



Medication Support Policy	
Latest Review: December 2023	Next Review: December 2025
<p>Compliance:</p> <ul style="list-style-type: none"> • The Medicines Act 1968 (revised 2006) • The Misuse of Drugs Act 1971 • The Misuse of Drugs (Safe Custody) Regulations 1973 (amended 2001) • Misuse of Drugs Regulation 2001 • The Safe and Secure Handling of Medicines Royal Pharmaceutical Society of Great Britain (2003) • Royal Pharmaceutical Society of Great Britain (2005) • Mental Capacity Act (2005/2019) and DOLS (2007) • The Health and Social Care Act 2008 (Regulated Activities) (Amendment) • Care Act (2014) • STOMP (2016) Stopping The Over Medication of People with a learning disability • Nice guidelines (NG 67) Managing medicines for adults receiving social care in the community (2017) • Nice guidelines (NG 46) Controlled drugs safe use and management • Data Protection Act (2018) • (Coronavirus) Regulations 2021 	
<p>Associated Policies:</p> <ul style="list-style-type: none"> • Health and Safety Policy • Health and Well-being Policy • Infection Control Policy • Positive Risk Taking and Risk Management Policy • First Aid Policy • Supporting people to make decisions(mental capacity) in development 	
<p>1. Policy Statement</p> <p>Adult members attending Assist Trust should be encouraged to retain, administer and control their own medication in order to maximise their independence and retain control over their own lives</p> <p>Any member supported by Assist will have an assessment by NCC with reference to the Mental Capacity Act (2005) about their capacity to manage their medication and the support they need.</p> <p>The Mental Capacity Act (2005) states: When a person has mental capacity to make the decision about whether to take a medicine, they have the right to refuse that medicine. They have this right, even if that refusal appears ill-judged to staff or family members who are caring for them’.</p>	

In some situations a Best Interests process involving members of the multi-disciplinary team will be necessary as part of this assessment.

This assessment must be reviewed at least annually.

Members must have the opportunity to actively participate in decisions about their support treatment and care including medication with appropriate advocacy and support.

Assist Trust managers will subsequently carry out their own internal risk assessment which will produce a medication support plan for the member, with particular reference to safe storage and administration of medication

Some members will be assessed as able to self-medicate, while others, will need assistance. In some cases supervision and some prompting will be sufficient, but in others staff will need to take complete responsibility for the safe-keeping and administration of medicines.

NICE define “medicines support” as “Any support that enables a person to manage their medicines”.

NICE emphasises the 10 R’s of medication management:

- Right Person – People can have very similar, or even the same names. Always make absolutely sure you have the right person - ask the person to identify themselves and if people have similar names use two identifiers
- Right Medicine – Many medicines have similar names so thoroughly check the name on the prescription, avoid using brand names and check the expiry date
- Right Dose – No matter how many times you've done it in the past, always read the directions and measure correctly. Too little and the medicine will be ineffective, too much and the person could become sick.
- Right Time – Make sure enough time has passed since their last dose, otherwise you could end up giving them too much. Check to see when the medicine was last administered. For Assist members who may have been given medication at home, we shouldn't give them medication before 12 noon, and for prn medication we should ring home and check.
- Right Route – Make sure you carefully read how to administer the medication. Getting it wrong can cause harm- check that the person is happy with the route of administration
- Right Patient Education- Check if the patient understands what the medication is for and make them aware they should contact a healthcare professional if they experience side-effects or reactions.
- Right Documentation - Ensure you have signed for the medication AFTER it has been administered. Ensure the medication is prescribed correctly with a start and end date if appropriate.
- Right Assessment - Check your patient actually needs the medication.

Check for contraindications.

- Right to Refuse – If a person refuses to take their medication you should NOT force them to do so. Take note of their refusal and any reasons they give. It may be that a different medication can be given which is more suitable.
- Right Evaluation - Ensure the medication is working the way it should .Ensure medications are reviewed regularly. Ongoing observations if required.

2. Purpose

The policy formalises the management and administration of medicines within Assist Trust settings based on a risk assessment and management approach.

3. Scope

The policy applies to all Assist Trust members and staff.
Volunteers, students and trainees will not ordinarily be involved in supporting members with medication.

4. Definitions

CONTROLLED DRUGS – These are medicines with potential for abuse for which special legal precautions are necessary. A current list of these can be obtained from www.homeoffice.gov.uk/drugs/licensing or individual queries can be made to the community pharmacist.

MAR SHEETS – Medication Administration Record Sheets that show the individual administration to a service user.

CONSENT – Consent is giving permission for something to happen.

Where adults are deemed by a health professional to lack the mental capacity to consent to medication, their carer or advocate may do so on the grounds that it is in the service user's best interests.

Generally doctors, nurses and therapists are normally allowed to provide treatment which they believe to be in the best interest of the service user, taking into account not just their physical health but also their general well-being and beliefs.

This decision should be made in consultation with involved carers and family and the service user to the best of their ability.

5. Legal Context

The Medicines Act 1968 – This Act provides the legal basis that allows you to administer medication to your service users. It states that in the UK, as long as the directions

provided by the prescriber are followed, anyone can administer a prescribed medicine to another person.

The directions written on the medication label by the Pharmacy must be adhered to so that you are covered legally.

The Act states the medicine is the property of the person for whom it is prescribed for and can only be administered to the person it is prescribed for.

The medication cannot be shared with other service users.

The Misuse of Drugs Act 1971, The Medicines Act 1968 and the Misuse of Drugs Regulation 2001 – This classifies medication into various licensing categories:

- General Sale or 'GSL'
- Pharmacy only medicine or 'P' medicine
- Controlled Drug or 'CD'
- Prescription only medicine or 'POM'

The Royal Pharmaceutical Society of Great Britain (2005) outlines the principles of safe and appropriate production of MAR charts.

In 2012, NICE took over from CQC and the Royal Pharmaceutical Society in developing the main medication guidance for social care.

In March 2017, NICE issued "Managing medicines for adults receiving social care in the community".

This guidance must be followed by CQC registered services but can be deemed to be good practice guidance by other services.

The guidance states that :

Care workers must record the medicines support given to a person for each individual medicine on every occasion, in line with Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This includes details of all support for prescribed and over-the-counter medicines, such as:

- reminding a person to take their medicine
- giving the person their medicine
- recording whether the person has taken or declined their medicine

Care workers should use a Medication Administration Record (MAR) to record any medicines support that they give to a person.

This should ideally be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider (if they have the resources to produce them).

NICE states that Medication Administration Record should include:

- the person's name, date of birth
- any other available person-specific identifiers, such as the person's NHS number
- the name, formulation and strength of the medicine(s)
- how often or the time the medicine should be taken

- how the medicine is taken or used (route of administration)
- the name of the person's GP practice
- any stop or review date
- any additional information, such as specific instructions for giving a medicine and any known drug allergies.

Although NICE uses the word 'should' rather than 'must' in their guidance, good practice suggests that general support and assistance should be recorded on a medication chart – the NICE guidance is likely to be seen as robust if anything goes wrong.

The Care Act (2014) in its sections on well-being offers the following advice about positive outcomes for medication support:

- an awareness of the individuals cultural background and other factors that impact on their lives and incorporate this into a person centred approach
- ensuring that their beliefs and preferences about medications are understood to enable a shared decision about treatment and that they are able to take/use the medications as agreed
- to engage with individuals and/or significant others in promoting an understanding of the medication they are taking
- to provide support with making choices including prevention and healthy living
- to support them to feel confident enough to share openly their experiences of taking/not taking medication, their views on what medication means to them and how medicines impact on their daily lives

Mandatory Procedures (Sections 6 – 17)

6. The Role of Assist Trust Staff Involved in the Management of Medication

6.1 It is the overall responsibility of the CEO (Richard Ward) to ensure that a safe environment exists at all times in relation to the storage, administration and disposal of medicines belonging to members which have been handed in for safe keeping or for staff to administer.

In discharging this responsibility the CEO must promote a safety conscious approach in which all staff involved understand what is expected of them and that facilities and procedures are effectively maintained to assist service users in storing and receiving their medication safely.

6.2 Following a referral for support from NCC, which should include details of the capacity of the prospective member to manage their medication, a risk assessment will be carried out by the CEO and/or Manager(s) which will indicate the level of assistance, if any, the member needs with medication.

If a capacity assessment has not been carried out by NCC, then Assist will need to carry out its own capacity assessment as part of our risk assessment.

The risk assessment must cover these points and anything else that is deemed relevant:

- Does the member know the name of the medication?
- Does the member know the dosage of the medication?
- Is the member likely to realise if there is an error in the prescription, or the medication is out of date –how is it supplied?
- If taking multiple tablets at the same time, can the member distinguish them?
- Does the member know what the medication is for?
- Is the member aware of the effects/side effects of the medication?
- What support does the member need with the timings of when to take the medication?
- Where is the medication going to be stored? (more secure storage is required for controlled medication)
- If the member is taking responsibility for storing the medication, on their person, what is the likelihood they could lose it or leave it lying around or give it to another member?
- Does the member need any physical support to take the medication e.g. glass of water to swallow a tablet?
- Is it likely that the member could refuse to take the medication, and if so what is the plan for this?
- Is there an up to date contact number for a carer/family member to support if needed?

It should be established at this point whether any of the medication is on the controlled medication list.

Particular attention must be paid to any medication described 'as required' or 'p.r.n.', with reference to how the decision to administer the medication is made, and by whom.

This should be reviewed on an annual basis or earlier when there is a change of circumstances or cause for concern:

The support most members will need will fall into Category 1

Category 1 – The member needs advice on safe storage, which may include asking Assist to safely store medication in a cabinet.

Category 2 – The member requires supervision with self-medication and/or reminding to take medication i.e. prompting

Category 3 – The member requires help to open containers or total medication management, which may include some direct administration.

Category 4 – The member requires total medication management, which may include some direct administration.

Assist will develop a medication support plan with risk assessments for each member that falls into categories 1- 4. (appendix 1)

6.3 Each of Assist Trust's establishments is required to have a procedure which clearly states the member of staff who is responsible at any given time for:

- The security of medicines – including the possession of keys for medication storage at all times
- The receipt of medicines
- The administration of medicines to particular service users
- The recording of the administration of medicines
- The recording of the disposal of medicines

6.4 Staff responsible for all of the above must be trained and assessed to be competent to assume responsibility for the administration of medicines.

This must include if necessary training on any specific method of administration or storage of medication (See section 17 regarding training).

7. Self-Medication

In all the categories described below, following assessment, a medication support plan and MAR chart should be completed with the member and placed on their file. Other staff should be made aware of this document as appropriate.

7.1 Where a member has been risk assessed by an appropriate assessor (following a Best Interests process if necessary) - and deemed to be competent to self-medicate whilst attending Assist Trust, then staff should monitor that the member keeps the medicines with them at all times and that they are not left where they can be easily accessed by others.

The member should read and sign the 'agreement for self-administration of medication' Appendix 2 form

A medicine cabinet provided by Assist should be made available to the member for the safe keeping of their medicines.

If a member asks Assist to store their medication for them, then the paperwork at Appendix 3 should be completed. This form also comprises the individual members' medication administration record.

7.2 If there is concern about the member's ability to administer their own medicines safely, Assist Trust Managers and involved professionals, together with the member and their carer or family should agree how much responsibility the member is able to undertake and what support can be offered by Assist.

If there is doubt, and it is safe to do so, the member should be given charge of their own medicines for a trial period with an agreed support plan in place.

After this, staff should check whether or not the member has taken the medicine as prescribed, and a decision made and recorded as to whether they can manage their

medicines in the long term. (In certain circumstances it may be necessary for staff to immediately remove medication during that period if the risks become too great)

A member's ability to administer their own medicines should be reviewed at least every three months.

7.3 When it has been assessed that a member cannot safely manage their own medicines, staff should inform NCC and carers and explain to the member that Assist will take responsibility for the administration in accordance with the prescribing professionals' instructions.

Staff will need to manage these situations sensitively.

7.4 Where a risk assessment is in place, the member may dispense their medication from the dispensing system under the supervision and direction of the trained staff in support.

7.5 If a member is concerned about their medicines, a referral should be made to the prescribing health professional. Assist Trust staff should liaise with carers to ensure that this happens.

7.6 To gain maximum benefit, medicines should always be taken at the prescribed times. Staff should reinforce the health professional's advice on this.

8. Supply of Medicines

8.1 Medicines, in the context of this policy, are those prescribed by a health professional. Only medicines prescribed for the individual user may be administered to that person. Prescribed medicines belong to the named individual and must not be supplied to anyone else.

General guidance on medication :

- The total amount of medicine prescribed is specified on each container, which makes it easier to check if the medicine has been taken correctly. The pharmacist may add extra instructions to the label, such as "complete the course" or "avoid alcohol". Labels such as "as required" or "as instructed" should be avoided. The pharmacist or prescribing health professional **must** be contacted if the additional instructions are **not** clear and staff should not administer the medication until they are satisfied that sufficient instructions have been given
- Labels on medicines supplied by a prescribing health professional must not be altered by anyone. Administration of medicines from a container, which has an altered label, is unsafe, unless altered and signed by a health professional. If a label has been altered in any other way, then the appropriate health professional must be contacted immediately and their advice sought.
- Containers provided by a pharmacist have child-resistant closures and in general it is sensible for these to be used, wherever practicable. However, there may be occasions when an individual who is responsible for their own medication cannot open such containers and they may be provided with traditional 'easy open' containers.

8.2 If it has been agreed that the member will administer their own medication but would like to store it safely in a cabinet, then the receipt and storage of medication form (Appendix 3) must be completed. If a member brings in a partly used bottle or box of medication, the amount should be recorded and for liquids a reasonable estimate of the amount is adequate.

8.3 Staff should never participate in any form of secondary dispensing i.e. when medication is removed from the container in which it was dispensed and placed in another container. If a member requires staff to administer their medication then the medication **must** be supplied in a Dosette box

Over the counter medicines and homely remedies

A homely remedy is a medicine used to treat minor ailments. They are purchased over the counter. They do not need to be prescribed. This could include creams and other topical remedies and homeopathic treatments. This could also include novel supplements such as CBT oil.

8.5 Members may wish to treat minor ailments with homely remedies, including over the counter medicines, homeopathic products .and such like.

Essentially the same process of risk assessment and management, and the drawing up of a support plan will apply as for prescribed medication.

8.6 A member may bring these products with them to Assist in correctly labelled and identified packaging, with an expiry date, and having been assessed as having the capacity and ability to do so, they should be encouraged to take responsibility for their administration.

If a member has been assessed as unable to self-medicate then staff must seek advice from their family carer and/or an appropriate health care professional before they administer any over the counter preparations.
(It should be noted that such products might adversely react with prescribed medicines).

8.7 If the member asks Assist to store their homely remedy or they have been assessed as not being able to administer their own medication, then the policy must be followed as for any prescribed medication

8.8 Staff must not prescribe or dispense from their own supplies any topical and homely remedies

8.8 On no account must staff take for personal use any prescribed medicines that are the property of the member.

9. Storage of Medicines

9.1 Both Assist establishments at Colegate and Lazar House must have a locked medicine cabinet available for the storage of medicines and any over the counter preparations that have been brought to Assist by members.

The cabinet should be easily accessible and appropriate to the task – note that storage of controlled drugs may need more secure storage (see below).

The temperature of the area should not exceed 25 degrees centigrade.

The keys to the medicine cabinet must be held by a trained and competent of staff.

Members who are self- medicating may ask Assist to store their medication in the locked cabinet as well

Any medication stored by Assist on behalf of a member must be signed in and checked by a member of staff using the receipt and storage of medication form (appendix 3)

9.2 Irrespective of the system in use, all prescribed medicines retained and stored by Assist Trust staff for members must be stored in packages/containers as dispensed by the pharmacist or doctor which record:

- The name of the person
- The name of the medicine (preferably the generic and not the trade name)
- The prescribed dosage
- The frequency of administration
- The quantity
- The date when the medicine was dispensed

9.3 Medicines which are taken internally and those for external topical use should be stored in a separate locked cabinet or physically separated on different shelves in the main cabinet. The room temperature should be below 25 degrees centigrade

9.4 Controlled drugs must be stored according to the requirements of the Misuse of Drugs (safe custody) Regulations 1973 as amended. Controlled drugs for members who are not self-medicating must be stored in a locked box within the medication cabinet or fridge, which is made of metal to a defined gauge, with suitable hinges, a double locking mechanism and fixed to a solid wall or floor with rag bolts. The security of the location must be considered. The controlled drugs cabinet should not be used to store anything else. The keys to the controlled drugs cabinet must be kept separate to other keys and should only be accessible to authorised staff.

9.5 Controlled drugs must be recorded in a controlled drugs register and need to be checked every two weeks by two members of staff – see Appendix 5 Controlled Drugs Audit.

9.6 When medicines require refrigeration, they must first be placed in a plastic container and clearly labelled to identify contents. This container must be stored in a refrigerator, which is not easily accessible to other members - definitely not the kitchen refrigerator. The temperature should be checked daily with a maximum/minimum thermometer. The normal range is between 2 and 8 degrees centigrade and any variation from this should

be reported to a manager who should contact a pharmacist to check information on individual products, as some may need to be destroyed and replaced.

10. Approved Medication Systems

10.1 Part of the Assist assessment of the member's ability to manage their medication and the support they need will include how the medication is supplied.

Medicines must be administered, with or without support

- Directly from labelled containers provided by a pharmacist.
- Or
- Via a Monitored dosage systems/ medicine compliance aid

10.2 In both cases, the adoption of either system does not negate staff responsibility although the ultimate responsibility for medication remains with the prescribing health professional.

11. Arrangements for Short Periods Away from Assist bases (for example, group sessions away from site)

11.1 If the member has asked for Assist to store their medication, and/or they have been assessed as not having the ability to manage their medication, then if they are away from the base, the manager or delegated staff member on duty must arrange for medicines to be taken in their containers and given to a delegated member of staff for administering and safekeeping.

11.2 If this is a regular occurrence the member could be issued with an alternative supply by the GP or pharmacist and this must be recorded as administered on the MAR sheet.

12. The Administration of Medication

12.1 Medicines prescribed for one member must never be given to another member, or used for a different purpose.

12.2 The removal of medicines from their original containers into other containers by anyone is not acceptable as such secondary dispensing increases the risk to both staff and members.

12.3 The procedure for administering medication is as follows:

- Carefully check the identity of the member
- Explain what you are about to do and obtain the consent of the member.
- Consult the members MAR sheet, checking the members name, medication and dosage instructions. Ensure that the dose has not already been administered

- Identify the appropriate medicine container/s checking the label/s and members record match. If there is a discrepancy, Assist Trust must check with an appropriate health professional before giving the medicine to the member. If the label becomes detached or illegible, the prescribing health professional must be contacted for advice. Where possible, this advice should be sought in writing, e.g. by email, so that the instructions can be held on file.
- Administer the medication in accordance with any special instructions e.g. to be taken with food. Where applicable and a risk assessment is in place to do so, pass the medication strip, bottle or Dosette box to the member so they can dispense their medication under staff supervision.
- Measure or count the dose and give it to the member having again checked the member's identity
- Sign the administration record immediately after the medicine has been given and taken
- Where there is choice e.g. 1-2 tablets, record the number administered
- Record if the medicine is refused, not administered or wasted e.g. dropped on the floor – (see section 15.3 for how this should be disposed of)
- All support including preparation, verbal or physical support must be recorded on the MAR sheet

12.4 The manager must ensure that staff are suitably trained in the use of medication. It is good practice to have a list of staff who are authorised to handle and administer medicines, with the signature that they use on the MAR sheet.

12.5 The administration of any controlled drugs requires special consideration since a member of staff must be witnessed when administering by another suitably trained member of staff and two signatures are needed on the MAR sheet to confirm the administration.

13. Emergency and 'as required (PRN) medication

If a member is prescribed emergency medication or treatment, typically epilepsy rescue medication, then a full epilepsy protocol must be in place signed off by an **appropriate health professional and Assist staff must be trained in its use**

If a member is prescribed a short course of medication, or 'as required' medication, then the procedure relating to assessing their ability to self-medicate and the support needed must be followed. The PRN medication template must be completed (appendix 5)

If Assist receives a verbal notification about a change in medication then this must be recorded on the 'verbal changes to medication' form (appendix 6) and followed up in writing as soon as possible.

14. Management of Medication Errors and Incidents

14.1 Assist recognises that, despite the high standards of good practice and care, mistakes may occasionally happen for various reasons.

Every employee has a duty and responsibility to report any errors immediately to their Manager who will consult with the relevant health professional so as to prevent harm to the member.

The member and their carer must be informed of any error initially by a phone call and then in writing. Safeguarding should also be informed of the error.

14.2 The error must be recorded on the back of the MAR sheet (appendix 3) and recorded on the care plan in detail.

14.3 Staff should record details of the medication error on the members progress notes, and phone 111 for advice

14.4 Managers should encourage staff to report errors.

They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence.

If an error occurs the manager must meet with the employee in person and go through the guidance with them to ascertain their level of understanding and learn from mistakes.

14.5 Errors should be reported straightaway as incidents under the existing incident reporting procedure. Managers should report medication errors and incidents to Safeguarding

14.6 Managers must differentiate between those incidents where there was a genuine mistake, where the error resulted from pressure of work or where reckless practice was undertaken and concealed.

A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action in line with Disciplinary procedures is taken.

14.7 Any medication found lying about that cannot be identified or allocated to a member, should be disposed of in line with this policy.

Any medication that is dropped on the floor whilst being dispensed should also be disposed of, and the relevant notifications made.

14.8 Medication incidents that need reporting include:

- Medication has expired
- Uncomfortable side effects
- Instructions on label do not match the MAR sheet
- The person finds it difficult to swallow their medication
- Staff member decides not to give the person the medication with good reason
- The member refuses the medication
- The ability of the member to understand the information about the medication has changed.

This list is not exhaustive

15. Medication Records

15.1 The responsible manager must ensure that a written record is kept of all medication entering Assist Trust premises that is being stored for safe keeping for self-administration, administered to service users or sent for disposal.

The responsible manager must have a written protocol in place which staff follow. This is detailed in Appendix 3. The record should show:

- Date of receipt of medication entering Assist Trust
- Name and strength of the medication
- Quantity received
- member for whom the medication is prescribed
- Signature of the member of staff receiving the medication
- Expiry date of the medication

Any recording must comply with data protection GDPR principles and the Data protection Act (2018).

Any changes in medication must be updated on the members' front sheet.

15.2 If Assist has members who have been prescribed controlled drugs then a separate controlled drugs register with numbered pages must be maintained.

In addition to the above guidance for the receipt of medication, this bound book needs to include the balance remaining for each product following each administration, with a separate record page for each service user taking a controlled drug.

There should be no crossings out or obliterations of any kind in this record.

15.3 A record of administration and disposal must also be maintained for each member. Staff must sign to say that a medication has been administered.

If the medicine has been refused it must be disposed of in accordance with the pharmacist's instructions and two members of staff must sign the MAR sheet to indicate the reason.

The carer and/or the GP must be notified of the refusal.

15.4 A record of all medicines, which are held for members should be noted on that individual's receipt of medication sheet , specifying:

- Date received
- Medicine name
- Strength
- Quantity
- Route of administration
- Signature of staff member receiving the medicine

15.3 A MAR sheet (appendix 3) should show for each member:

- The person's full name and date of birth
- Details of any known drug sensitivity e.g. penicillin, aspirin
- The name of the medicine (preferably the generic and not the trade name)

- The form of the medicine e.g. tablets or liquid
- The amount in the bottle/container when originally supplied by the pharmacist/dispensing doctor
- The strength of the preparation
- The dose
- The route of administration e.g. by mouth
- The time(s) it should be administered
- Any special instructions e.g. whether it should be given before or after food

15.4 Ideally the Medication Profile and the MAR sheet should be kept together on the same sheet. If they are on two separate sheets then they should be kept together.

15.5 Completed sheets must be kept in the member's personal file.

15.6 Keyworkers will check every 4 months with the members family whether there have been any changes and record this on their front sheet and make any other changes to the paperwork as required.

16. Disposal of Medicines

16.1 As medicines are the personal property of a service user they should give their consent for the disposal of any medicines.

Best practice would indicate that members or their carers should dispose of any of their own medication.

16.2 Medicines should be disposed of when:

- The expiry date is reached. If this is not indicated on the container, contact the dispensing health professional for guidance
- Some preparations should be discarded a few weeks after opening so it is good practice to note when they are first opened on the label
- A course of treatment is completed or the doctor stops the medicine or the prescription changes
- The member for whom the medicine is prescribed dies although these should be retained for seven days in case of a post-mortem enquiry

16.3 If the member is unable to make the appropriate arrangements for disposal of their medication, members should be encouraged to return their out of date or unwanted medicines to their carer so they can be returned to a pharmacist for safe disposal.

16.4 If a supply of medicine or tablets has been left at Assist Trust by a member who no longer attends, or has died, then these should be returned in the first instance to the member's next of kin to return to the pharmacist.

16.5 In the event of a sudden or unexplained death, it would be good practice to retain the medication for 7 days in case there is an inquest.

16.6 Controlled drugs, which have been left at Assist by a member who has died, should be returned to the member's next of kin.

If there is no next of kin, the controlled drug must be returned to the pharmacist by two staff.

They must both sign the member's medication profile and the pharmacist's signature must be obtained to confirm that he has received the drugs.

16.7 A missed or wasted dose should be disposed of in accordance with advice offered by the pharmacist. Refusal of medicine should be seen as a compliance problem and advice sought from the appropriate health professional.

16.8 Where a member is self-administering insulin or any other medication with a syringe, a "sharps box" must be provided by the member for their own personal use.

17. Training

Following induction, staff responsible for the management and administration of medication will need to be suitably trained and assessed to ensure that they are competent, and their competence must be regularly reviewed

17.1 Staff who assist, prompt or handle medication must receive accredited medication training before they can assist with the administration of medication. The training will include:

- Introduction to medicines and prescriptions
- Medicine supply, storage and disposal
- Safe administration of medication
- Quality control and record keeping
- Accountability, responsibility and confidentiality

17.2 Staff involved with medication must receive appropriate training on current policies and procedures for the management of medication. This must be reviewed yearly or as required

17.3 The Operations Managers are responsible for ensuring new staff are familiar with and understand the Medication Administration Policy when they join the staff team.

17.4 New staff will are not permitted to have any involvement with medication administration until after 3 months employment and they have received the appropriate training.

17.5 All staff training must be documented and competence evidenced using a quiz and observation if required.

Training is available through Health Education England (HEE)

<https://www.hee.nhs.uk/our-work/medicines-optimisation/training-non-registered-medicines-workforce>

Further information on training is available from Skills for Care:

<https://www.skillsforcare.org.uk/Developing-your-workforce/Care-topics/Medication/Medication.aspx>

There is a national project on Stopping The Over Medication of People with a learning disability:

STOMP (2016) <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp/>

18. Monitoring and Review

This policy will be reviewed annually or as required with any amendments identified.

Managers will provide evidence to Richard Ward (CEO) of ongoing auditing and monitoring of all systems in place with regards to safe management of medication.

Controlled Drugs need to be audited every 2 weeks using the form at Appendix 4.

19 Appendices to this policy

Appendix 1 Medication support and risk assessment

Appendix 2 Agreement for self-administration of medication

Appendix 3 Individual medication administration and storage record form

Appendix 4 Controlled drugs audit

Appendix 5 PRN medication template

Appendix 6 Verbal changes to medication

Signed and Authorised by:

Name:

Role:

Date:

Name:

Role:

Date:

Policy update schedule			
Date reviewed	Reviewer	Signed off by	Comments