruitment and Care Services Limited by staff trained in medication administration
- Ensuring a culture of evaluation, learning and improvement at Wellspring Recruitment and Care Services Limited
- Ensuring any medication related incidents are identified, recorded, investigated, reported and escalated as required
- Ensuring any incidents are reviewed and practices changed if necessary
- Ensuring that good practice is shared with the team at Wellspring Recruitment and Care Services Limited

4.11 Service Users will be treated uniquely at all times, respecting their dignity, privacy and independence, choice and control.

If the Service User agrees, family and friends will have the opportunity to be involved in decisions, and will be given the information and support they need.

4.12 Protected Characteristics and Medication Management

Wellspring Recruitment and Care Services Limited will ensure that protected characteristics are considered when managing medicines. This includes the Service User's cultural and religious requirements which will be fully and carefully considered and may include but not be limited to:

- Vegetarians and people from some religious groups who do not want gelatin capsules or animal insulin (made from animal products)
- Having medicines given to them by people of the same gender
- The administration of medicines during religious festivals, including fasting
- Medicines including 'unclean' substances

4.13 Consent and Mental Capacity

Where the Service User lacks the mental capacity to make decisions, decisions will be made following the Mental Capacity Act 2005 requirements and in the Service User's best interests.

Please also refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure.

4.14 Safeguarding

Service Users will be safeguarded in relation to medication management.

Safeguarding issues could include:

- Deliberate withholding of medication without a valid reason
- Incorrect use of medication
- Deliberate attempt to harm through use of medication
- Accidental harm caused by incorrect administration or a medication error

4.15 Wellspring Recruitment and Care Services Limited recognises that it has legal, contractual and specific duties to manage medicines safely in accordance with statutory

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and regulatory bodies in England, and to follow best practice recommendations.

Wellspring Recruitment and Care Services Limited will ensure it follows relevant guidance from the National Institute for Health and Care Excellence (NICE) in the management of medications.

4.16 Roles and Responsibilities of Staff - The Registered Manager

Olajumoke Omolola is responsible for ensuring:

- Risk assessments are completed to support the safe and secure handling of medication
- Medication is readily available to Service Users when required
- That all staff involved in medication management are trained, assessed and competent to perform the activities required of them within their role, which is regularly reviewed to ensure safe and effective practice
- Assessments are undertaken regularly and documented
- Staff read and understand relevant medication related policies and procedures
- A mental capacity assessment forms part of a person-centred Care Plan and that consent to support with medication is obtained
- Where best interest decisions are required, this is done in collaboration with others involved in the Service User's care and is recorded and shared with the relevant staff
- The Service User's capacity in relation to the management of medication is reviewed regularly
- Service Users who are new to the service have their medicines listed by Wellspring Recruitment and Care Services Limited at the initial assessment and checked on the day that they begin service, and that the Ordering and Collecting Prescriptions Policy and Procedure at Wellspring Recruitment and Care Services Limited will be followed
- Medication reviews are part of (and align with) the Service User's care and treatment assessments, plans or pathways and that they are completed and reviewed regularly when their medication changes
- There is a culture that allows staff to report incidents. To achieve this, there will be systems to support:
 - Clear incident reporting
 - Investigations of incident reports, to decide whether to offer training to an individual or review existing procedures
 - Simple and regular audits of how things work
 - Reporting of serious incidents to the regulatory body and compliance with the Duty of Candour
 - Whistleblowing

4.17 Roles and Responsibilities - The Care Worker is responsible for:

- Ensuring that they only administer medicines that they have been trained and have been assessed as competent to give
- Being aware of their responsibilities if the Service User refuses to take their medicines
- Remaining up to date and participating in any training and supervision sessions
- Reading and following the policies and procedures at Wellspring Recruitment and Care Services Limited and seeking guidance if there are any areas of

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misunderstanding before supporting Service Users with medication management

- Reporting any concerns to their line manager as soon as they arise including errors or omissions
- Accepting the delegated task of administering or assisting with medicines, and taking responsibility for ensuring that their actions are carried out carefully, safely and correctly by following the suite of policies and procedures at Wellspring Recruitment and Care Services Limited
- Adhering to their training to ensure that their involvement is safe and effective

4.18 Should circumstances arise that are not detailed in this policy, advice must be sought from the most relevant healthcare professional such as a GP or other appropriate healthcare professional or pharmacist.

4.19 Related Medication Policies Available at Wellspring Recruitment and Care Services Limited:

- Ordering and Collecting Prescriptions Policy and Procedure
- Storage of Medication Policy and Procedure
- Administration of Medicines Policy and Procedure
- Controlled Drugs Policy and Procedure
- Covert Medication Policy and Procedure
- Homely Remedies and Self Care Policy and Procedure
- Medication Away from Home Policy and Procedure
- Medication Errors and Near Misses Policy and Procedure
- Safe Disposal of Medication Policy and Procedure
- Training and Competency on Medications Policy and Procedure
- Auditing and Monitoring of Medication Policy and Procedure

4.20 Medication Forms

The following medication forms for use can be found in the following policies:

- Administration Competency Assessment Form - Training and Competency on Medications Policy and Procedure
- Authorisation to Administer a Medication Under the Homely Remedies and Self Care Policy - Homely Remedies and Self Care Policy and Procedure
- Expiry Dates for Medication - Administration of Medicines Policy and Procedure
- GP Homely Remedies Agreement - Homely Remedies and Self Care Policy and Procedure
- Holiday or Day Leave Medication Tracker - Medication Away from Home Policy and Procedure
- Homely Remedies Competency Assessment - Homely Remedies and Self Care Policy and Procedure
- Homely Remedies Stock - Homely Remedies and Self Care Policy and Procedure
- Interim Medication Tracker - Ordering and Collecting Prescriptions Policy and Procedure
- MAR Audit - Auditing and Monitoring of Medication Policy and Procedure
- Medicine Administration Record (MAR) - Administration of Medicines Policy and Procedure
- Medicine Administration Record (MAR) Front Cover - Administration of Medicines

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Policy and Procedure

- Medication Administration Record (MAR) Audit - Auditing and Monitoring of Medication Policy and Procedure
- Medication Administration Competency Assessment Form - Training and Competency on Medications Policy and Procedure
- Medication Assessment Form - Overarching Medicines Management Policy and Procedure
- Medication Audit Form - Auditing and Monitoring of Medication Policy and Procedure
- Medication Error Route Cause Analysis - Medication Errors and Near Misses Policy and Procedure
- Medication Incident Report Form - Medication Errors and Near Misses Policy and Procedure
- Medication on Transfer or Discharge Tracker - Overarching Medicines Management Policy and Procedure
- Medication Reconciliation Tracker - Ordering and Collecting Prescriptions Policy and Procedure
- Medication Return Form - Controlled Drugs Policy and Procedure and Safe Disposal of Medication Policy and Procedure
- Over the Counter/Homely Remedies Authorisation - Homely Remedies and Self Care Policy and Procedure
- Protocol for As Required (PRN) Medication - Administration of Medicines Policy and Procedure
- Recommendation for Self-Care Product - Homely Remedies and Self Care Policy and Procedure
- Record of Medications Returned - Safe Disposal of Medications Policy and Procedure
- Self-Administration of Medication Risk Assessment - Overarching Medicines Management Policy and Procedure
- Specimen Signature Sheet - Administration of Medicines Policy and Procedure
- Suggested Expiry of Products from Date of Opening - Administration of Medicines Policy and Procedure
- Topical Medication Allocation Record (TMAR) - Administration of Medicines Policy and Procedure
- Transdermal Patch Application Record - Administration of Medicines Policy and Procedure



5. Procedure

5.1 INDEX:

- **5.2 Care Plans**
- **5.3 Medication Assessment**
- **5.4 Consent and Mental Capacity**
- **5.5 Confirmation of what Medication Support is Required**

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- **5.6 Types of Medicines Support within Domiciliary Care**
- **5.7 Self-Managed**
- **5.8 Self-Administration**
- **5.9 Agreed Location of the Medication at the Property**
- **5.10 Medicine Supply Systems**
- **5.11 Administering Medication**
- **5.12 Administration Dos and Don'ts**
- **5.13 Medicines Administration Records**
- **5.14 Covert Medication**
- **5.15 PRN Medication**
- **5.16 Controlled Drugs**
- **5.17 Swallowing Difficulties**
- **5.18 Ordering and Collecting Prescriptions, and Receipt of Medication**
- **5.19 Safe Disposal of Medication**
- **5.20 Sharps**
- **5.21 Gases**
- **5.22 Delegated Healthcare Activities**
- **5.23 Medication Review**
- **5.24 Medication Errors**
- **5.25 Stopping the Over Medication of People with a Learning Disability, Autism or Both (STOMP)**
- **5.26 Advice and Support**
- **5.27 Medication on Permanent Transfer from Wellspring Recruitment and Care Services Limited to Another Setting**
- **5.28 Sharing Information**
- **5.29 Keeping Service Users Safe**
- **5.30 Staff Training**
- **5.31 Governance**

5.2 Care Plans

All Service Users will have a medication Care Plan detailing how staff will support the Service User with their medication.

The Service User's medication or self-medicating Care Plan should include:

- How staff will support the Service User with their individual medicines
- Specific information relating to the health conditions being treated
- Use of specific medicines
 - When required medicines
 - Time-specific medicines
 - Covert medicines
- How the Service User likes to take their medication
- Service User personal preferences
- Medication side effects

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- Known allergies and reactions to medicines
- Ordering and collection of medication
- Monitoring and reviews required
- Family involvement
- Rescue medication
- Location of where the medication is kept at the property

A separate Care Plan may be required for medicines to manage specific conditions (e.g. diabetes, epilepsy)

5.3 Medication Assessment

At the pre-service assessment, an individual medication assessment will be carried out to find out how much support the Service User needs to carry on taking and looking after their medication themselves (self-administration).

A Medication Assessment Form and Self-Administration of Medication Risk Assessment can be found in the Forms section of this policy.

The Registered Manager is responsible for coordinating the risk assessment and deciding who should be involved for each Service User. This should include:

- The Service User
- Family members if the Service User wishes
- Medication trained staff who are trained and skilled in assessment
- GP or pharmacist as required to enable the Service User to self-medicate

Assessment should consider:

- Service User choice
- Risk to the Service User or to other Service Users regarding self-administration
- If the Service User can identify all the medication they are taking and what they are taking it for
- If the Service User can take the correct dose of their own medicines at the right time and in the right way (consider capacity and manual ability)
- If the Service User had problems with forgetting to take medication in the past
- How the medicines will be stored
- If the Service User understands the requirements for safe storage within Wellspring Recruitment and Care Services Limited
- How often the assessment will need to be repeated based upon Service User need
- The responsibilities of staff at Wellspring Recruitment and Care Services Limited which should be documented in the Service User's Care Plan
- The involvement of other health and social care practitioners (such as the GP and pharmacist) as appropriate, to help identify whether the Service User's medicines could be adjusted to enable self-administration

The outcome of the medication assessment is to determine the support needs of the Service User from the following options:

- Able to self-manage without assistance (self-caring)
- Able to self-manage with the use of administration aids
- Requires full or partial administration assistance (including the use of verbal reminders, sometimes referred to as prompts)
- Requires administration by specialised technique

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In practice this covers:

- Prompting or reminding people to take their medicines
- Helping people remove medicines from packaging
- Administering some or all of a person's medicines (The CQC 2022)

The Registered Manager will ensure that staff are trained to support Service Users as required.

5.4 Consent and Mental Capacity

- Consent will be obtained for medication administration
- When assessing the Service User's requirements and agreeing their Care Plan, consideration will be given to the Service User's mental capacity and ability to give informed consent
- The medication trained staff member will be guided by the principles of the Mental Capacity Act 2005 and the policies on consent and mental capacity at Wellspring Recruitment and Care Services Limited
- A record of the Service User's informed consent will be made in their care record
- The Service User should be deemed to have the mental capacity to make decisions about their care unless there is an indicator that they are unable to make decisions relating to their medication. Where an indicator exists that the Service User may not have the capacity to make decisions about their medication, Wellspring Recruitment and Care Services Limited will ensure that:
 - An assessment is completed in line with the Mental Capacity Act 2005 and, where required, a best interest decision will be recorded in the Service User's care record
 - Wellspring Recruitment and Care Services Limited recognises that Service Users should have the same opportunities to be involved in decisions about their treatment, and that Service Users should get the support they need to help them to take full part in making decisions
 - Where the Service User is unable to give valid consent due to mental incapacity, best interest meetings will take place. Where it is agreed that it is in the best interest of the person, including their medical interests, that the medication is administered, then formal authorisation for medication administration will be obtained and evidenced in the Service User's Care Plan and medication records
- Medication must not be used as a form of restraint to sedate people for the convenience of the staff. This is abuse and a breach of human rights
- This policy should be read in conjunction with the Deprivation of Liberty in Community Settings Policy and Procedure. This will ensure that consideration is given to mental capacity and whether the medication may constitute a deprivation of liberty
- Wellspring Recruitment and Care Services Limited will ensure that staff do not administer medicines to the Service User without their knowledge (covert administration) if the Service User has capacity to make decisions about their treatment and care. Staff should follow the Covert Medication Policy and Procedure

5.5 Confirmation of what Medication Support is Required

Following completion of a risk assessment, Wellspring Recruitment and Care Services Limited is responsible for agreeing on the medication support required and ensuring that the appropriate record keeping and training needs are met.

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Risk assessments and Care Plans should include:

- Obtaining or ordering medication
- Storage
- Keeping records
- Support required to take medicines if required
- Monitoring
- Disposal of unwanted medicines

The Service User's Care Plan and risk assessment will require review as needs change.

The Service User's EMAR will reflect the current medication for the Service User and be regularly updated where changes occur.

5.6 Types of Medicines Support within Domiciliary Care

The following describes how Wellspring Recruitment and Care Services Limited will support with medication management once an assessment has been completed

- Physically assisting with medication administration (where the Service User has been assessed as having mental capacity)
- Verbally assisting with medication administration (where the Service User has been assessed as having mental capacity)
- Administering medication
- Administering medication using specialised techniques after receiving further training
- No support required - fully independent with medication - self-managed

5.7 Self-Managed

When the Service User is assessed as having both the mental capacity and the physical ability to be able to fully undertake the medication process, and therefore needs no assistance from the Care Worker, they are considered to self-manage their medication.

- Support must be provided for the Service User to understand the medication process and encourage them to self-manage their medication
- The Medication Administration Record (MAR) does not need to be completed
- No assistance in any form will be given during any stage of the medication process
- This is for any prescribed or over-the-counter medication (including homely remedies) in any form (e.g. tablet, capsule, liquid, drops, spray, cream) and covers medication:
 - Supply
 - Storage
 - Preparation
 - Administration
 - Disposal
- Where any support is provided by the Service User's family, for example, then this must be detailed in the Care Plan
- The risk assessment must detail how medicines will be safely stored for the Service User to remain self-managing
- Service Users will be encouraged to seek regular medication reviews from their GP
- In order to protect the safety of the Service User and others, it is essential to assess the Service User's ability to manage their medications independently and safely.

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This assessment will include the following:

- Whether the Service User wishes to self-manage
- Identification that the Service User knows the medication they are taking, what it is for, and how and when to take it
- Understanding of how important it is not to leave the medicines lying around where someone else may take them accidentally
- The assessment and documentation will be stored in each Service User's Care Plan, and a copy held with the Service User's medication record when the Service User is self-managing their own medication. This will help to remind staff of the need to monitor any associated risks

5.8 Self-Administration

- Support will be provided for the Service User to understand the medication process and encourage them to self-manage their medication
- Risk assessments and Care Plans should include:
 - Obtaining or ordering medication
 - Storage
 - Keeping records
 - Support required to take medicines if required
 - Monitoring
 - Disposal of unwanted medicines
- The Service User must be observed administering their medication to ensure they are taking their medication safely and correctly
- Service Users must be encouraged to seek regular medication reviews from their GP
- The assessment and documentation will be stored in the Service User's Care Plan, and a copy held with the Service User's medication record when the Service User is self-administering. This will help to remind staff of the need to monitor any associated risks
- The Medication Care Plan will clearly detail any support required
- Where Wellspring Recruitment and Care Services Limited is responsible for ordering the Service User's medication and the Service User is self-managing, Wellspring Recruitment and Care Services Limited will keep an accurate list of the medication to ensure accurate reconciliation and support safe self-administration. The **Ordering and Collecting Prescriptions Policy and Procedure** should be followed
- Service Users should be able to get any medicines that need special storage at a time when they need to take or use them

Support for Service Users to Self-Administer:

- Reasonable adjustments could include:
 - Alarms
 - Multi-compartment compliance aids
 - Large print labels
 - Colour coded labels
 - Easy to open containers
- Reminders such as:
 - Reminder charts

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- Alarms
- Devices to help with inhalers or eye drops
- Providing the Service User with suitable information about their medicine. This includes explaining how to take it and any potential side effects

If staff identify a change that indicates it may no longer be safe for the Service User to self-manage, then staff must consult with the Service User's GP to determine if:

- The status is short-term or long-term
- The Service User requires a medication review
- Any new procedures are required in light of the information obtained from the above

A persistent or increasing need for a reminder may indicate that the Service User does not have the ability (or the wish) to take responsibility for their own medicine and this must trigger an urgent review of the Service User's Care Plan. The Registered Manager will be informed at all times.

Assistance from Wellspring Recruitment and Care Services Limited that Enables Self-Medication

This assistance from staff will not involve the Care Worker choosing or selecting medication for the Service User but will allow the Care Worker to verbally remind or physically assist the Service User to take their medication.

Verbal reminder - ask if they have already taken the medication or remind them to take their medication now (during the course of the visit).

Physical assistance - assist with opening the medication packaging under the direction of the Service User.

- When the Care Worker either provides physical reminders or verbal assistance this must be recorded on a EMAR to evidence that the support has been provided. Where EMAR records are supplied by external providers, the reference 'V' for verbal reminder will be used and 'P' for physical assistance will be used. This reference coding or chosen method must be clearly communicated to all staff involved in medication management
- The term 'prompt' will **not** be used in the Care Plan as this does not clearly define the activity the Care Worker is required to undertake. 'Verbal Reminder' or 'Physically Assist' gives a clearer indication of the type of support required of the Care Worker

Records:

- Support provided to the Service User in taking their medication will be recorded in the Service User's care records
- Supplying medicines (including controlled drugs) for self-administration will be recorded
- Where the Service User self-administers a medicine, this should be recorded on the EMAR as 'Self Medicating'. Individual doses taken by the Service User do not need to be recorded
- The Service User's Care Plan will require review as needs change

Wellspring Recruitment and Care Services Limited recognises that there may be situations where Service Users are keen to look after some medicines and not others. The Service User may keep an inhaler for immediate use but prefer staff to administer tablets. Self-management does not have to be all or nothing; an assessment must be undertaken with the person and documented in the Care Plan.

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5.9 Agreed Location of the Medication at the Property

Once the medication and capacity assessment (where applicable) have been completed and assistance has been identified, Wellspring Recruitment and Care Services Limited will liaise with the Service User and their family to agree a suitable location for storage of medication at the property. This will be logged on the Care Plan.

Where there has been a risk identified that the Service User would be in danger by accessing their medicines, or of causing themselves harm for example, then a decision may be needed to store medication securely away from them (for example, in a locked box/safe). This is an important and sensitive decision which may deny the Service User their rights. Wellspring Recruitment and Care Services Limited understands that it may be necessary to liaise with family members who hold lasting power of attorney for health and welfare in this instance.

Where the Service User has been assessed as lacking mental capacity, a best interest decision may be required. The decision must be documented on the risk assessment. The decision must be reviewed at least 6 monthly and as and when a change occurs.

Any decisions which may breach the Service User's rights will be considered in line with the Mental Capacity Act 2005 and Code of Practice.

Further detail can be found in the Storage of Medication Policy and Procedure.

5.10 Medicine Supply Systems

The two widely used systems to provide medicines to Service Users are:

- Original packs
- Monitored dosage systems (which may be single-dose or multi-dose)

The Royal Pharmaceutical Society (RPS) and National Institute for Health and Care Excellence (NICE) have both said that a multi-compartment compliance aid (MCAs) sometimes referred to as a monitored dosage system (MDS) or blister pack, should not be the first choice to help people manage their medicines.

They recommend the original packs of medicines as the preferred choice for the supply of medicines in the absence of a specific need for a monitored dosage system.

Care Workers administering medication must be trained and competent to use systems adopted at Wellspring Recruitment and Care Services Limited for medicines.

5.11 Administering Medication

The Service User will have been assessed as requiring care staff to administer medication possibly due to impaired cognitive awareness, sensory disability or through physical disability or their expressed wish.

Preparing to Administer Medication

Staff must refer to the Service User's Care Plan for specific detail regarding medication administration for each Service User.

Check where the Service User's medication is stored before starting medication administration.

Staff should not remove medication that requires refrigeration from the fridge until immediately prior to administration (unless it needs to reach room temperature prior to

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administration).

Wash hands with soap and water at beginning and end of medication administration.

Equipment:

- Medicine pots, medicine spoons, tablet cutter
- Gloves
- Clinical waste bag (if applicable)
- Paper and pen
- EMAR
- Water

Procedure for Administering Medication

Wellspring Recruitment and Care Services Limited will ensure that all staff are trained to record what they do when they do it. As medicines are administered, if verbal reminders or physical assistance are provided, these must be recorded immediately and signed for by the person providing the medication support.

If providing physical administration support with medication

- Wash your hands
- Check the EMAR front record for the Service User's identity, allergy status and special instructions
- Check how the Service User likes to take or have their medication administered:
 - From the pot
 - From a spoon
 - From a syringe (liquid)
 - Tipped into their hand (tablets, capsules)
- Check the EMAR to see if any medication is due at this time
- Confirm Service User's identity
- Check the Service User consents to have their medication. Where the Service User lacks capacity, check that a best interest decision is in place
- Position the Service User comfortably so they can swallow the medication if required
- Check the EMAR:
 - Date and time of the dose due and the previous dose
 - Medicine name, dose, form and route of administration
 - Duration/frequency of therapy
 - Prescribed dose has not already been given and signed for
 - Maximum dose of a variable 'as-required' prescription is not exceeded
 - Medication has not been changed
- Check any additional charts for administration:
 - Warfarin
 - Topical application charts/body maps (creams and patches)
- If there are any concerns regarding the EMAR, if it is unclear, DO NOT GIVE. Seek advice from the Registered Manager or GP

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- Select the correct medicine for administration
- Check the medication due on the EMAR against the medication label or MDS following the Rights of Administration
- If boxed medication, check the strip inside the box also matches against the EMAR
- If the medicines label and EMAR do not appear to match, then advice should be sought from the Registered Manager before administration
- Check the expiry date
- Check any special instructions on the dispensing label
- If a running stock balance is recorded:
 - Count the medication in the box, check this against the previous day/dose balance. If it is not correct, seek a medication trained staff member to double check. Report a possible medication error to the Registered Manager
- Check the required dose due
- Select, prepare/pot the medication due; avoid touching oral medication:
 - Liquid medication should be prepared in separate pots or syringes; you should never mix different liquid medication together in the same pot or syringe
- If the medicine requires preparation (e.g. reconstitution or dilution), the Care Worker must ensure that they are aware of the correct method for preparation, that appropriate diluents are used and that the expiry dates of prepared products are considered
- Pot and dot is a technique often taught:
 - When the medication is prepared by putting it in the medication pot, or getting it ready (e.g. cream), the staff member places a dot in the signature box for that medication as a reminder of each medication prepared
 - This method also serves as a reminder to go back and sign for each medication prepared, as to whether taken or refused
- Update the stock balance if recorded
- Repeat the above steps for each medicine due at this time
- Check the EMAR again, counting dots along with the number of medications prepared

Multi-compartment Compliance Aid

For Service Users who have their medication issued from the pharmacist in a multi-compartment compliance aid, the Care Worker must ensure that the medicines match the descriptions outlined on the pack. It is good practice to write the date and time of day the pack was started to ensure that all staff are aware how many slots should remain. Care Workers should not tip the medicines out from the box to avoid losing medication from another slot that could be loose. Instead, they should use a spoon to remove the medication from the slot.

Administering Medicine to the Service User:

- For oral medication, ensure the Service User is sitting upright
- Oral medicines should be swallowed with plenty of water, at least half a glass
- Support the Service User with taking the medication
- Check that the medication has been taken
- Administer any other medications (creams, eye drops, inhalers)

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- Medicines must never be left with the Service User to take later
- Dispose of used equipment in a clinical waste bag if appropriate
- Dispose of the medicine pots, syringes according to local policy
- Clean your hands

Documentation:

Care Workers should record the medicines support given to each Service User, whether this be prompting or reminding people to take their medicines, helping remove medicines from packaging or administering some or all of the Service User's medicines.

- Immediately after administering the medication, Care Workers must sign the EMAR to record that the medicine has been given and taken by the Service User
- Running stock balance where appropriate:
 - Recording a running stock balance on the EMAR - aids in the audit trail
 - If recording a running stock balance, staff must count the medication to record an accurate balance
 - Staff must not just deduct the amount given from the previous balance documented; this can lead to incorrect recording

Declining Medication

In supporting the Service User with their medication, Wellspring Recruitment and Care Services Limited recognises that there will be times when the Service User declines to take their medication for a variety of reasons. In these instances Care Workers will:

- Allow the Service User time to reflect on their decision and repeat the request to administer their medication
- Never force the Service User to take medication
- Where the Service User continues to decline the medication, record the refusal on the EMAR and within the daily log, stating the reason for the refusal. If the EMAR has a code for non-administration, this can be used. Report the refusal to the Registered Manager immediately
- State the reason for the refusal to the Registered Manager; it may be that there are clear reasons for the refusal (such as the Service User experiencing swallowing difficulties, fear or anxiety)
- Where refusal of medication relates to critical or time sensitive medication, such as diabetic medication, seek urgent medical advice from the GP or 111
- Document in the Service User's Care Plan
- Tell the Service User's GP or prescribing health professional about any ongoing refusal and inform the supplying pharmacy, to prevent further supply to the Service User
- Where medicines have been removed from a container for administration, do not return them to the container; they should be disposed of according to the Safe Disposal of Medications Policy and Procedure at Wellspring Recruitment and Care Services Limited
- Where the Service User lacks capacity and is declining to take medication, report to their GP immediately and a best interest decision will be made in relation to their administration of medication
- Follow the instructions from the GP and update the Service User's Care Plan accordingly

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Staff should refer to the **Administration of Medicines Policy and Procedure** at Wellspring Recruitment and Care Services Limited.

5.12 Administration Dos and Don'ts

Dos

- **Do** only administer medication if you have been trained and assessed as competent and are confident to do so
- **Do** always check the medication and EMAR, **don't** rely on memory
- **Do** make sure that medication is given at the time agreed on the Care Plan and MAR. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the Medication Administration Record
- **Do** always follow the 6 Rights of Administration
- **Do** follow infection control procedures as required for different routes of administration
- **Do** make sure that medicines are given only to the Service User for whom they are prescribed, following the prescription instructions
- **Do** give medicines from the container in which they are supplied. Medication doses will not be put out in advance (potted up) as this can lead to errors and accidents
- **Do** check where the Service User's medication is stored before starting medication administration. You will find this information on the Care Plan. It may be in the refrigerator or separate jars or tubs
- **Do** always ask the Service User if they want to take their medication before removing it from the pack. If they decline to take the medication try again a little later. The refusal must be documented, and the GP or Pharmacist/111 telephoned for advice
- **Do** transfer the medication from the bottle or pack into a medication pot and give this directly to the Service User
- **Do** mark any medication that has a short shelf life after opening with the date after which it will not be used on the container
- **Do** hand over all information regarding changes to medications administration to relevant staff and ensure that they have received and understood the message
- **Do** ensure that you return the medication to the same location as you found it. This is especially important if it is kept in a locked Medisafe
- **Do** ensure that there is sufficient medication available in case of emergencies and that Service Users' medicine is available in the necessary quantities at all times. This includes when people manage their own medicines
- **Do** label the front of a multi-compartment compliance aid when you start the pack. Clearly state the day, date and at which visit it was first used

Don'ts

- **Do not** prepare medication from its original container and give it to another member of staff to give to the Service User, as the person preparing the medication must administer and witness the Service User taking the medication
- **Do not** prepare medicines in advance for administration and leave out for the Service User to take at a later time unless this has been risked assessed as safe with the particular Service User - for example, if they have capacity but are physically unable to remove from the packet themselves
- **Do not** rush

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- **Do not** be distracted
- **Do not** handle medication but transfer to the medication pot in a non-handling, clean method. A small clean teaspoon or coffee spoon is useful. Do not be tempted to tip the entire monitored dosage pack/blister pack over in case another one of the sections is loose
- **Do not** use part-used medication that has been dispensed for one Service User, and is no longer required, for any other Service User
- **Don't** sign the EMAR when preparing the medication, only after the Service User has taken it

5.13 Medicines Administration Records

Wellspring Recruitment and Care Services Limited is required to keep appropriate records of all medicines prescribed and administered to Service Users. This is required under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines administration records, also known as MARs or EMARs, are for recording the administration and non-administration of medicines. This includes all prescribed medications for the Service User, such as tablets, dressings, creams and medical devices.

Medication administration records can be:

- Paper-based
- Electronic

Pharmacies supplying medicines to Service Users should produce medicines administration records wherever possible. (NICE 2014)

Wellspring Recruitment and Care Services Limited should ensure that a new, handwritten medicines administration record is produced only in exceptional circumstances. It must be created by a member of staff with the training and skills for managing medicines. The new record should be checked for accuracy and signed by a second medication trained and skilled member of staff before it is first used. (CQC 2025)

Wellspring Recruitment and Care Services Limited should ensure that EMARs include:

- A section with the Service User's full name, date of birth, GP and allergies
- Details of any medicines the Service User is taking, including the name of the medicine and its strength, form, dose, how often it is given and the route it is given
- Known allergies and reactions to medicines or their ingredients, and the type of reaction experienced
- When the medicine should be reviewed or monitored
- Any support the Service User may need to carry on taking the medicine
- Any special instructions about how the medicine should be taken (such as before, with or after food)

Some medicines may also require a separate administration record:

- Warfarin or Insulin Administration Chart (where a variable dose can be recorded)
- Emollient or other topical cream record chart
- Transdermal Patch Application Record

When a medicine has a separate administration record, staff should add a cross-reference to the EMAR for example, 'see warfarin administration record'.

Care Workers should ensure that all information included on the Service User's EMAR is up to date and accurate. Where appropriate, staff should contact the Service User's GP or

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supplying pharmacist to do this.

Medication administration records should be retained by Wellspring Recruitment and Care Services Limited for at least 8 years after the Service User's care has ended with Wellspring Recruitment and Care Services Limited.

Where electronic MARs are used, these must comply with data protection regulations and clearly demonstrate which staff member has made the entry.

5.14 Covert Medication

Covert medication administration can only occur when the Service User has been assessed under the Mental Capacity Act 2005 and there has been a careful assessment of the Service User's needs. Multidisciplinary written agreement of the decision, the action taken and the names of all parties concerned (including the Service User's GP, pharmacist and relatives/advocate) must be obtained and documented in the Service User's Care Plan.

In this instance, the Care Plan will outline:

- Why it has been decided that the Service User should receive their medication covertly
- What actions staff will take to give the Service User their medication in the usual way
- If this is not successful, how medicines will be administered covertly
- Pharmacy instruction of how to administer covertly
- What to do if the Service User refuses to take the food or drink containing the medication

All Service Users and situations are considered uniquely and the support provided reflects this.

Where covert medication administration is used, the following principles will be seen as good practice:

- **Last resort** - Covert medication administration must only be used when all other options have been tried
- **Time limited** - It must be used for as short a time as possible
- **Regularly reviewed** - The necessity for a covert medication administration plan will be regularly reviewed
- **Transparent** - The decision-making process must be easy to follow and clearly documented
- **Inclusive** - The decision must be a team one and will not be taken by one person in isolation. People closest to the Service User will be involved in the decision
- **Best interests** - All decisions will be made in the Service User's best interests, having undertaken a holistic assessment of the impact of covert medication administration on the Service User

Further detail can be found in the Covert Medication Policy and Procedure.

5.15 PRN Medication

Some medicines are prescribed for the Service User to take when they require them, not at set times. 'When required' is often used when prescribing medication for nausea, vomiting, pain, indigestion, anxiety and insomnia.



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All PRN medication must have details on the medication label and EMAR detailing the maximum dose (how much) of the medication that can be given as well as the maximum frequency (how often) that it can be given. It must clearly state 'as required' or 'as necessary'.

When required medication should be kept in its original packaging; this allows the checking of expiry dates. When required medication should be held in suitable quantities.

Each PRN medication the Service User is prescribed should have a separate protocol or Care Plan. A **PRN Protocol** should be kept with the EMAR, and should include:

- The reasons for giving the 'when required' medicine, what condition the medicine is for
- What the medicine is expected to do
- Dose instructions:
 - Maximum amount to take in a day
 - Minimum interval between doses
 - Should be clear as to what dose should be given
- Signs or symptoms to look out for and when to offer the medicine. Include if the Service User can ask for the medicine or if they need prompting or observing for signs of need. For example, non-verbal cues
- How the medicine will be offered to the Service User when they are experiencing the symptoms
- Appropriate alternative support. It should also include interventions to use before medicines
- Where more than one 'when required' medicine is available for the same condition, it should state how and in what order they will be administered
- When to review the medicine and how long the Service User should expect to take it. For example, what to do if the medicine is taken regularly or not used for a long period of time
- What records to make (see Recording Administration below)

All staff should read the 'when required' medicine protocol before administration, and also check when the medication was last given to ensure it is safe to administer at that time.

The medicine should be offered when needed by the Service User and not just during 'medication rounds'. The Service User's response to the 'when required' medication should be recorded.

Recording Administration of a 'When Required' Medication:

- It is recommended that only administration is recorded on the EMAR
- Staff should record:
 - The quantity given if variable dose, e.g. 1 or 2
 - The time given (It is essential that the time is documented to allow the correct interval between doses to be calculated)
 - The reason for administration, e.g. pain
 - Signature
 - Any other relevant supporting information regarding the administration
 - For paper MAR charts, the reverse can be used to document additional information

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- If the Service User is assessed by staff as requiring the 'when required' medicine, and subsequently refuses to take it, this should be marked as a refusal on the EMAR
- A remaining stock balance

Medicines Used to Manage Behaviour:

Staff should know how to support the Service User in a different way before using a medicine to support behaviour. This should be detailed in the Service User's Care Plan.

A PRN Protocol can be found in the forms section of the Administration of Medicines Policy and Procedure.

5.16 Controlled Drugs

In domiciliary care, controlled drugs (CDs) will be received and stored in the same way as all other prescribed medicines in the Service User's home unless, where required, a risk assessment details a need for them to be stored differently.

Wellspring Recruitment and Care Services Limited recognises that there is a risk of some medicines being abused and that they could be stolen.

Risks could include but are not limited to:

- Multiple visitors to the home
- Memory problems

Where the CDs are stored will be clearly documented in the Service User's Care Plan.

Any concerns in relation to the storage of a controlled drug must be reported to Olajumoke Omolola immediately.

Administration:

In addition to the procedures relating to the administration and recording of other medicines outlined in the Administration of Medicines Policy and Procedure, the following procedures must be carried out when administering controlled drugs:

- A running total will be kept to ensure that they can all be accounted for
- The stock balance should be confirmed prior to proceeding with administration
- If incorrect, the Registered Manager must be informed

Recording:

- Administration of the controlled drug must be recorded on the Service User's EMAR and documented in the care visit record
- The EMAR must clearly indicate when medication is a controlled drug by typing or writing 'CD' beside the drug name
- It is essential for controlled drugs that there is a single record for recording the administration of medication when care is shared by providers and/or families
- The strength of liquid controlled drugs must be clearly marked as x mg/ml on the EMAR next to the drug name
- The dose of medicine must always be placed on a separate line, e.g.
 - Oramorph 10mg/5mL Oral Solution
 - TWO 5ml spoonfuls taken when required up to 4 times daily
- There must be a clear running total for all CDs

Oral Liquid CDs

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- These must be measured and administered using an oral/enteral syringe. These are available from the pharmacist
- Where possible, the top of the oral liquid bottle will have a press-in bottle adaptor of the correct size inserted to ensure that the dose can be measured accurately
- The dignity of the Service User must be maintained at all times when administering oral liquids
- Liquid oral controlled drugs must **always** have the dose clearly indicated **only** as the **volume in millilitres (ml)** on the EMAR
- Pharmacy medication labels will always show the dose in this way, e.g. TWO 5ml spoonfuls (a 5ml oral syringe is equivalent to a 5ml spoon for measuring, and the syringe must be used as there is less chance of spillage)

Medicinal and Food Grade Cannabis Products

Cannabis based products for medicinal use (CBPMs) are controlled drugs.

Over-the-counter food grade cannabis products as food supplements are not medicines, and if purchased for one's own (or a relative's) use, a risk assessment must be in place.

Further detail can be found in the Controlled Drugs Policy and Procedure.

5.17 Swallowing Difficulties

If the Service User is experiencing difficulty in swallowing some or all of their oral medications, staff should contact the Service User's GP and pharmacy.

There are various options available, such as:

- Does the medication, if tablet, come in a different form - liquid, dispersible, patch?
- Can the tablet be safely crushed or capsule safely opened (only to be done if agreed by the pharmacist)?
- Is it safe to give the medication with soft food (only if agreed by pharmacist and with the Service User's knowledge; this is not covert administration)
- Does the Service User need assessment by a Speech and Language Therapist?

5.18 Ordering and Collecting Prescriptions, and Receipt of Medication

Medicines Reconciliation:

- The Service User's medicines must be reconciled/listed as part of the assessment and Care Plan process and when Wellspring Recruitment and Care Services Limited completes the initial assessment for the service, (where it is agreed that Wellspring Recruitment and Care Services Limited will be supporting with medicines)
- Medication trained staff responsible for this will document the medicine reconciliation to ensure that there is a clear audit trail
- Any discrepancies must be resolved and any changes documented
- The Registered Manager should be informed of any discrepancies

Ordering and Collecting Prescription

When required as part of the agreed Care Plan, staff will manage the ordering and collection of prescriptions for the Service User.

Where Service Users choose for Wellspring Recruitment and Care Services Limited to order medication on their behalf, a medication ordering system for Service Users will

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ensure that the correct medicines are supplied in a timely manner to meet their needs, with minimum waste.

The following principles will be followed to ensure that an effective ordering system is in place:

- Medication will only be ordered when this is part of the agreed Care Plan
- Where staff are responsible for ordering medication, they must record the:
 - Name, strength and quantity of medicine ordered
 - Date of order
- Once medication is received, staff must also record the:
 - Date medicines were received
 - Any discrepancies between what was ordered and received

Ordering Process:

- Wellspring Recruitment and Care Services Limited will have a designated, named person(s) and a deputy who process the regular repeat medication order
- Protected time will be available to order medicines and check medicines delivered to Service Users
- If the Service User is refusing/having difficulties with swallowing medication, this must be highlighted to the prescriber in advance of re-ordering
- Medication will be ordered at 28-day intervals with sufficient time available for prescriptions to be issued, checked, dispensed and delivered
- Staff must be accurate regarding stock levels of medication and where it applies, this will be recorded in the carried over section on the new EMAR
- Requests for repeat medication will be submitted using the repeat medication format of the Service User's GP/pharmacy and records will be maintained of what has been ordered
- Time must be made available for Wellspring Recruitment and Care Services Limited to check completed prescriptions from the GP/pharmacy for accuracy
- Wellspring Recruitment and Care Services Limited must be alerted to any medication that has been discontinued so this can be removed from the MAR. This may include requesting the GP/pharmacy to complete the medication discontinuation record on the MAR/pharmacy copy

Collecting a Prescription - General principles:

- A risk assessment must be carried out, taking into consideration the transportation of the prescription, in particular, where the Care Worker may not be going straight to the Service User's home and may have a care visit in-between. Consideration must also be given for any cold-chain medicines or medicines liable for misuse such as controlled drugs
- Staff at Wellspring Recruitment and Care Services Limited can collect a repeat prescription for the Service User from:
 - The GP surgery
 - Local pharmacy, if they offer a prescription collection service from the GP
- Staff can take a prescription form to the pharmacy to collect the Service User's medication
 - The Service User must complete Part 1 on the back of the prescription form (FP10)
 - The member of staff, as the Service User's representative, must complete Parts 2 and 3

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- If the Service User has to pay prescription charges, the correct amount must be entered in Part 2
- If the Service User is exempt, the Care Worker may be asked to show evidence of the exemption, e.g. an exemption card
- Staff must remember to take their identification badge from Wellspring Recruitment and Care Services Limited as well as another form of ID

Obtaining Medication in an Emergency:

- If the Service User urgently needs medicine, Wellspring Recruitment and Care Services Limited must contact their GP immediately to arrange a prescription
- If this is not possible, a pharmacist may be able to support in an emergency, subject to certain conditions

Receipt of Medication

- A suitably competent and trained member of staff must check that medicines received are correct by comparing them to a copy of the Service User's current prescription
- If the medicines do not match the copy of the prescription, staff must not administer them and must contact the supplying pharmacy immediately to rectify the mistake
- Medication trained staff must record on the individual Service User's MAR the quantity received, the date of receipt and the initials of the person receiving the medicine. This must be double checked and signed by a second person who is suitably trained
- Where a further supply or balance is received, staff must record this in the same way
- Where paper MARs are in use, if a printed MAR is not received with the medicines, staff must
 - Make a written entry on the Service User's existing MAR or a new MAR
 - This must only be completed by trained members of staff
 - Any written additions must be checked by a second medication trained staff member
- Accurate balances will be kept of carried over stock and newly received medication, and this will be evidenced within the MAR

5.19 Safe Disposal of Medication

The disposal of medicines is regulated by The Controlled Waste (England and Wales) Regulations 2012. Under these regulations, medicines fall under the category of clinical waste.

In the Service User's own home, clinical waste is treated as household waste, and medicines should be returned to the pharmacy that supplied them for disposal.

The Registered Manager is responsible for ensuring that this is determined within the Service Level Agreement with the pharmacy.

General Disposal Procedures

Where the administration of medication is required as part of the Care Plan:

- Unwanted medicines (including partially used containers) must be returned to the pharmacy that supplies the Service User if they have appropriate arrangements in place and agree to disposal

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- Medicines no longer required by the Service User should be disposed of with their consent
- All unused medications will be disposed of in the disposal container supplied by the pharmacy and covered by a written record of the returns
- Service Users' prescribed medication that is no longer required must never be used for any other Service User
- Refused medication should not be returned to the packaging, but must be disposed of in the correct manner. Medication that is refused after it has been in the Service User's mouth should be safely put into a yellow clinical waste bag if available
- Medicines for disposal must be stored securely and separately from medicines that are in use
- Do not dispose of medicines through the sewage system
- Do not remove tablets or capsules from blister strips
- Any queries relating to the correct way to dispose of medication should be discussed with the advisory pharmacist

Disposal of Liquid Medication

In the event of a Care Worker measuring a dose of oral liquid medication and the Service User then refusing to take it, the following actions will be taken:

- Do not return the dose to the medicine bottle
- Place it in a suitable container, as available
- Mark it as waste and name the medicine
- If it will not be going to the pharmacy immediately, ensure that it is stored securely and removed as soon as possible

The Care Worker must make an entry in the Communication and the Visit Log indicating that the dose has been disposed of, and the appropriate record will also be made on the MAR. The Care Worker must also inform Wellspring Recruitment and Care Services Limited.

Disposal of Patches

Old patches will be disposed of by folding back and sticking the adhesive sides together and then disposing of them safely as directed in the Patient Information Leaflet, or in a clinical waste bag if they have been issued.

Inhaler Disposal

Empty inhalers or medicated aerosols should be returned to the community pharmacy for proper disposal.

Other Empty Containers/Bottles

Other empty containers or bottles must be thoroughly rinsed out and placed in domestic waste.

Death of the Service User

If any Service User dies suddenly or unexpectedly, medication including any controlled drugs will not be removed from the home without prior permission from the Coroner as they may be required by the Coroner.

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5.20 Sharps

Wellspring Recruitment and Care Services Limited has applied the principles outlined in the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 by embedding the following practices into the procedures held within this policy:

- Avoiding the unnecessary use of sharps
- Using safer sharps (incorporating protection mechanisms) where sharps use cannot be avoided
- Preventing the recapping of needles
- Placing secure containers and instructions for the safe disposal of medical sharps close to the work area
- Ensuring that sufficient information, instruction and training are provided to all staff
- Ensuring that all employees are aware of their duty to notify Olajumoke Omolola of a sharps accident
- Recording and investigating any sharps incident
- Ensuring that arrangements are in place for prompt, effective treatment and follow-up of a sharps injury
- Ensuring that injury and risk of infection to Service Users, staff and others from sharps injuries are adequately assessed and appropriate control measures are in place

Wellspring Recruitment and Care Services Limited has assessed significant risks to the health and safety of its employees and Service Users. This includes the assessment of risk associated with the use, handling and disposal of sharps.

The findings of any such risk assessment are documented and form part of the action plan of Wellspring Recruitment and Care Services Limited to reduce the risks of injury. Such action plans are time-sensitive. The results of the risk assessment are shared with anyone identified as being at risk.

Sharps Disposal

Whoever uses a sharp is responsible for its disposal, e.g. the Service User if self-injecting, or the Care Worker if they used the sharp on the Service User.

Sharps should be disposed of immediately after use into an appropriate sharps container:

- Yellow lidded sharps container for sharps contaminated with medicines (such as insulin needle/syringes)
- Orange lidded sharps container for sharps not contaminated with medicines, such as lancets for checking blood sugar levels

The following safe practices are followed by Wellspring Recruitment and Care Services Limited when using sharps containers:

- They are portable enough to take to the site of a procedure
- The temporary closure mechanism used when not in use
- They must be correctly assembled, with the lid securely fastened to the base and dated, signed and the location recorded when assembled
- They must be situated in a safe and secure place, not accessible to Service Users or visitors
- Sharps containers must not be used for any purpose other than the disposal of sharps

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- Sharps containers must be disposed of when the 'fill line' has been reached.
- The opening must be 'locked' prior to disposal
- The sharps container should be disposed of as per local arrangement, e.g. returned to the GP surgery or pharmacy. They should not be disposed of in bin bags/wheelie bins

Staff should refer to the Sharps and Needlestick Policy and Procedure for further guidance.

5.21 Gases

Oxygen Use Support

Staff will have access to manufacturers' guidelines for the safe use of oxygen equipment and appropriate training to ensure that they can use it safely.

Oxygen will be managed, stored and used in line with national guidance and manufacturers' recommendations.

Staff can expect to receive clear guidelines around the prescription of oxygen, the prescribed dose and how this will be managed. This will be evidenced within the Service User's Care Plan.

Risk Assessment

A risk assessment must be conducted and documented to assess the risks related to the use of the product and to select the personal protective equipment (PPE) that matches the relevant risk.

The following recommendations must be considered:

- Personal protective equipment for the body must be selected based on the task being performed and the risks involved
- Carry out a COSHH (Control of Substances Hazardous to Health) assessment for oxygen
- Obtain an Oxygen Material Data Sheet and implement any procedures and/or changes identified

The risk assessment must be reviewed regularly, or as changes occur.

For oxygen that is not portable, ensure that the Service User has suitable footwear on around the home and that there are clear walkways where they will not trip over the oxygen wires.

Further detail can be found in the Oxygen Use Policy and Procedure.

Medical Air

Used to power medical devices such as nebulisers.

Further information can be found in the Medical Devices Policy and Procedure.

5.22 Delegated Healthcare Activities

A delegated healthcare activity is a task or intervention that a regulated healthcare professional delegates to a Care Worker.

The type of delegated activity will depend on the agreed protocols at Wellspring Recruitment and Care Services Limited.

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Care Workers undertaking delegated healthcare activities can mean timely and flexible delivery of activities, resulting in better continuity and person-centred care. Safe and effective delegation to Care Workers can bring wider benefits to the Service User including greater choice, control and quality of life, providing more flexibility to suit their needs and lifestyle.

Safe and effective delegation of healthcare activities at Wellspring Recruitment and Care Services Limited has the Service User requiring care at the centre of the process.

An example of a delegated healthcare activity in medication may include administration of medication by a specialised technique.

Identification of the skills and knowledge needed to carry out the delegated task will determine the most appropriate staff member to carry out the task. Agreement of delegation by both the professional delegating and the delegate is essential to establish where accountability and responsibility for undertaking the tasks lie.

Accepting Delegated Activities

The delegate has a responsibility:

- For agreeing to undertake the task in accordance with their competence and instructions from the person delegating
- To only undertake delegated tasks approved by Olajumoke Omolola
- To perform the activity well, following the Service User's Care Plan
- To communicate changes and conditions which affect their competency
- For maintaining their records of competency which can be produced when requested
- To refuse to undertake a delegated task if:
 - They do not have the skills, knowledge and experience to carry it out safely
 - The activity is something that they have not done before or that is not part of normal duties
 - There are not sufficient support and supervision to carry out the intervention safely and competently
- To understand their limitations and recognise when they should not proceed with care should the circumstances within which the task has been delegated change
- To escalate untoward Service User changes and circumstances
- To raise concerns with Olajumoke Omolola and inform the person delegating if they do not feel competent or confident to undertake the activity that has been delegated to them

Accountability and Delegation

Care Workers are accountable for their actions. They have social, ethical and legal contractual accountability and are responsible for the tasks they undertake. Care Workers must follow the Service User's Care Plan and not perform any delegated duties outside of their competence and training.

When an issue or incident rises, if there is a risk of Service User harm or there is actual harm, Wellspring Recruitment and Care Services Limited will need to review the decisions and actions of the delegator and delegatee to establish whether the root cause analysis (RCA) was unsafe, or inappropriate delegation or acceptance.

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Further detail can be found in the Delegated Healthcare Activities Policy and Procedure.

5.23 Medication Review

The Service User's GP is responsible for arranging medication reviews as set out in the Service User's Care Plan.

The interval between medication reviews will be no more than one year. Best practice states a review is conducted whenever a medicine is started, stopped or changed and when the Service User moves between care settings.

Wellspring Recruitment and Care Services Limited will agree with the Service User's GP how often they will be offered a multidisciplinary medication review. This will be based on the health and care needs of the Service User, but the Service User's safety will be the most important factor when deciding how often to do the review.

More frequent reviews should be considered for Service Users:

- Entering the end of life phase
- Diagnosed with new conditions
- Requiring frequent or complex monitoring

The frequency of planned medication reviews will be recorded in the Service User's Care Plan.

The medication review should involve the Service User and/or family members, and a local team; this could include:

- The GP
- The pharmacist
- A medication trained staff member at Wellspring Recruitment and Care Services Limited
- A community matron or specialist nurse
- A practice nurse

If Wellspring Recruitment and Care Services Limited is in attendance, they will discuss and review the following during a medication review:

- The purpose of the medication review
- What the Service User and/or their family members think about the medicines and how much they understand
- The Service User's and/or their family members' concerns, questions or problems with the medicines
- All prescribed, over-the-counter and complementary medicines that the Service User is taking or using, and what these are for
- How safe the medicines are, how well they work, how appropriate they are, and whether their use is in line with national guidance
- Any monitoring tests that are needed
- Any problems the Service User has with the medicines, such as side effects or reactions, taking the medicines themselves, and difficulty swallowing
- Helping the Service User to take or use their medicines as prescribed (medicines adherence)
- Any more information or support that the Service User and/or their family members or carers may need

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Following the review, the Care Plan and EMAR should be updated and all staff supporting the Service User's care informed of any changes.

5.24 Medication Errors

These are incidents where an error in the medication process has occurred. This is regardless of whether any harm to the Service User has occurred. They could be:

- Prescribing errors
- Preparing errors
- Dispensing errors
- Medicines administration errors
- Monitoring errors
- Providing incorrect advice on medicines

Administration errors by staff can include:

- Medication given to the wrong Service User
- Incorrect medication given to the Service User, (the administration of medication which has not been prescribed)
- Incorrect dose given, too much or too little medication given
- Medication given via the wrong route
- Medication not given
- Medication given more than once
- Medication given at the wrong time
- Medication not documented
- Medication given after being discontinued
- Wrong dose interval
- Not following 'warning' advice when administering, e.g. take with or after food
- Giving a drug to which the Service User has a known allergy
- Giving a drug past its expiry date or which has been stored incorrectly

Medication errors are not the same as adverse drug reactions.

Action to be Taken by a Member of Staff Involved in a Medication Error or Near Miss

The following actions should be taken:

- As soon as the error or near miss is identified, assess the Service User's condition to establish if the Service User has suffered any harm
- If harm has occurred and the Service User is unwell, call 999
- If the Service User does not appear immediately unwell, report the incident to the doctor responsible for the Service User's care. During out of hours contact 111. Advice should be clearly documented in the Service User's records
- Discuss and agree who will inform the Service User that a medication error has occurred
- Document the nature of the incident in the Service User's records
- Report the incident immediately to Wellspring Recruitment and Care Services Limited and record it
- If the incident involves a dispensing error, inform the relevant pharmacy immediately

Action to be Taken by the Senior Member of Staff/Registered Manager

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The following actions should be taken:

- Check the medical status of the Service User if relevant, and check if any harm has occurred
- Ensure that all appropriate support has been offered to the member of staff involved in the incident
- Confirm that the Service User's GP has been informed and that the incident has been reported
- Ensure that the incident is recorded on the Service User's notes and an incident log made. A Medication Incident Report Form can be found in the Forms section of this policy

Once the Service User is stable, the person in charge/senior manager/Registered Manager must:

- Ensure that a CQC notification is made if there was harm to the Service User
- Ensure that Islington is informed in line with local safeguarding procedures and in line with any contractual requirements (staff must refer to the Safeguarding Adults Policy and Procedure at Wellspring Recruitment and Care Services Limited and Islington safeguarding policies and procedures)
- Consider if duty of candour applies and refer to the Duty of Candour Policy and Procedure at Wellspring Recruitment and Care Services Limited to determine this
- An investigation must be carried out using a Root Cause Analysis (RCA) to review what caused the incident
- At the appropriate time, allow the member(s) of staff involved in the incident to reflect on the circumstances and identify their own learning
- Identify if there are any training or performance issues with the member(s) of staff, and depending on the level of risk, take any necessary actions which may involve immediately suspending a member of staff from prescribing, dispensing, preparing or administering medication
- Reflect on ensuring that there remains an open, honest and transparent culture to raising concerns, and consider reinforcing key supportive policies to staff such as the Raising Concerns, Freedom to Speak Up and Whistleblowing Policy and Procedure at Wellspring Recruitment and Care Services Limited
- Ensure a medication competency assessment is carried out on the staff member involved in the incident to identify if there are any gaps in practice. Dependent on the severity of the medication error, a number of competencies may have to be completed and the Registered Manager should also consider whether additional training is required. These should both be supportive measures for staff and are in no way a 'blame' mechanism

Action After the Incident has Occurred - Staff

After a medication error or near miss has occurred and all of the necessary immediate actions have been taken, it is important that there will be an opportunity for the staff to discuss the incident with Olajumoke Omolola as soon as possible after the incident. The purpose of the discussion is to:

- Enable the member of staff to reflect on the circumstances
- Allow the member of staff to discuss how they feel, and discuss any concerns that they may have
- Identify if there are any training or performance issues with the member of staff
- Determine if the medication incident is a repeat incident (check if the member of staff has made a similar medication error previously and in what timeframe)

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- Dependent on the severity of the error/near miss, ensure that all appropriate support has been offered to the member of staff

To promote a fair and open culture and encourage the reporting of incidents, the Discipline Policy and Procedure will not be used for the investigation of adverse incidents unless there is clear evidence of wrongdoing, a complete disregard for the safety of others, intent to harm, repeated events, theft or fraud. This may include:

- Gross professional or gross personal misconduct
- Repeated breaches of acceptable behaviour or protocol
- An incident that results in a police investigation

Being Open with the Service User Following a Medication Incident

It is important to be open and honest when things go wrong. Therefore, it is of great importance that the Service User is informed if a medication error has occurred.

- The Service User must be informed at an appropriate time and an apology offered
- If the error is of a serious nature, following the formal investigation and at the appropriate time, the Service User must be offered an opportunity to discuss the outcome of the investigation and to discuss its findings. This provides an opportunity to reassure the Service User that Wellspring Recruitment and Care Services Limited is keen to always learn any lessons from medication errors and to prevent similar occurrences in the future
- Consent will be obtained from the Service User before discussing any medication errors with their family. If the Service User is unable to consent due to the lack of mental capacity, the person responsible for their best interests will be informed
- Care will be taken not to cause unnecessary alarm and information will be provided in a way that is easy to understand and enables the Service User to ask questions
- If at any time the Service User or their representative is not satisfied with the management of the medication incident, staff must signpost them to the complaints process as detailed within the Complaints, Suggestions and Compliments Policy and Procedure at Wellspring Recruitment and Care Services Limited

Root Cause Analysis (RCA) in the Event of an Error or Near Miss

Incidents will be investigated for the purposes of learning and change. Staff remain accountable to Service Users, Wellspring Recruitment and Care Services Limited and their professional bodies (where relevant) for their actions and a staff member who makes repeated medication errors would ordinarily be given the opportunity to undertake further training and be assessed for competence for whichever part of the medicines pathway they are involved in. The Registered Manager is responsible for ensuring that an RCA is carried out for all medication errors and near miss events.

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

Where staff support Service Users who have a learning disability or autism (or both), Wellspring Recruitment and Care Services Limited will ensure that all Service Users have a clear medication support plan in place detailing clearly the process required to support the Service Users when taking medication in a person-centred way, taking into account any specific physical, communication and/or sensory needs. Wellspring Recruitment and Care Services Limited will fully detail any requirements supporting the STOMP principles in each Service User's Care Plan which will include the process for formal review and monitoring.

Any risks identified will be outlined in a risk assessment.

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Care Plans must follow the recommended guidance from NHS England in relation to reducing the reliance and need for psychotropic medication.

Staff will:

- Encourage Service Users to have regular check-ups about their medicines
- Ensure that Service Users and their families are involved fully in any decisions made about their medication
- Have considered, implemented and sought advice from other healthcare professionals as to the non-drug therapies that are available to reduce the need for medication

The Registered Manager will refer to the advice on how Wellspring Recruitment and Care Services Limited can deliver STOMP, available from the NHS; this can be found in the Forms section of this policy.

Further information and guidance can be found in the Underpinning Knowledge section.

Overuse may need to be reported as a safeguarding incident.

Staff should also refer to the Person-Centred Care and Support Planning Policy and Procedure at Wellspring Recruitment and Care Services Limited, in particular, the Supporting Adults with Learning Disabilities section.

5.26 Advice and Support

Staff will contact their line manager in the first instance if they have any concerns regarding medication.

The Registered Manager will seek advice from those with the relevant knowledge, skills and experience, for the safe and secure handling of medication at Wellspring Recruitment and Care Services Limited as required to support staff and Service Users.

5.27 Medication on Permanent Transfer from Wellspring Recruitment and Care Services Limited to Another Setting

There will be times where Wellspring Recruitment and Care Services Limited supports the Service User with a permanent move, from residing in their own home to living in residential or nursing care. If Wellspring Recruitment and Care Services Limited is assisting with this and helping to organise the Service User's belongings, the following will apply.

- Wellspring Recruitment and Care Services Limited will ensure that all medication is gathered and packed in a safe place to go with the Service User
- The Service User's GP must be notified to ensure that the Service User has sufficient medication to continuously provide for all their medication needs for a period of seven days following discharge
- The Service User's pharmacy must be notified to ensure that they are aware that the Service User will be moving to another setting, and the date from which this will take place
- On permanent transfer to a care facility, following the principles of working in partnership, a copy of the current assessment, most recent review and the current medication administration chart must be transferred together with the Service User
- Original copies of all documents relating to medications for that Service User must be retained in accordance with normal practice for storage and retention

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5.28 Sharing Information

- Information regarding the Service User's medication and health must be treated confidentially and respectfully
- All records must be stored securely where they cannot be accessed by unauthorised persons
- Information about the Service User should only be disclosed with that person's consent, unless Wellspring Recruitment and Care Services Limited is legally obliged to share the information
- Any information shared must be relevant, necessary and proportionate
- If the Service User agrees, relevant information about them can be shared with their relatives or nominated representatives
- The agreement for sharing information should be documented in the Care Plan
- Information should be shared with health and social care professionals involved in the direct care of the Service User where it is needed for the safe and effective care of the individual, unless the Service User has refused to share the information
- The Service User's refusal should be documented in their Care Plan and the medication trained staff member should ensure that the Service User is aware that such a refusal may compromise their safety if relevant information is not shared
- Information about the Service User's medication will be shared if they transfer to a new care setting

5.29 Keeping Service Users Safe

Olajumoke Omolola will be aware of local arrangements for notifying medication related safeguarding incidents.

A clear process will be in place for reporting any medication related safeguarding incidents to CQC.

Further information can be found in the Medication Errors and Near Misses Policy and Procedure at Wellspring Recruitment and Care Services Limited.

5.30 Staff Training

Training and Competency

Wellspring Recruitment and Care Services Limited will ensure that all staff who administer medicines complete relevant training and will only administer medication when they are competent.

Staff must receive specific training for the tasks that they are asked to carry out.

Medication Training and Competence Strategy

All new staff should undergo a comprehensive medication training programme, to include:

- Recognised accredited training
- Medication policy reading and understanding
- Supervised medication administration
- Medication competency assessment

Training

Medication training should be sourced from an accredited provider.

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Training should be relevant to the care provided at Wellspring Recruitment and Care Services Limited.

Training should include:

- Supply and storage of medication
- Safe administration
- Disposal of medication
- Record keeping
- Accountability
- Confidentiality
- Reporting of errors

Medication Competencies

Staff who administer medicines will be required to formally demonstrate their competence to do so on commencement of the role and on annual basis.

A **medication competency assessment** can be found in the Forms section of this policy.

All staff must complete a medication competency assessment relevant to their role. However, there are additional competencies for specific procedures. These should complement the process and Olajumoke Omolola should use discretion on the individual requirements according to the individual Service User's needs.

Competency assessments will be undertaken as part of the induction process for registered nurses and Care Workers who administer medication. Further and additional competency assessments may be required:

- At the discretion of Olajumoke Omolola if there are concerns
- **Always** following a confirmed medication administration/recording error or near miss
- **Always** following a prolonged period when the staff member has not been involved in medication administration such as long-term sickness, maternity leave, for example

In the event of a staff member failing the competency assessment, Olajumoke Omolola will be informed and an action plan must be drawn up to include retraining. The action plan should be completed in a reasonable timeframe (4-6 weeks). During this time the staff member will be suspended or supervised in respect of their medicines management duties. After the agreed period of time, the staff member should be re-tested against the competency framework. In the event of a second failure, Olajumoke Omolola should consider performance management on the grounds of capability.

Training and Support After a Medication-Related Incident

Where staff make a medication error, staff competencies will be re-assessed, Wellspring Recruitment and Care Services Limited will review the training needs and offer support to any staff who make repeated medication errors.

After a medicines administration incident, and where further training is identified as an action, the assessor must use their professional judgement to identify the relevant parts of the competency assessment framework which require completion in consultation with Olajumoke Omolola. It will not always be necessary to complete the whole assessment.

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5.31 Governance

Olajumoke Omolola is responsible for ensuring that all aspects of medication management at Wellspring Recruitment and Care Services Limited are regularly audited as part of the medication audit process.

Olajumoke Omolola must ensure there are robust systems and procedures in place, and monitoring, to maintain quality, safety and continuous improvement.

Staff should refer to the Auditing and Monitoring of Medication Policy and Procedure at Wellspring Recruitment and Care Services Limited.



6. Definitions

6.1 A Medicine

- A medicine is a substance that is introduced into the body, or externally applied to the body that exerts a physiological change to the body
- Medicines and medicinal preparations which come under the provisions of the Medicines Act (1968) and include medicines used in clinical trials, unlicensed medicines, dressings, and medical gases
- They can be controlled drugs, i.e. substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under the Act
- They can be alternative medicinal products, e.g. herbal or homeopathic remedies, that are used for therapeutic purposes

6.2 Medication Error

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

6.3 Medication Review

- Many frail, elderly people have multiple and complex conditions. These conditions can change, and the medicines that Service Users receive to treat these conditions need to be reviewed regularly to ensure that they remain safe and effective

6.4 Assisting and Administering

- The difference between **assisting** someone to take their medicines and **administering** medicines is:
 - When a care worker **assists** someone with their medicine, the person **must indicate** to the care worker what actions they are to take on each occasion
 - If the person is not able to do this, or if the care worker gives any medicines **without** being requested (by the person) to do so, this activity must be interpreted as **administering** medicine

6.5 Protected Characteristics

- The Equality Act 2010 protects people in nine protected characteristic groups from discrimination in the use of services and employment:
 - Age
 - Disability
 - Gender reassignment

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- Marriage, same-sex marriage and civil partnership
- Pregnancy and maternity
- Race, this includes ethnic or national origins, or nationality
- Religion or belief
- Sex
- Sexual orientation

6.6 Delegation

- Delegation is defined as the transfer of responsibility for the performance of a task from one person to another - 'Transferring to a competent individual the authority to perform a selected nursing task in a selected nursing situation. The nurse retains accountability for delegation'

6.7 Medication Administration Record (MAR)

- The MAR is individual to the Service User and is a formal record of administration of medicine within the care setting and may be required to be used as evidence in clinical investigations and court cases. It is, therefore, important that it is clear, accurate and up to date
- The MAR reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ('when required') medicine

6.8 Reconciliation

- Medication reconciliation is the process of creating the most accurate list possible of all medications each Service User is taking - including drug name, dosage, frequency, and route - and comparing that list against the Doctor's admission, transfer, and/or discharge orders, with the goal of providing correct medications

6.9 Regulated Healthcare Professional

- Refers to a professional role that is regulated by law in the UK with a legal requirement to have certain qualifications or experience in order to undertake certain professional activities or use a protected title
- Includes Registered Nurse (District Nurse, Diabetes Specialist Nurse, Mental Health Nurse)



7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Staff must only administer medication when they have been trained and assessed as competent
- Consent must be obtained before any medication support is provided
- Service Users who fully self-administer their own medication have been assessed as having the capacity to self-manage and do not need a MAR
- Service Users who need physical assistance or verbal reminders but have been assessed as having the mental capacity to manage their own medication will need a MAR chart so that staff can record clearly when the physical assistance or verbal reminders have been provided and what medication the Service User has taken

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- Staff check the 6 Rights of Medication Administration for any medication every time it is administered
- Service Users are kept safe and medication-related incidents are reported to relevant bodies
- Information about the Service User's medicine is shared with other health professionals, following the rules of confidentiality
- Medication reviews of Service Users' medication are undertaken at least annually



8. Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- You can administer all or some of your medication
- You will be asked to consent before any medication support is provided
- You will be supported to continue to self-administer



Further Reading

GOV.UK - List of most commonly encountered drugs currently controlled under the misuse of drugs legislation:

<https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation>

National Care Forum - Medication Safety:

<https://www.nationalcareforum.org.uk/?s=MEDICINES>

Care Quality Commission - Medicines in Health and Adult Social Care: Learning from risks and sharing good practice for better outcomes:

<https://www.cqc.org.uk/news/stories/medicines-health-adult-social-care-learning-risks-sharing-good-practice-better-outcomes>

Boots - Care Learning:

<https://www.boots-uk.com/newsroom/features/boots-makes-its-care-learning-free-for-all-residential-and-nursing-homes-as-government-recruits-20-000-new-carers/>

Skills for Care - Choosing a learning provider:

<https://www.skillsforcare.org.uk/Developing-your-workforce/Guide-to-developing-your-staff/Choosing-a-learning-provider.aspx>

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Outstanding Practice

To be "outstanding" in this policy area you could provide evidence that:

- Staff have a good understanding of the Mental Capacity Act 2005 and its implications when providing support with medication
- The Service User's personal choice is reflected in Care Plans and they are supported to self-manage wherever possible. Staff follow the Care Plans
- Risks to individuals are thoroughly assessed and extensive information and control measures are put in place for staff to follow. This maximises people's opportunities for independence whilst minimising the risks they face
- Analysis is undertaken when errors, omissions or near misses arise with lessons learnt applied and outcomes cascaded to staff to ensure Service User safety and continuous improvement
- The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Medication Assessment Form	To assess the medication management support needs of Service Users.	QCS
Medication on Transfer or Discharge Tracker	When a service user is discharged or transferred to another setting with medication.	QCS
Self -Administration of Medication Risk Assessment	To assess service users for self-administration.	QCS

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Are you allergic to any medication?				
Do you need any assistance with medication?				
Do you need occasional verbal or physical support?				
Do you need assistance more regularly (opening bottles, etc.)?				
Is there anyone else who supports you with your medication?				
Do you need medication by routes other than by mouth (patches, drops, injection, etc.)?				
Do you use any over-the-counter medication?				

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Medications Assessment				
Is your medication in bottles, blister packs or pharmacy-filled dosette boxes or other (state)?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Does any of your medication need to be given at a specific time every day (e.g. Diabetic, Parkinson's, Epilepsy)?				
Do you have any infections we should know about (e.g. MRSA, Blood Borne Virus)?				
How and where do you usually dispose of medication?				
Do you have a preferred pharmacy for your medication?				
Does your medication get delivered or do they/someone collect it?				
Who orders your medication?				
Does the Service User know and understand what medicines they should be taking and why?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Is the Service User aware of date, day, time?				
Does the Service User always want to take their medication?				
Does the Service User usually remember to take their medication at the right time?				
Can the Service User read the labels on medication packaging?				
Can the Service User remove tablets/capsules from the container themselves?				
Is the Service User able to swallow their tablets/capsules?				
Can the Service User pick up a bottle and pour out a dose of liquid medicine accurately?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
If applicable, does the Service User describe any problems using inhalers?				
If applicable, does the Service User have, or will they have any problems putting in eye drops?				
If applicable, does the Service User have, or would they have any problems putting in ear drops?				
If applicable, does the Service User have, or would they have any problems applying creams?				
If applicable, does the Service User have, or would they have any problems administering medication via PEG?				
Is there any known medical reason why self-administration of medication should not be agreed?				
Has the Service User administered their own medication prior to commencement of care service?				

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Medications Assessment				
	Yes	No	Not Applicable	Comments
Will the Service User be able to give valid consent?				
Have monitoring arrangements/review dates been set and agreed?				

Details of any Medication Support Provided by Family or Others

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Details of any Medication Support to be Given by Staff

Outcome of Assessment dated: _____	Circle/Delete as Appropriate
The Service User fully manages their own medication (no support required)	YES/NO
The Service User requires physical assistance as detailed in medication policy	YES/NO
The Service User requires verbal reminders as detailed in medication policy	YES/NO
Staff will need to fully administer medication	YES/NO
Staff will need to administer medication by specialised technique	YES/NO

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Medication on Transfer or Discharge Tracker

Service User Name:		DOB:	
Service User Address:			
Destination:		Leaving Date:	
Medication	Strength	Form	Quantity
Signed out by:		Signature:	

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Received by:		Signature	
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Self -Administration of Medication Risk Assessment

Self-Administration of Medication Risk Assessment		
Service User Name:	Date of Birth:	
Name of GP:	Service User Address:	
Does the Service User want to self-administer fully or partially?	Fully	Partially
Does the Service User know what medicines they are taking and what they are for?	Yes	No
Does the Service User know what time to take the medicines?	Yes	No
Does the Service User know what dosage to take?	Yes	No
Does the Service User know how to take the medicines?	Yes	No
Does the Service User know about any special instructions?	Yes	No
Does the Service User know about common, possible side effects?	Yes	No
Does the Service User know what to do if they miss a dose?	Yes	No
Does the Service User have any difficulty in reading the label on the medicines?	Yes	No
Can the Service User open their medication (blister packs, bottles)?	Yes	No
Does the Service User understand the principles of safe storage for medicines, including their responsibility for safe keeping?	Yes	No
Does the Service User agree to notify staff of any changes to the prescribed medication and/or over-the-counter/homely medications?	Yes	No
Will the Service User be responsible for the re-ordering of prescribed medication and its collection?	Yes	No

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Name of Medicine	Dose	Route	Time/Frequency	Self-Administration Yes/No
Details of any medication support to be given by staff				

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<ul style="list-style-type: none"> • A copy of the Self-Administration Risk Assessment must be kept with the Service User's EMAR • The EMAR should show which medications are for self-administration • A monthly stock balance should be maintained to record medicines obtained by Wellspring Recruitment and Care Services Limited on the Service User's behalf and recorded on the EMAR 			
Service User Name:		Service User Signature:	Date:
Completed by Name:		Designation:	Date:
		Signature:	
Review (minimum 6 monthly or sooner if relevant change)			
Next Review Date	Completed by name	Completed by signature	Date

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