



Medication Policy and Procedure Paces Sheffield Adult Services Provision

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1. Purpose & Scope

Medication Policy and Procedure

Paces has a duty of care to safeguarding the wellbeing of all of its adult services participants. The participants at Paces have a wide range of medical conditions (often having secondary conditions associated with a primary neurological condition diagnosis). As such, they have an increased likelihood of requiring of regular or occasional medication.

In addition to this Paces' services create an environment that promotes autonomy and independence. Doing so with regards to the provision of medication must be carefully considered and planned to ensure this is done in a safe way.

2. Context

Paces services are provided from their current base at Smithy Wood Business Park. Paces currently provides 2 areas of support through its Adult Services.

1. Conductive Education Adult Day Service
2. Sessional Adult Conductive Education Service

The medication requirements and subsequent procedures for each service will differ slightly due to differences in the nature and extent of service delivery. However, the standard for medication will be the same across the services.

3. Sheffield Medication Policy

Sheffield City Council has an overarching medication policy

<https://www.sheffield.gov.uk/disability-mental-health/medication-policy>

The policy is designed to cover those situations where people in domiciliary care, shared lives, supported living, day services and Short Breaks who are unable to administer their own medication and who require assistance with medication from Care Workers. The policy aims to provide guidance for the Care Workers and Assessors on the safe administration and recording of medication.

The guidance of Sheffield Medication Policy will be followed across Paces Adult Services. Paces Adult Services Medication Policy will simply identify areas that must be considered/followed specific to the context of our setting.

4. Roles and Responsibilities

4.1. The Assessor/Manager

- Emma Parker and Darren Walker are the nominated Assessor across Paces Adult Services. They will liaise with other team members and external agencies if required to inform her role and decisions as assessor.
- It is the responsibility of the Assessor to obtain authorisation from the person and to make the initial assessment of whether the person has the capacity to give this authorisation.
- A person that has capacity must give their authorisation to administer medicines in writing (medication Authorisation Form) before the Care Worker may assist with the administration of medication. Where the Assessor has concluded, following an appropriate assessment, that the person lacks the capacity to provide authorisation (and it is in the best

interests of the person to receive assistance) this must be noted on the Medication Administration Authorisation Form. This record must include the reasons and circumstance of the 'best interest' decision and who was involved in making this decision.

- Authorisation will be noted on the person's Care/Service Plan.
- The Assessor should follow the guidance of Sheffield Medication Policy.

4.2. Staff

All staff should:

- Follow the 'Care Worker' guidance of Sheffield Medication Policy.
- Co-operate with Paces on medication matters.
- Model safe and good quality Medication practice to other staff and participants (and carers/family members).
- Report to managers, and document any concerns, incidents, hazards, near misses related to medication. Including non-compliance of other employees with the requirements of this policy.
- Use Medication procedures as identified in Sheffield Medication Policy to minimise and in accordance with instruction or training received.
- Attend any training sessions provided by Paces and adhere to any policy that affects the provision of medication.

4.3. Parents/Carers/Partners/Participants

- Parents/Carers/Partners/Participants are responsible for following Paces medication policy and procedures.

5. Training & Competence

- All Adult Services staff will be adequately trained in Medication (which must be renewed every year (or as recommended by training provider/regulatory body)).
- All adult services staff will be periodically observed both formally and informally by the Services Management team to ensure they are maintaining the standards required with regards to medication.
- All adult staff are to be trained in the procedure we use at Paces Adult Services before they can handle or administer medication.
- All staff who are competent in administering Buccal Midazolam will be trained in basic life saving first aid each year.

6. Storage of Medication

- Paces participants attend the service for varied lengths of time between 1 hour and 5 days a week.
- Any medication being received are to be stored in a locked medication cabinet in a locked office which is only accessible by a keypad coded lock. All medications must be signed in/out of the cabinet by a member of Paces staff and the participant (or their partner/parent/carers) upon arrival/departure or by two members of Paces staff using the 'Medication Signing In/Out' Form.

6.1. Sessional:

- In the case of participants attending the sessional services usually the participant (or their parent/partner/carer) may keep medication with them during their session.
- They must however make the lead conductor aware that they have medication with them.
- There may be occasions when the medication needs to be placed in the locked medication cupboard – this is at the discretion of the assessor (Emma Parker/ Darren Walker).

6.2. Day Provision:

- In the case of participants attending the day provision the medication must be kept in the locked medication cabinet in a locked office which is only accessible by a keypad coded lock during their day session.
- Where an individual uses an emergency medication such as Buccal midazolam, the medication should be placed into a zip lock bag with the protocol with the individuals name clearly stated and placed in the yellow box labelled emergency medication this is in place in case of an emergency evacuation so that the rescue medication is quick and easily accessible during an evacuation.
- If the individuals are travelling in the lift, their emergency medication should travel in the lift with them in the zip bag. Once in another delivery room, the emergency medication can then be placed into the yellow box labelled emergency medication this is in place in case of an emergency evacuation so that the rescue medication is quick and easily accessible during an evacuation which is stored in a lockable cabinet that is within that delivery room. This responsibility sits with the Fire Marshall who is allocated to that floor.
- Magnets used for vagal nerve stimulators, should also be placed into a zip bag and can stay with the individual throughout the day.

6.3. Specific Activities/Situations:

- If a participant is to take part in a specific activity such as leaving the site for a day out then the storage and administration of medication must be considered within the risk assessment for the activity.
- The risk assessment for the activity is the responsibility of the trip organiser and should be signed off by a member of management team.
- Consideration should be given to the use of locked portable storage tins if required for the safe transportation of medication.

7. Individual Assessment and Planning

- In line with Sheffield Medication Policy Paces will consider Medication within its individual risk assessment and planning procedures for all participants at the start of attendance and then annually or as required (e.g. a change in medical status) thereafter.
- If required, an Individual Care Plan and/or Medication Plan will be used to identify individual medical requirements and administration of medication.
- All staff will be made aware of individual plans and have access to them.

8. Links with Other Policies

This Policy links to the following policies/documents:

- Sheffield Medication Policy
- Health and Safety Policy and procedures
- Adult Safeguarding Policy and procedures
- Risk Assessments
- Intimate Care Policy and procedures
- Medication/Health Care Policy and procedures
- Accident/Incidents Policy and procedures
- Any other policies procedures relating to health, safety and wellbeing or participants.

9. Appendices:

1. Sheffield Medication Policy – May 2025 current version
2. MAR Record Sheets
3. Signing In/Out Sheets for Medication
4. Paces procedure

Appendix 1



Sheffield Medication Policy

Revised Version

May 2025

Review Date

May 2027

POLICY STATEMENT

Document Objectives:

The majority of people take responsibility for administering their own medication and their independence with this task should be enabled wherever possible.

This policy is designed to cover those situations where people in domiciliary care, shared lives, supported living, day services and Short Breaks who are unable to administer their own medication and who require assistance with medication from Care Workers.

This policy aims to provide guidance for the Care Workers and Assessors on the safe administration and recording of medication.

The Sheffield Medication Policy complies with the requirements of Care Quality Commission (CQC), the organization which regulates Service Providers and checks their compliance with this Policy. The Sheffield Medication Policy also meets [NICE Guidance NG67](#) "Managing medicines for adults receiving social care in the community".

This Policy should be read in conjunction with the [Mental Capacity Act 2005](#) and the [Sheffield Joint Policy on the Prevention and Management of the Use of Restraints](#).

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Group/Persons Consulted:

This Medication Policy was first published in April 2003. Members of the Medication Policy Steering Group have contributed to this latest revision. West Yorkshire Adult Social Care also contributed, sharing their policy, helping shape this version of the Sheffield Policy. The contribution of these and other stakeholders is gratefully acknowledged.

Training Implications:

Care Workers and Social Workers will need to have attended specific training on the contents of this policy.

Equality Impact Assessment:

Applies equally to all groups of staff.

Intended Recipients Who should:-

All providers must ensure compliance with this document. Sheffield City Council will undertake periodic monitoring to ensure practice complies with the Medication Policy.

Intended Audience

- **Social Workers**
- **Care Providers**
- **Care Workers**
- **Prescribers**
- **Community Pharmacies**
- **Secondary Care Providers**

Contact Details

Any concerns or questions around this policy should be directed to Practice Development Team MedicationPolicyEnquiries@sheffield.gov.uk

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GLOSSARY OF TERMS

Mental Capacity Terms	
Advocate	Someone who provides support and representation for a person. Independent Mental Capacity Advocate (IMCA) – is a statutory safeguard for people who lack capacity to make some important decisions. This includes decisions about medical treatment when the person does not have family or friends who can represent them.
Assessment of Capacity See: SCIE Mental Capacity at a Glance	When should capacity be assessed? Capacity may need to be assessed where a person is unable to make a particular decision at a particular time because their mind or brain is affected by illness or disability. Lack of capacity may not be a permanent condition. Assessments of capacity should be time- and decision-specific. It cannot be decided that someone lacks capacity based upon age, appearance, condition or behaviour alone. The Mental Capacity Act has FIVE underpinning principles 1. Assume: a person has capacity; unless otherwise proved. 2. Support: adults have the right to be supported to make their own decisions. 3. Unwise Decisions: individuals retain the right to make unwise decisions. 4. Best Interest: anything done on behalf of an adult without capacity must be done in the adults best interest. 5. Least Restrictive: ensure you achieve the desired outcome in the least restrictive way. Principles 1 to 3 will support the process before or at the point of determining whether someone lacks capacity. Where there is a belief that capacity is lacking, principles 4 and 5 support the decision-making process. It will be important for health and social care staff who are supporting people to have an understanding of the Mental Capacity Act and must seek advice where they

	do not have the knowledge or experience to support decision making. Advance decisions to refuse treatment – the Act creates statutory rules with clear safeguards so that people may make a decision in advance to refuse treatment if they should lack capacity in the future.
Best interests and decision-making	If a person has been assessed as lacking capacity then any action or decision taken on behalf of that person must be made in their best interests (principle 4 of the Mental Capacity Act). The person who has to make the decision is known as the 'decision-maker' and will normally be responsible for the day-to-day care. It can also be a professional e.g. doctor, nurse or social worker who needs to make decisions about treatment.
Court of Protection and Appointed Deputies	The Mental Capacity Act (MCA) created a new court and a new public official to protect people who lack capacity and to supervise those making decisions on their behalf. The Court of Protection is able to appoint a Deputy, for example, because a person has an ongoing lack of capacity. The Court of Protection will tailor the powers of the Deputy according to the circumstances of the individual.
Attorneys appointed under Lasting Powers of Attorney (LPAs)	The Mental Capacity Act introduces a new form of Power of Attorney which allows people over the age of 18 to formally appoint one or more people to look after their health, welfare and/or financial decisions, if at some time in the future they lack capacity to make those decisions for themselves.
Administration Terms	
Administration	Shall mean: • The taking of an oral dose of medicine; • The application of external medication (e.g. ointment, cream, lotion or drops); • The operation of an inhaler device in order for the dose of medication to be inhaled.

Appropriate Contact	The person appointed by the organisation responsible for medication to make appropriate decisions relating to the administration of medication.
Assessor	Someone authorised to undertake an assessment of the person's ability to manage their medication. The Assessor is responsible for obtaining the authorisation of the Service User to enable a Care Worker to assist them with their medication.
Authorisation	Delegating the power or asking someone to carry out a task on one's behalf.
Carer	An informal carer who may be a family member or friend.
Care Worker	A person employed to take responsibility for supporting a Service User with their medication needs as detailed in their individualised care plan.
Care Plan	This document is completed by the assessor or care provider. It is the plan kept in the Service User's home for information and instruction to Care Workers, or others who are involved in supporting the Service User with their medication.
Communication Sheet	This is the record kept in the Service User's home and on which Care Workers, must record all aspects of the Service User's care including when this relates to medication. This supports communication between all people involved in the care of the Service User. If using electronic records, these must be able to be viewed and added to by authorised health care professionals.
Consent	The free agreement to a course of action where a Service User has the capacity to do so. A Service User must give written authorisation for assistance having understood and considered the risks, consequences, benefits and purpose of receiving assistance.
Container	Shall mean the packaging of the medication supplied by the Pharmacist. For example a box bottle, or tube of

	cream. The container may also be a Monitored Dosage System (MDS) or other compliance aid.
Compliance Aid	A device designed to help people take their medication and maintain their independence in preference to having their medication administered.
Enteral Feeding Tubes	A tube inserted through a small incision in the abdomen into the stomach and is used for long-term feeding. Medication may be administered via the tube though some Service Users may still be able to take some medicines orally. Full guidance should be provided on the MAR chart or care/service plan.
Monitored Dosage System (MDS)	A type of compliance aid filled and labelled by the community pharmacist or dispensing GP to support independence in taking medication.
Medication Administration Record (MAR) chart	The MAR provides a means to record the administration of medicine to a Service User. This should be used in conjunction with the label on the medication and the care/support plan
Prescribed Medication	Shall mean a collective term for medicine(s). The term drug may also be used.
Non-prescribed medication	Medicines for minor ailments that could be bought over the counter, such as paracetamol or indigestion remedies.
PRN	Latin abbreviation meaning 'when required'. Medicines with a 'when required' dose (PRN) can be prescribed to treat short term medical conditions (such as nausea and vomiting) or long term conditions when people experience "flare-ups" such as reliever medicines for people with asthma. Other common examples include medicines for pain, indigestion, anxiety and insomnia.
Service User	Shall mean the individual assessed by the Assessor to receive support services and assistance with their medication. The Service User may be referred to by others as the 'patient'.

Service Provider	Shall mean the organisation which has been contracted or commissioned to provide support services to the Service User.
Support Plan	An assessment of a Service User's need in order to procure a service.

Introduction

Adult Social Care Providers are responsible for ensuring there is a medicines policy in place which covers all aspects outlined below as a **minimum** (this policy template is not intended to be exhaustive and individual governance processes should be applied).

For many Service Users, taking medication and being assisted with medicine related tasks is an essential everyday part of their life. Regardless of what this support is, how it is arranged and who is providing it, it is a reasonable expectation that the people who support these Service Users understand good practice, follow local and national guidelines and have demonstrated the ability to support Service Users to the required standard. The support offered should be safe and appropriate to the individual.

Each Service User must be enabled to take their own medication as fully as their understanding and physical abilities allow. It is accepted that in some cases, Service Users will require support with some parts, or all of their medication.

The administration of medicines is a regulated activity under the Health and Social Care Act 2008 (regulated activities) Regulation 2014. This policy should be used in conjunction with CQC guidance '[Medicines information for adult social care services](#)' and NICE Guidance 67 '[Managing medicines for adults receiving social care in the community](#)'

This Policy should also be used in conjunction with the [Mental Capacity Act 2005](#) and the [Sheffield Joint Policy on the Prevention and Management of the Use of Restraints](#).

All medicines are potentially harmful if not used correctly and care must be taken in their storage, administration, control and safe disposal.

All Care Providers must have their own policy or standard operating procedure which details how all aspects of medicines are managed.

1 Guidance for Assessors

1.1 Introduction

- 1.1.1 Services providing support with medication to people in their own homes have agreed to adopt a common policy in relation to the management of medicines. Following assessment, these people have been identified as requiring support with the administration of medication. This Policy should be read in conjunction with the attached [appendices](#).

1.2 Assessment

- 1.2.1 It is the responsibility of the Assessor to determine by assessment if help with medication is required and they (or the provider) should obtain the Service User's written authorisation for this assistance. The authorisation will be confirmed using the Medication Administration Authorisation Form ([Appendix 2](#)).

- 1.2.2 An assessment of the Service User's needs must include:

- Engagement with the Service User (and their family members or carers if this has been agreed with the Service User) when assessing a Service User's medicines support needs. The assessor needs to consider how the Service User communicates.
- The Service User (and their family/carers with their agreement) should be actively involved in discussions and decisions about their medicines support. This includes focusing on how the person can be supported to manage their own medicines as much as possible, taking into account:
 - The Service User's needs and preferences, including their social, cultural, emotional, religious and spiritual needs.
 - The Service User's expectations for confidentiality and advance Care Planning.
 - The Service User's understanding of why they are taking their medicines.
 - What they are able to do and what support is needed, for example, reading medicines labels, using inhalers or applying creams.
 - How they currently manage their medicines, for example, how they order, store and take their medicines.
 - Whether they have any problems taking their medicines, particularly if they are taking multiple medicines.
 - Whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition.

- Who to contact about their medicines (e.g. the Service User themselves, if they choose to and are able to, or a family member, carer, Care Worker or care provider).
- The time and resources likely to be needed to check that the correct medicines have been supplied in accordance with the MAR chart and to administer them safely.

1.2.3 All discussions and decisions about the Service User's medicines support must be recorded. If the Service User needs medicines support, the following information must be included in the provider's Care Plan a copy of which must be held in the care provider's office:

- The Service User's needs and preferences.
- The Service User's expectations for confidentiality and advance Care Planning.
- How consent for decisions about medicines will be sought.
- Details of who to contact about their medicines (the Service User or a named contact).
- A complete list of current medicines.
- What support is needed for each medicine.
- How the medicines support will be given.
- How and where the medicine will be stored.
- Who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved.
- When the medicines support will be reviewed this could be at an agreed time or when the Service Users needs change.

1.2.4 The assessor must seek advice and support from the appropriate Health Professional as part of the assessment. This will help identify whether any changes or extra support may be able to either enable the Service User to maintain independence with their medication or reduce the support needed with medicines. Examples of advice and support that could be offered include:

- A Medication review of the Service User's medicines may to check:
 - If the Service User's medicines regimen can be simplified.
 - If any medicines can be stopped.
 - If any support can be provided for problems with medicines adherence (e.g. If the formulation of any medicines can be changed).
- Information about time-sensitive medicines should also be shared and plans put in place on how this can be managed.

1.2.5 During any assessment interview, the Assessor should enquire about the Service User's use of non-prescribed medication, recording the outcome on the Non-Prescribed Medicines (NPM) form. Copies of the NPM form should be filed with the signed Medication Authorisation Form and attached to the Service User's Care Support Plan.

1.3 Mental Capacity

- 1.3.1 Where the Service User appears to lack the mental capacity to give authorisation for this assistance, a Social Care Professional will be required to carry

out the assessment of the Service User's capacity to make this decision according to the Local Guidance and Code of Practice for the Mental Capacity Act.

- 1.3.2 Where the Service User is assessed as lacking capacity to authorise the administration of medication, the Assessor will seek to establish if any advance decisions have been made by the Service User, if an Enduring Power of Attorney, Lasting Power of Attorney or Deputy is in existence and whether the Service User's previously expressed wishes and feelings have been identified and recorded. The assessor will record this on the service procurement document.
- 1.3.3 The Assessor will identify the level of assistance required and will undertake a risk assessment to support independent living. The Assessor will develop an appropriate Care Plan to meet the need for assistance with medication in the best interests of the Service User and keep records of the reasons and circumstances of the 'best interests' decision including who was involved in making this decision. Under the Mental Capacity Act different people may be required to act as a decision maker, depending upon the decision to be taken e.g. whether or not it is appropriate to take steps to prevent the Service User accessing their own medication (i.e. restraint).
- 1.3.4 In the above situation, the Assessor will state on the Authorisation form how it has been determined that the Service User lacks capacity. The GP or Practice Pharmacist should be contacted to see if medication could be stopped or changed. Medication should then be administered as prescribed.
- 1.3.5 Where authorisation is refused, medication must not be administered by Care Workers.
- 1.3.6 Where the Assessor considers that refusal to authorise the assistance with medication will place the Service User at risk, the refusal should be reported to the Service User's GP.
- 1.3.7 A Service User must never be forced to take medication as this constitutes an assault, is abusive and illegal. Therefore, if it suspected that a Service User is being forced to take medication, consideration must be given to contacting the Police authorities as well as referral to Adult Access where it will be considered as a safeguarding concern.
(asc.howdenhouse@sheffield.gov.uk)

1.4 Following the Assessment

- 1.4.1 Details of authorisation must be kept on the Service User's file and copies should be given to the Service User and to the Provider. Authorisation must be reviewed and reaffirmed at least annually, or before this time if circumstances change e.g. admission to hospital. The Local Authority Assessment Team Manager is responsible for ensuring that reviews are conducted annually.

1.4.2 The Assessor will note on the service procurement document where it is necessary to limit access by the Service User to their own medicines, MAR chart and or Care Plan and complete the appropriate risk assessment according to the Sheffield Adult Safeguarding Board Prevention and Management of the Use of Restraint Framework and Good Practice.

- 1.4.3 If the Assessor is aware of a risk of the Service User not complying with the assistance with medication, this should be noted on the assessment and Care Plan. The Service User's GP should be contacted to see if the medication could be changed to aid compliance or stopped,
- 1.4.4 Ideally, only one provider will administer medicines, as the risk of error increases with additional people being involved in administering medication. In some circumstances more than one provider (or family carer, Health Care Professional etc.) may be involved in assisting the Service User with their medication (including non-prescribed medicines). To reduce the risk of errors, their respective roles and responsibilities should be clear from the service procurement document and Care Plan which is kept in the Service User's home. Everyone, including the family carer, should follow these procedures and complete the MAR chart and/or the Service User's Communication Sheet. Consideration must be given as to how everyone involved in administering medication can access and record administration if using electronic Care Plans and MAR charts.
- 1.4.5 It must be ensured that the responsibilities of all involved parties (including health and social care) are explicitly defined in the Service User's care plan.
- 1.4.6 The leaflet "Leaflet for Service Users, Relatives and Friends" ([Appendix 4](#)) must be given and the information explained in a way the Service User understands, and, with the Service User's permission, to anyone else involved in the Service Users care, especially if they are involved in assisting with the administration of medication as part of the Care Plan.
- 1.4.7 Following assessment the assessor should request the Service User to sign the Medication Administration Authorisation Form. The Assessor should ask the Service User to nominate a Community Pharmacy that will be responsible for dispensing prescriptions, and this should be recorded on the Authorisation Form.
- 1.4.8 Most people receiving regular medication will use a single pharmacy for all their prescribed medication. Where this has not been the case the Assessor should agree with the Service User a pharmacy that will be approached to take responsibility for dispensing prescriptions.
- 1.4.9 The Assessor should provide the pharmacy with the fully completed Medication Authorisation Form ([Appendix 2](#)). The Pharmacy should note this on the patient's medication record (PMR) to enable the future provision of MAR charts with the dispensed medicines according to the MAR Service Specification.
- 1.4.10 The Assessor should fill out and send the GP cover letter and a copy of the Medication Administration Authorisation Form to the Service User's GP.
- 1.4.11 Where support with medication is required at specific time intervals, the Assessor should check the essential requirements with the GP or Pharmacist to see if the dosing schedule of the medications can be realigned. If the dosing intervals are an essential component of treatment, e.g. as in '4 times a day' regimen for Parkinson's Disease treatment, and the service provided does not cover these requirements, the Assessor should increase the care package accordingly. Where assistance with medication support is required during the night, the Care at Night Service might be appropriate to provide this assistance in some

circumstances.

1.5 Use of a Compliance Aid

- 1.5.1 There are a number of options available to help support a Service User take their medicines independently. West Yorkshire Health and Care Partnership have produced a guide to support social workers, found [here](#).
- 1.5.2 If the Assessor considers that the use of a compliance aid may help a Service User to maintain independence with their medicines, they should discuss this with the Pharmacist. Compliance aids are one of the tools available to support individuals to maintain independence and should be considered in preference to assistance, where appropriate.
- 1.5.3 A monitored dosage system (MDS) should not be used for a Service User who needs a care worker to support with medication. Not all medicines are suitable for dispensing into MDS, e.g. tablets affected by moisture or those that are sealed under inert gas (to protect from deterioration), liquids and inhalers. South Yorkshire Integrated Care System have produced a position statement on the appropriate use of Monitored Dosage Systems, found [here](#).
- 1.5.4 Some people who usually have a MDS may need short-term assistance with their medication from a Care Worker until their condition improves; in these short term situations, it may be necessary for the Care Worker to assist with medication dispensed in the MDS, for the purpose of rehabilitation, and to enable the Service User to regain their independence.

1.6 Service Users Discharged from Hospital

- 1.6.1 When a Service User is discharged from hospital there will be an attempt to resume the original provider. The Hospital Pharmacy may provide a MAR chart with the discharge medication, provided that there is sufficient notice of the discharge and that nursing staff clearly indicate that support at home is to be provided. If there is not sufficient time before discharge to prepare a MAR chart it may be possible to forward this to the Service User separately following discharge.
- 1.6.2 Where a MAR chart is not available, the medication can be transcribed on to a new MAR chart. Care Providers must have robust procedures in place detailing how this should be carried out in order to reduce the risk of a transcribing error (e.g. Care Workers have had appropriate training, a second check carried out etc.).

2 Medication Support

- 2.1.1 The need for medication support by care staff should be identified at the care assessment stage and recorded in the Care Plan. This support should be tailored to the Service Users individual needs. This may be due to impaired cognitive awareness but can also result from a physical disability. Ongoing assessment is required and should be recorded in the care record. The aim should be to provide the right support at the right time, as determined by the individual's needs.
- 2.1.2 The Service User must agree to have the Care Worker support with medication and consent should be documented in the Care Plan. If a Service User is unable to communicate informed consent, the assessor will carry out the assessment of the Service User's capacity to make this decision according to the Local Guidance and Code of Practice for the Mental Capacity Act.
- 2.1.3 Good record keeping protects people receiving medicines support and their care workers. Social care providers must maintain secure, accurate and up to date records about medicines for each person receiving medicines support.
- 2.1.4 Care Workers must record the medicines support given to a Service User 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:
- Verbally reminding a Service User to take their medicine.
 - Helping Service Users removed medicines from packaging
 - Giving the Service User their medicine
 - Recording whether the Service User has taken or declined their medicine.
- 2.1.5 Care Workers should use a Medication Administration Record (MAR Chart) to record any medicines support that they give to a Service User. This should either be a printed record provided by the supplying pharmacist or a suitable electronic MAR chart. See CQC guidance

on [Digital record systems](#). There may be occasions when a paper MAR Chart will need to be produced by the provider.

- 2.1.6 Domiciliary Care Workers should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. Care staff must be able to identify each individual medication against the MAR chart (see [Section 5](#))

- 2.1.7 Administration of medicines from MDS is not recommended - see [section 1.5](#). However, if care workers need to support medicines from an MDS (for example during a period of reablement) words such as 'MDS given' or 'blister pack given' can be recorded on the MAR Chart. To do this there must be an accurate record of the individual medicines contained in the MCA. This should be dated and kept with the medicines record. This means that it is possible to identify which medicines have been taken in the past.
- 2.1.8 The MAR Chart must be accurate and up to date and the provider should have robust processes to ensure this. Any new records, additions or changes should only be made and checked by people who are trained and assessed as competent to do so. Such transcribing should only be undertaken by a person who has been deemed competent by appropriate person.
- 2.1.9 The provider should have a system in place to ensure that only competent staff are assigned to people who require help with their medicines. The provider's procedures should enable Care Workers to refuse to administer medication if they have not received suitable training and are not competent to do so.
- 2.1.10 People discharged from hospital may have medication that differs from those retained in the home prior to admission. The provider should provide additional support to Care Workers when this occurs (for example provide a second check of the medication, or contact the GP/Pharmacy/Hospital to resolve any discrepancies)

3 Role of the Care Worker

3.1 General

- 3.1.1 With the Service User's authorisation Care Workers may assist a Service User to take their prescribed medication. (See [Section 4](#) for Medication Administration)
- 3.1.2 Care Workers should read the Care Plan to make themselves aware of the exact arrangements for assisting the Service User with their medication.
- 3.1.3 Care Workers must only administer prescribed medication from containers clearly labelled with the Service User's name, the name of the medication and dosage.
- 3.1.4 Care Workers should follow carefully any special instructions on the label of the medication, such as ensuring the medication is taken before or after food. This information should be on the MAR chart (See [Section 5](#)). If medication is labelled with imprecise or ambiguous directions, e.g. 'take as directed', 'take as before', 'apply to the affected part', the Care Worker must seek clarification through their appropriate contact. If the label becomes detached from the container, is illegible, or has been altered, medication must not be administered. Advice should be sought through the appropriate contact. The supplying pharmacy should be able to issue a new label. Out of normal working hours advice can be sought from the GP Collaborative (by ringing the patient's own GP) and also via the NHS111 service. Details should be recorded with the chart.
- 3.1.5 Care Workers **must not** administer medication from multi-compartment compliance aids (MDS) or any other compliance aids made up by family members or friends of the Service User.
- 3.1.6 The Service User has a right to refuse their medication. (see [Section 9](#) – Refused Medication).
- 3.1.7 The Care Worker should immediately inform their appropriate contact if they observe any possible adverse reaction to medication. contact the GP, Pharmacist or the NHS111 service. In case of emergency, the Care Worker should contact 999.

- 3.1.8 Care Workers should inform their appropriate contact if they have any concerns about the Service User's health even if they are not involved in the administration of medicine. Care Workers are in a good position to advocate on behalf of the Service User and feedback queries and concerns about the Service User's health to the GP or Pharmacist.

- 3.1.9 Care Workers must treat people with dignity and respect at all times. Service Users must be involved in any discussions with regards to their medication and they must be enabled to make decisions. There must be respect for Service Users preferences and lifestyles.

3.2 Ordering Medicines

- 3.2.1 Adult Social Care Providers are responsible for implementing a robust ordering system to ensure the correct medicines are supplied in a timely manner to meet the Service User's needs with minimum waste.
- 3.2.2 Good communication between the GP practice, Community Pharmacy and Care Providers is essential. All health and care organisations must make sure that they can send and receive messages, documents, and images securely. NHSmail has been developed to do this and is recommended for all health and care organisations, but there are other systems that have also been approved. See NHS England's guide on [getting an secure email account](#).
- 3.2.3 The Care Worker should be informed who is responsible for the ordering of repeat prescriptions. If the Care provider is responsible, ordering of medications should be performed by staff that have been appropriately trained and are competent to undertake this task.
- 3.2.4 The arrangements for the ordering and collection and dispensing of prescriptions should be recorded on the Care Plan by the Assessor. Some Pharmacies will offer a prescription collection service or prescriptions will be sent electronically (from the GP practice). The pharmacy may also offer a prescription delivery service. There may be a charge for such services.
- 3.2.5 Providers should ensure there is enough time for the medicines to be checked and necessary actions taken prior to the day medications are due to start.
- 3.2.6 A list of what medication has been requested should be kept by the person responsible for requesting the repeat prescription and this should be checked against what has been dispensed. Any difference should be reported to the Pharmacist before assisting with the administration of any medication.

3.3 Receipt of Medicines

- 3.3.1 Medications should be checked against the current and new MAR charts. Care Workers should check the Service Users name, drug name, strength, formulation, dose, route and quantity are all correct and will last for the duration of the cycle / course.
- 3.3.2 The new MAR chart should also be checked to ensure the Service Users name, DOB, allergy status and medicines intolerances are all clearly documented.

3.4 Urgent prescriptions

3.4.1 Exceptions to the ordering process may include orders for acute medication such as:

- If a Service User is acutely unwell

- Recently started receiving Social Care
- Urgent supplies of medication are needed

3.4.2 Urgent orders for prescriptions may be obtained through the regular General Practice (preferred) or through Out-Of-Hours services such as 111 or A&E (if needed).

3.4.3 Prescriptions should be obtained through the regular Community Pharmacy where possible. Where this is not possible (i.e. out of normal working hours) a local Community Pharmacy or late night Community Pharmacy should be used.

3.4.4 Where providers need to find a local late night pharmacy the NHS [Find A Pharmacy](#) website can be used.

3.4.5 Faxed, scanned or emailed prescriptions are not a legal document and should only be used in exceptional circumstances and emergency situations, the original prescription should be collected within 24 hours or sent by the prescriber to the dispensing community pharmacy. Note, controlled drugs cannot be dispensed without a valid, legal prescription.

3.5 Storage of Medicines

3.5.1 All medicines should be kept in the original packaging in which they were obtained from the community pharmacy.

3.5.2 Care Workers should ensure that all medication is stored in the agreed designated area, out of sight and reach of children

3.5.3 All prescribed medicines should contain the Community Pharmacy dispensing label detailing Service Users name, date of dispensing, Community Pharmacy contact details, product name, strength, dose, formulation and route of administration.

3.5.4 For any products which have a reduced expiry once opened: the date opened should be clearly annotated on the packaging also detailing the adjusted expiry date. These products include: liquids, eye drops, eye ointments, creams, ointments, emollients, medicines with special containers. The date opened must always be highlighted on these products. It is the responsibility of the member of staff who first opens the product to ensure this is documented.

3.5.5 The expiry of products should be checked before administration.

3.5.6 Any products beyond their expiry date must not be used. These must be disposed of as per local medicines waste procedure. (see [Section 3.6](#) Safe disposal of medicines)

3.5.7 The label on the medicine should indicate any special storage conditions (e.g. the need to store in a refrigerator). Storage arrangements should be noted on the Service User's Care Plan.

3.5.8 Some medication requires refrigerated storage. Where a provider is responsible for the Medication Policy and Procedure

transport of medicines, refrigerated items should be collected from the pharmacy and immediately taken to the Service Users house and refrigerated.

3.5.9 Medicines requiring refrigerated storage can be stored in a domestic refrigerator. However, do NOT store medicines, in or immediately adjacent to, freezer compartment of a combined fridge freezer. If possible, store medication in a door compartment that can be reserved for medicines away from food.

3.5.10 If there is a need to store medications in a locked container. This information will be recorded on the Care Plan which is kept in the Service User's home.

3.6 Safe disposal of medicines

3.6.1 Unused, out of date medication, or medication no longer required, must be returned to any Community pharmacy, with the Service User's authorisation.

3.6.2 Where the medication to be returned is listed on the MAR, the MAR chart should reflect medicines for disposal. A record of the medication for disposal must be kept by the provider.

3.6.3 It is the responsibility of the Service Provider to ensure this record is maintained. It is the responsibility of all trained staff returning medication to record clearly and detail the below as a minimum:

- The date
- The name of the Service User
- Product name, form, strength and quantity
- Reason for disposal or return
- Signature of the member of staff returning the medicine

3.6.4 A signature from the member of staff from the Community Pharmacy should be recorded to confirm return and details should also be entered in the Service User's Care Plan.

3.7 Disposal of Spoilt Doses

3.7.1 Where a single dose of medication has been removed from the container but is not used, it should be disposed of by placing in a suitable container, envelope or disposable glove and taking to the community pharmacy.

3.7.2 Details of medication destroyed must be recorded in the Service User's communication sheet.

3.7.3 If the Service User requests that a spoilt dose is not destroyed (e.g. after having been dropped on the floor) and that the dose be administered, the details must be recorded on the Service User's MAR chart and the Care Worker should report the administration of the spoilt doses to their appropriate contact immediately. This situation may occur if the spoilt dose is the only dose remaining.

- 3.7.4 Where the Service User lacks capacity to decide the safety of taking a spoilt dose, the Care Worker should dispose of the dose appropriately and report any problems to their appropriate contact.

3.8 Disposal of Sharps

3.8.1 Care Workers are not responsible for the disposal of sharps (syringes or needles). This applies to unused as well as used sharps.

3.9 Controlled Drugs

3.9.1 The Misuse of Drugs Act 1971 places controls on certain medicines. These are called controlled drugs.

3.9.2 The Misuse of Drugs Regulations 2001 split controlled drugs into five schedules. The schedules correspond to therapeutic usefulness and misuse potential. The Home Office has produced a list of the most [commonly prescribed controlled drugs](#).

3.9.3 Service Providers must have a policy or standard operating procedure that details how medicines are managed. This must include controlled drugs.

3.9.4 Prescriptions for controlled drugs are valid for 28 days after the date on the prescription.

3.9.5 Emergency supplies of controlled drugs are not permitted, there must be a valid controlled drug prescription to get supplies from a pharmacy. Care Providers must make sure ordering processes are robust enough so that people do not run out of these medicines.

3.9.6 Staff collecting controlled drugs from a pharmacy may be asked to provide personal identification.

3.9.7 Where a provider is responsible for the transport of medicines, controlled drugs should be collected from the pharmacy and immediately taken to the Service Users house.

3.9.8 Staff administering medicines including controlled drugs must be trained and assessed as competent to do so. There is no legal requirement for a second member of staff to witness and sign for the administration or support of controlled drugs in a person's own home.

3.9.9 Care Providers must have policies and procedures that include information on record keeping for their staff to follow. Keep detailed records when administering topical controlled drugs, for example, [patches](#). These should include the site of application and the frequency of rotation of the site.

3.9.10 If controlled drugs need to be disposed of, agree with the person on whom will dispose of medicines in line with the risk assessment. This should be recorded in the Care Plan. They will need to be returned to a community pharmacy.

4 Administration of Medicines

4.1 General

4.1.1 Managers are responsible for ensuring that only trained and competent members of staff are administering medication.

4.1.2 Care Workers administering medication should have completed an internal competency assessment and this should be reviewed annually with records kept.

4.1.3 Wash hands and dry thoroughly prior to administering any medications

4.1.4 Assemble any equipment that may be required e.g. spoons, tablet cutter, table etc.

4.1.5 Any liquids should be measured into a clearly graduated and marked medication pot or by using an appropriately sized syringe which clearly identifies individual millilitre markings.

4.1.6 Care Workers should always follow safe handling of medicines procedures when administering medication – tablets must never be touched with bare hands by Care Workers administering medication – the tablets should be dispensed into a disposable medication pot without touching the tablets or gloves should be worn to adhere to infection control precautions and for the safety of Care Workers and Service Users.

4.1.7 Check the Service User's identity and allergy / intolerances status.

4.1.8 When administering medication Care Workers should follow the 6 rights of medication administration at all times:

- Right patient
- Right medicine
- Right route
- Right dose
- Right time
- Right to refuse

- 4.1.9 Consent must always be given by the Service User before any medicines are administered. Where the Service User lacks capacity; check a capacity assessment has been completed and where a best interest meeting has occurred follow the covert medication procedure as needed.
- 4.1.10 If required to administer half of a tablet, they may only be cut using a recognised or approved tablet cutter. The pharmacy may be prepared to do this and should be asked.

If this isn't possible, this task must be undertaken by a trained Care Worker, wearing non-latex gloves who will need to have had their practice checked. (This is to ensure they are using the cutter correctly and getting an accurate half tablet.) Care Workers are not permitted to return the unwanted half of a tablet to the pack as this is considered to be secondary dispensing. Secondary dispensing increases the risk of administration error, increases the risk of bacterial/viral contamination of the tablet and the tablet may not be chemically stable once removed from protective packaging. Instead, this should be safely disposed of as per spoilt doses. In such cases the prescriber should be asked to provide sufficient quantities.

4.1.11 Tablets should never be crushed, or capsules opened, without the explicit instruction of the prescriber and/or the supplying Pharmacist.

4.1.12 Some medication must be dissolved or dispersed in water before administration. This will be indicated on the label. (Note: The Care Worker should use enough water to dissolve the dose but not use too much so that some is left.)

4.1.13 It is the responsibility of the Care Worker administering medication to check against the MAR charts, Care Plan and risk assessments to ensure no changes have been made and which medicines are due and noting any time-sensitive medication. Examples of time sensitive medications can be found [here](#).

4.1.14 A person-centred care plan should contain enough information to support staff to administer when required (PRN) medicines. They should be administered as intended by the prescriber. The care plan should include:

- Details about what condition the medicine is prescribed for.
- Dose instructions. This includes the maximum amount to take in a day and minimum interval between doses. Where a variable dose is prescribed there should be clear directions as to what dose should be given.
- Signs or symptoms to look out for and when to offer the medicine. Include if the person can ask for the medicine or if they need prompting or observing for signs of need. For example, non-verbal cues.
- The plan should include 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 person 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.
- When to check with the prescriber if there is any confusion about which medicines or doses to give.

4.1.15 When PRN medicines are administered the record should include:

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

Further information on PRN medication, including medicines used to manage behaviour can be found [here](#).

- 4.1.16 Care Workers must also consider the environment when administering medication and confirm it is appropriate and safe to do so.
- 4.1.17 Check the physical state of medicines ensuring they are fit for purpose – not damaged or contaminated. The expiry date and label must always be checked.
- 4.1.18 The label on the medicines must always match the MAR chart. Care Workers should check drug name, strength, form, dose and patient particulars. Where there are any discrepancies advice should be sought from the manager, community pharmacist, or practitioner for clarification and rectification of the discrepancy before the medicine can be administered.
- 4.1.19 Care Workers must also check for any special instructions detailed on the dispensing label or MAR chart and take appropriate action (e.g. 30 minutes before food).
- 4.1.20 Medication must never be administered if there any concerns with the stability of medication or that the dose may have already been given.
- 4.1.21 Care Workers should ensure Service Users are in a standing position or sitting upright when taking medicines. Medicines must be taken with plenty of water at least half a glass.
- 4.1.22 It is the responsibility of the Care Worker administering the medication to seek assurance the medication has been taken. Care Workers should spend as much time as is required by the Service User to take their medicines safely and ensure adherence.
- 4.1.23 For application of external medicines: disposable gloves must be worn and then removed when the activity is complete. Gloves should be disposed of in the clinical waste bins, where available. If clinical waste bins are not available, gloves should be double bagged and placed in the Service Users external waste bin ('black bin' in Sheffield) and hands washed. Only trained and competent Care Workers should administer external medicines.
- 4.1.24 Care Workers should only administer specific medicines such as creams, patches, inhalers, eye drops and liquids if they have had training and have been assessed as competent to do so.
- 4.1.25 Creams, ointments and lotions should only be applied by Care Workers where the skin area to be treated is unbroken. However, in the management of Moisture Associated Skin Damage (MASD) where the skin may be broken, Carer Workers may apply prescribed external preparations as part of the MASD pathway, this would be recorded in the Care Plan (See [Appendix 17](#)).
- 4.1.26 Record the administration of all medicines with a signature on the MAR chart. In the case of topical applications (including patches) a body chart should also be used (See [appendix 12](#)).
- 4.1.27 Special instructions should be checked for all medicines due for administration and the administrator should familiarise themselves with medications to be taken on an empty stomach or with or after food. Advice from a healthcare professional should be sought where

necessary.

4.1.28 If a Service User is asleep checks should be made to check for any time-sensitive or high-risk medicines, then advice should be sought from the appropriate contact. In those circumstances where the risks of not having the medicines outweighs the need to wake the Service User then suitable steps should be taken to ensure those medicines are not missed and given on time. This should be clearly documented in the Care Plan with any advice given. Care Workers may need to consider alternative arrangements for the times of administration where Service Users are not having the medicines as highlighted on the MAR charts – Care Workers/Providers should always refer to the prescriber or clinical pharmacist for any alterations of the timings of medicines.

4.1.29 Return any medicines to safe storage as identified in the risk assessment.

4.1.30 Care Workers should only administer medicines they have been trained and assessed as competent to do so.

4.1.31 Records must be kept of all Care Workers training competencies. Certain medicines must only be administered by registered professionals unless specialist training has been provided for a non-registered member of Care Workers to undertake this duty (see [Section 4.2 Other Administration Techniques](#)). Advice must always be sought from a healthcare professional if there are any concerns regarding the route or administration of any medicines.

4.1.32 Medication should only be removed from its original container when administering medication.

4.1.33 Care Workers should never dispense medication then ask another Care Worker to administer it to the Service User. It is the responsibility of the Care Worker dispensing the medication to administer it to the Service User to ensure clear accountability.

4.1.34 Medication must always be given as prescribed and at the agreed times identified on the MAR chart. The provider, prescriber and the clinical pharmacist should agree with the resident the most appropriate time for the Service User to take their medicines.

4.1.35 Only medicines prescribed for the individual should be administered – Care Workers must not use other Service User's medicines to administer a different Service Users medication.

4.2 Other Administration Techniques

4.2.1 The following medications must NOT be administered by Care Workers:

- Injections
- Suppositories
- Pessaries
- Enemas
- Internal rectal creams
- Internal vaginal creams
- The application of dressings involving wound care
- The application of medication to broken skin except where this applies to the application of barrier products (i.e. MASD Pathway and the Medi Derma-S

Products) See [Appendix 17](#).

- 4.2.2 The administration of these medicines is the responsibility of a health care professional (e.g. a District Nurse). In some circumstances Care Workers will have undertaken advanced training to enable them to undertake some of the above tasks under the guidance of nursing staff. The health care professional remains responsible for the monitoring of such assistance with health care tasks and in some circumstances the appropriate health authority would need to fund such assistance.

4.3 Covert Administration (see [Appendix 11](#) for full guidance)

- 4.3.1 Covert administration is the term used when medicines are administered in a disguised format, e.g. in food, drink or via a feeding tube without the knowledge or consent of the Service User receiving them. As a result, the Service User is unknowingly taking a medicine. Every Service User has the right to refuse their medicine, even if that refusal appears ill-judged to staff who are caring for them.
- 4.3.2 Covert administration is only likely to be necessary or appropriate where a Service User actively refuses their medicine but is judged not to have the capacity (as determined by the Mental Capacity Act 2005 – see Glossary) to understand the consequences of their refusal and the medicine is deemed essential to the Service User's health and wellbeing.
- 4.3.3 Covert administration of medicines should be a last resort, and reasonable effort must be made to give medicines in the normal manner. Alternative methods of administration may be considered following discussion with prescriber. For example, liquid rather than solid dose forms may be considered.
- 4.3.4 Administering medicines in food or drink can significantly alter their therapeutic properties and effects so that they become unsuitable or ineffective. Medical advice is always necessary, and advice given needs to be recorded in a letter from the clinical practitioner or explicitly stated on the on the prescription.
- 4.3.5 Covert administration of medication should only be undertaken following an appropriate assessment to establish the Service User's capacity to make decisions. Decisions taken on the Service User's behalf should only be done in their best interest. Following the assessment, any decisions made to give medicines covertly must be provided in writing to the care provider, and this information recorded on the care plan.
- 4.3.6 The ongoing need for covert administration should be regularly reviewed and decision-making process clearly documented. This should include the involvement of all relevant people involved in the Service Users Care.

4.4 Administration of Medicines via Enteral Feeding Tubes (PEG/PEJ) See [Appendix 9](#) – Administration of Drugs Via Enteral Feeding Tubes

- 4.4.1 When specific skills are needed to give a medicine via a PEG or PEJ tube, this task should
- Medication Policy and Procedure

only be delegated to a Care Worker when:

- There is local agreement between health and social care that this support will be provided by a Care Worker.

- The Service User (or their family member or carer if they have lasting power of attorney) has given their consent.
- The responsibilities of each Service User are agreed and recorded.
- The Care Worker is trained and assessed as competent (see also the section on training and competency).

4.4.2 See Skills for care's [Statutory and mandatory training guide for adult social care employers](#).

4.4.3 A Care Plan should be in place to cover medicines administration via an enteral tube covering the relevant issues. The directions on the label/MAR Chart/Care Plan should clearly identify how and when the medication should be administered via the PEG tube. This includes all activities e.g. crushing and flushing. See CQC guidance on [delegating medicines administration](#).

4.4.4 Staff should have received appropriate training to prepare and administer medicines via enteral feeding tubes if they are undertaking this task. **This should include a regular competency assessment.**

4.5 Non Prescribed Medicines (NPM) See [Appendix 3](#) – Non-prescribed Medications Form.

4.5.1 Care Workers are permitted to assist Service Users with the administration of non-prescribed medication, providing that advice has been sought from the Service User's GP or Pharmacist to check for drug interactions or contra-indications and it is listed on the NPM form. This should be documented on the Service Users care plan.

4.5.2 It must be ensured that the Service User understands and accept any risks associated with taking the medication.

4.5.3 Before referring to the appropriate contact, the Care Worker MUST ask the Service User what other medicines they are taking. This course of action must be followed in all cases, even if the Service User manages their own medication.

4.5.4 Details (including the time and the dose) of any non-prescribed medication that is administered to the Service User must be recorded on the Service User's MAR chart together with any prescribed medication records. Note that it is the responsibility of the Care Provider to ensure that such items are accurately transcribed onto the MAR chart. (See [Appendix 6](#), Transcribing)

4.5.5 The use of non-prescribed medication should be checked at each Review of the Care Package, or whenever there is a change of prescribed medication. Any changes should be noted on the Reviews/Amendments section of the NPM form.

4.5.6 Care Workers must not offer advice on non-prescribed medicines and remedies as it may be **DANGEROUS** to do so.

5 Medication Administration Recording (MAR Charts)

- 5.1 A list of all prescribed medication must be available in the Service User's home. There's no standard format for a medicines record, however a MAR Chart is recommended for all prescribed and none prescribed medicines
- 5.2 A MAR chart must be maintained by the Care Worker for each Service User who is receiving medication support.
- 5.3 The MAR chart must be made available to any visiting clinician or others who are authorised to administer medication e.g. paramedic.
- 5.4 Sheffield City Council commission a Medication Administration Record (MAR) Service from Sheffield Community Pharmacies.
- 5.5 Participating Pharmacies will supply a MAR Chart for any organisation delivering services on behalf of the Council.
- 5.6 Where an electronic MAR chart is used robust processes must be in place to ensure that medicines records are accurate and up to date. For example, transcribing and changes to medicines on the MAR should only be made and then checked by people who are trained and assessed as competent to do so.
- 5.7 Consideration must be given to how family members or other providers or professionals can access the current medicines taken. For example, this could be via a QR code in the Service Users home, that people involved in that Service Users care can access.
- 5.8 It should be noted that some Service Users may be independent with some medications, for example oral medications, but may need assistance with others, for example to apply (administer creams). A MAR Chart should be provided for any aspect

of medication support.

5.9 A MAR chart must be maintained by the Care Worker for each Service User who is receiving administration of their medication from a Care Worker.

5.10 The Medication Administration Records (MAR) charts must document:

- The patient particulars including allergy status.

- The name, strength and form of each medication prescribed for the person.
- The dose of the medication.
- Any additional caution or advisory information
- The time the medicines are to be administered.
- Copies of emails, texts, faxes and transcriptions of phone messages must be kept and stored with the Care Plan.
- If more than one chart is in use reference to other charts e.g. “chart 1 of 2”
- When required “PRN medication” as a cross reference to the PRN medication chart.

5.11 It is the responsibility of Care Worker supporting with the medication to record medicines administration immediately after they are given.

5.12 Record any medications not taken and the reason – use the agreed codes as identified on the MAR chart.

5.13 Correct any mistakes with a single line through the text accompanied by a signature and the date and time. Never use correction fluid.

5.14 Any medicines administered by other healthcare professionals must also be recorded such as district nurses / specialist services.

5.15 Medication with variable doses should be clearly recorded on the MAR with the actual dose given. It is the responsibility of the care worker supporting the medication to ensure that the actual dose given is clearly documented on the MAR chart. This must be clear and legible. Do not try to fit a signature and the quantity administered into the box on the MAR chart as this can be difficult to read. Use the reverse of the MAR or an extra sheet to record how much has been administered on each occasion. See [PRN Administration Log](#) and [Sliding Scale Dose Chart](#) for suggested templates

5.16 For any medicines which are not to be administered daily such as weekly patches, or medication being administered every other day. The schedule must be clearly documented on the MAR chart to prevent any avoidable errors. Boxes should be clearly marked to show the date of administration and lines put through dates where the medicines are not to be administered. This task must only be undertaken by a member of staff who is trained and competent to do so.

5.17 A new MAR chart should be provided where practicable whenever there is an alteration to the medication prescribed, including dose and timings of medication. When this is not possible, the changes should be documented on the existing MAR chart by means of a new entry with the original being crossed through with a single line to still remain legible.

5.18 The record should be clearly annotated with the date, name and role of the member of staff who had the interaction with the prescriber. Where possible the authorised prescriber should discontinue on the MAR chart. Alternatively written confirmation detailing the change should be sought from the prescriber ASAP and the

regular Community Pharmacy informed of the change.

- 5.19 Clearly document any reason for discontinuation such as “course complete”
- 5.20 Where Service Users have issues with communication, Care Providers must ensure the correct documentation is used to meet the Service User’s needs. All trained staff are responsible for ensuring the documentation is kept up to date.
- 5.21 Body charts must be completed where available. Records kept up to date with signatures of the members of staff applying the topical medicines. The directions on the MAR must match that on the dispensing label of the product. “As directed” is not acceptable and the GP or Clinical Pharmacist should be contacted to ensure the directions are clear detailing specifically how and where to apply the topical agent and also the frequency of application. Where body charts are used they must clearly highlight the areas of application.
- 5.22 Body charts must be used for all Service Users prescribed a patch. This must be clear and accurate detailing the medicines name, strength, formulation and directions for administration. Records must be made when and exactly where the patch has been applied and when the patch has been removed. Care Providers must ensure the correct site rotation occurs as per manufacturer’s instructions to ensure medicines are administered safely. The patch should be checked daily, (ideally during a episode of personal care) to make sure it is still in place, daily checks should be recorded on the patch chart. A Transdermal Patch Application Body Chart can be found at [appendix 13](#).
- 5.23 Handwritten MAR charts should only be used in exceptional circumstances where it is not possible to obtain a MAR chart from the dispensing pharmacy. See [appendix 6](#) on transcribing.
- 5.24 All handwritten entries should only be completed by a trained and competent Care Worker.
- 5.25 Although the Pharmacist should be asked for a new MAR chart when the repeat prescription is submitted for dispensing, there may be other medicines, such as ‘when required’ items, that are not on the prescription but still need to be on the MAR chart. The Pharmacist should be requested to put these on the new MAR chart for continuity.

6 ASSESSOR AND CARE WORKER TRAINING

- 6.1 The [Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015](#), as amended, requires that individuals in key roles within the care service are fit and proper persons, possessing the necessary qualifications, competence, and good character to effectively oversee and support medication-related activities. This commitment helps to ensure that medication support is provided by individuals who are capable and suitable for these responsibilities.

- 6.2 A training programme must be agreed and in place for all Care Workers by their employer.
- 6.3 Any training provided must give underpinning knowledge that will contribute towards the appropriate Health and Social Care Level 2 qualification or other recognised training as this becomes available.
- 6.4 Care Providers must identify a suitable competent person to deliver the training programme. Staff involved in medication support should possess good communication skills to ensure openness and honesty with service users and their representatives, especially in the event of a [Notifiable Safety Incident](#). Trainers must have their competency to deliver training assessed at least annually. This is the responsibility of each provider.
- 6.5 All trainers must attend the Sheffield Medication Policy Training for Trainers; only individuals who have attended the training may deliver the programme.
- 6.6 All Care Workers must have an annual review of their knowledge, skills and competencies which includes a refresher of the Sheffield Medication Training programme. This is the responsibility of each provider.
- 6.7 Care Workers should be empowered and supported to refuse to administer medication if they have not received suitable training and do not feel competent to do so.
- 6.8 The Care Provider must ensure that the trainer attends a Medication Training Review session at least once in a two year period. These sessions are run annually and are open to all trainers.
- 6.9 Care Providers will be responsible for quality assuring their training and assessing the competence of their Care Workers, both before working in the field and subsequently. This will only be accomplished by direct observation at least annually. See CQC guidance on [Statutory and mandatory training guide for adult social care employers](#) for further information
- 6.10 It is the responsibility of the Care Provider to monitor all procedures and practices to do with medicines are up to date.

7 THE ROLE OF THE COMMUNITY PHARMACIST AND THEIR TEAMS

- 7.1 Pharmacists are responsible for the supply of medicines and appliances prescribed by a GP, Dentist or Non-Medical Prescriber.
- 7.2 Pharmacists can provide advice to Service Users and with their permission, to their families and Care Workers involved in their care on the proper use, storage and disposal of medicines.

7.3 Pharmacists keep records of the medication that they have dispensed from prescriptions. These records provide useful information and can indicate potential drug interactions. Therefore, the regular dispensing community pharmacist should be the first point of contact for queries about medication that they have dispensed.

- 7.4 It is advisable to arrange for prescriptions to be dispensed at the Service Users regular pharmacy. The Pharmacist will be contacted by the Assessor, provided with a copy of the Authorisation form and requested to provide a MAR chart as per the [SCC Medication Administration Record Service](#) (November 2017).
- 7.5 Many pharmacies offer a collection and delivery service for medicines, though there may be a charge for this. Care Workers should contact their appropriate contact if a Service User has difficulty in obtaining prescriptions from their GP or in arranging for medicines to be dispensed and collected from the pharmacy.
- 7.6 Pharmacists can advise on the use of alternative packaging of medicines. As an alternative to receiving formal care services an appropriate compliance aid or reminder chart may enable a Service User to retain responsibility for their own medication. The Care Worker should contact their appropriate contact if they consider that in seeking to maximise their independence a Service User would benefit from use of an appropriate compliance aid.

8 PROBLEMS WITH ADMINISTERED MEDICINES

8.1 Drug Interactions

- 8.1.1 There is a possibility that two medicines taken at the same time may interact with each other. Both the GP and the dispensing pharmacist should be aware of this risk with prescribed medicines. However, there is also a risk of an interaction with non-prescribed medicines, certain foods (e.g. grapefruit) and alcohol. Therefore, Care Workers should remind the Service User of the potential for adverse effects of alcohol consumption whilst taking some medication. Where a known interaction exists between a medicine and alcohol, a warning should appear on the label of the medicine container.

8.2 Side Effects

- 8.2.1 Some medication causes side effects and the Care Worker should be alert to this possibility and report any concerns to their appropriate contact.

8.3 Adverse Drug Reactions – Yellow Card Reporting

- 8.3.1 Report suspected side effects to medicines to the [Yellow Card Scheme](#). This is the UK system for collection information on suspected ADRs to medicines. The scheme is intended to improve the safety of the medicines. The appropriate contact should discuss any concerns relating to a Service User's medication with the supplying Pharmacist or the GP.

9 REFUSED MEDICATION

- 9.1 If a Service User refuses their medication. The reason for refusal needs to be understood by discussion with the Service User in the first instance and report to the Care Worker's appropriate contact immediately. This should be noted on the MAR chart and in the Service User's Communication Sheet. The Service User may need to have a further assessment and the Care Plan updated.

10 STORAGE OF MEDICATION RECORDS

- 10.1 The current MAR chart should be kept in a safe place in the Service User's home. If using electronic records, these should be able to be accessed by other professionals involved in the care of the Service User. Where there are concerns about the safekeeping of the MAR charts or Care/Service plans, this should be reported to the Assessor, who will assess the risks and plan to minimise those risks. The arrangements for the safekeeping of papers and charts would be noted in the Care Plan. If using paper MAR Charts, the Care Worker or other appropriate person must send completed MAR charts to the Service Provider's branch or team office for storage on the Service User's file. In exceptional circumstances where there are two Service Providers, the main Provider shall with the consent of the Service User, take the chart for their own files and send a copy to the other Provider. The Service User must consent to sharing of information. See Service User appears to lack the mental capacity to give authorisation, see [Section 1.3](#) on Mental Capacity.

11 MISTAKES IN MEDICATION SUPPORT AND DISCREPANCIES

- 11.1 Organisations must be fully committed to the Duty of Candour, as legally mandated by the [Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015](#). This fundamental principle demands openness and honesty with service users and their designated representatives whenever a Notifiable Safety Incident related to their medication occurs during the support you provide.
- 11.2 Social Care Providers must have robust processes for identifying, reporting, reviewing, and learning from medicines-related problems.
- 11.3 Providers should promote a 'fair blame' culture that encourages reporting and using incidents as learning opportunities to prevent future errors. This could also include periodic review of medicines-related problems to identify trends
- 11.4 Mistakes occur when medication is not taken according to the instructions

given. This may include:

- **Service User takes the wrong medicine**
- **Service User takes the wrong dose**

- **Service User misses a dose of medication**
- **Medication support is not recorded**

- 11.5 Mistakes can occur and the safety of the Service User is paramount and should be the initial priority of the Care Worker.
- 11.6 Care Workers should seek advice from the appropriate contact immediately in the event of an error or mistake. Advice should be sought from the Service Users GP, Pharmacy or 111.
- 11.7 Errors and mistakes must be investigated appropriately to find out what happened and what can be done to prevent this happening again in the future. Mistakes with medicines must be reported regardless of who made or perceived to have made the mistake where this has affected the Service User in their care.
- 11.8 If The discrepancy involves the loss of medication which may be due to theft this must be reported to the police.
- 11.9 It must be considered whether the reasons for the mistake warrant the reporting to Adult Access as a safeguarding concern, i.e. whether or not the incident reported constitutes neglect.

12 TRANSFER OF CARE (SHORT OR LONG TERM)

- 12.1 When the Service User is transferred between services, the responsibility for the administration of medication is also transferred. Thus a copy of medications and relating records must be transferred with them allowing the receiving administering Care Worker to continue safe practice. This includes transfer to secondary care.
- 12.2 Providers must keep medicines administration records for at least 8 years after the person's care ended at the service. After 8 years, review the records. If they are no longer needed, destroy them in line with local policies.

13 DEATH OF THE SERVICE USER

- 13.1 In the event of an unexpected death of the Service User, the coroner may request an examination of the Service User's medication. Therefore, every attempt should be made to retain the Service User's medication which should be stored securely until a decision has been reached regarding inquest proceedings or a death certificate has been issued.

14 ADVICE TO PEOPLE ON MEDICAL ISSUES

- 14.1 It is the responsibility of the prescriber to explain the reason for the treatment and the likely effects (including side effects) of any medication prescribed to the Service User.
- 14.2 Care Workers MUST NOT discuss or disclose a Service User's medical history or treatment to a relative or lay person. Any questions must be re-

directed to the Service User, the Service User's GP, or the Care Worker's appropriate contact.

15 REVIEW OF THE MEDICATION POLICY

- 15.1 No policy or guide will cover every eventuality. In the event of uncertainty, staff will need to use common sense and seek appropriate advice and guidance. Such advice and guidance can be sought from an appropriate contact, the Service User's GP or Pharmacist. Staff are requested to submit any comments on current procedure to their appropriate contacts.

There may be occasions where situations are not covered in this guidance. Please bring concerns you have to the attention of your appropriate contact.

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MEDICATION CHECKLIST FOR CARERS

1. You must **NEVER** involve yourself with the Service User's medication unless you have been asked to do so by the appropriate contact and the Service User has given authorisation. If the Service User is unable to give authorisation then the Assessor will arrange for a 'best interests' decision to be made and this will be noted in the Care/Service Plan
2. You must not fill Monitored Dose System cassettes, or put out medicines in advance in egg cups, saucers etc.
3. You must always administer medication in line with the correct procedure:
 - i. The MAR Chart and the Care Plan will be set up and kept in the Service User's home and should be examined on each occasion for any changes in medication;
 - ii. Check the MAR chart and the person's Communication Sheet to ensure that the medication has not already been administered
 - iii. Select the medication required
 - iv. Check the name of the Service User, name and dose of the drug on the label
 - v. For medicines in MDS check the descriptions of the tablets or capsules and count doses (Count and Colours)
 - vi. Administer the medication
 - vii. Record the administration of medication by entering your initials in the correct date and time box on the MAR Chart (or record in the Service User's Communication Sheet if appropriate e.g. medicines administered from Monitored Dosage Systems.)
 - viii. Record on the MAR chart if medication is not taken, indicating the reason using the appropriate code on the MAR Chart
4. Care Worker should not alter the labels on medication.
5. Medication should not be handled. Tablets and capsules should be shaken or tapped onto a spoon to prevent handling. Liquid medication should be measured using a 5ml medicine spoon or graduated medicine measure showing specific measurements to ensure the correct dosage is given. See section 4, [Administration of medicines](#) for further information.
6. The use of an oral syringe to measure and administer a dose of liquid may be advisable if a Service User has difficulty taking a liquid medicine from a spoon or medicine measure. Oral syringes are available from the Pharmacist on request.
7. Carers are not authorised to assist with the administration of certain types of

medication. See section 4.2, [Other Administration Techniques](#) for further information

Medication Authorisation Form

Before completing the Medication Authorisation Form, the Provider must consider if the Service User is able to sign the

form themselves and has the capacity to make the decision to do so, taking into account the following guidance:

Scenario	Considerations & Actions
A: Service User has the capacity to make the decision and is able to sign the form.	Service User decides if they wish to sign the form.
B: Service User has the capacity to make the decision, but is unable to sign due to physical impairment.	The Service User is asked for verbal consent; a representative of the Service User's choosing (this may include the provider's assessor) may then sign the form on the Service User's behalf, documenting the reason for taking this action.
C: Service User is deemed to lack capacity to make the decision (regardless of ability to sign).	The provider's assessor should consider their own knowledge of the Service User, their circumstances, and any other relevant information, to determine if the Service User lacks the mental capacity to make the decision to consent to support with the administration of medication and the issuing of a MAR chart. A decision may be made by the assessor on behalf of the Service User where it is in their best interests to do so. Assuming support with the administration of medication and the issuing of a MAR chart is deemed in the Service User's best interest, the representative (this may include the provider's assessor) should sign the form on the Service User's behalf, documenting the reasons they have made this decision.

Medication Authorisation Form

It was agreed at an assessment with a social worker or care manager that a home care provider will help to administer your medication.

To be read and completed by the Service User or their authorised representative¹:

I give authorisation for Care Workers from my home care provider to support me to take my medication as prescribed by my GP or other authorised prescriber.

If applicable, I also give authorisation for my Care Workers to support me with non-prescribed medication in accordance with the agreed non-prescribed list².

I understand that:

- Care Workers can only support with medication recorded on the Medication Administration Record (MAR chart) at the prescribed level.
- Anyone who supports me with my medication, including, for example, my carer or a family member, will record the details on the MAR chart. Support with any non-prescribed medication will be recorded in the home care provider's log book.
- My Care Workers will follow the guidance set out in the Sheffield Medication Policy.

I agree that:

- I will make available to my Care Workers / home care provider the MAR chart and any other records relating to my medication.

¹ The form should only be completed by a representative of the Service User by exception, for instance due to a physical or cognitive impairment.

² <https://www.sheffield.gov.uk/sites/default/files/docs/disability-and-mental-health/resources-for-professionals-care-providers/sheffield-medication-policy-april-2019.pdf>

- I authorise my Care Workers / home care provider to communicate with my GP, pharmacy or any other prescriber about my medication and issues that arise.
- My details can be shared with my pharmacy to enable them to produce a MAR chart for use within my home.
- Where necessary I will give as full information as possible to my Care Workers / home care provider about my medication including what I have and have not taken.
- I will cooperate with my Care Workers / home care provider to enable them to safely administer my medication, ensuring that my medication is appropriately stored. I will also enable them to appropriately dispose of medication that is no longer prescribed, out of date or is spoilt and cannot be used safely.
- My home care provider will keep my MAR chart when it is completed for audit purposes.

NAME	
SIGNATURE	
DATE	

Please refer to pages 3 and 4 to see the information your home care provider will share with your pharmacy.

A Medication Authorisation Form is to be completed in full on the first occasion an individual requires support with medication administration as part of a home care package.

In the event a Service User transfers to a new provider, the original Form remains valid. In the event of any changes, the pharmacy must be informed (see page 5).

All providers will adhere to the Sheffield Medication Policy when administering medication: <https://www.sheffield.gov.uk/sites/default/files/docs/disability-and-mental-health/resources-for-professionals-care-providers/sheffield-medication-policy-april-2019.pdf>

SERVICE USER NAME	
LAS ³ ID	
DATE OF BIRTH	
ADDRESS	
CONTACT TELEPHONE NUMBER	
If there is another individual(s) i.e. carer or family member who it is more appropriate to contact, please detail below:	
NAME	
RELATIONSHIP TO SERVICE USER	
CONTACT TELEPHONE NUMBER	
NAME	
RELATIONSHIP TO SERVICE USER	
CONTACT TELEPHONE NUMBER	

GP	
SURGERY	
NOMINATED PHARMACY	

HOME CARE PROVIDER	
CONTACT TELEPHONE	
DATE SERVICE TO COMMENCE	

³ Previously known as CareFirst number until Sheffield City Council IT system change on 08/10/18.

SPECIFIC ASSISTANCE REQUIRED FOR EACH MEDICATION OR ASPECT OF MEDICINES MANAGEMENT	
MDS (NOMAD) TO BE USED ⁴ (please ✓)	

NAME OF STAFF MEMBER COMPLETING FORM	
ROLE	
SIGNATURE	
DATE	

The Form must be completed by the home care provider at the point of undertaking the initial assessment with the Service User and sent to the specified pharmacy and the Service User's GP by one of the following methods:

- In person
- Post
- Email

The pharmacy will only supply MAR charts upon receipt of a fully completed Form.

The home care provider will ensure a copy of the Form is retained in the following locations:

- The Service User's file in their property
- The Service User's file at the provider's local office

To be completed by the Pharmacy:

Appendix 2

NAME	
ROLE	
SIGNATURE	

DATE OF RECIEPT	
-----------------	--

GP Cover Letter

⁴ Monitored Dosage Systems (known as a NOMAD) should only be used by exception. The pharmacist will supply a separate, standardised MAR chart for the Care Worker to record administration of medication from the MDS.

Dear Dr

Following an assessment by a social worker or social care practitioner a home care provider will help to administer medication to your patient

Name:.....

..... Date of

Birth.....

Please could you record on your clinical system:

- The name and contact number of the care home provider for this patient
- The following read code
 - SystemOne **XaN5J**
 - EMIS Web **8BML**

In addition, could you/practice pharmacist review this patients medication. If there are any appropriate changes that could be made to simplify this patients medication regime and/or reduce the number times a day medication needs to be taken (e.g a switch to a M/R preparation) this will help both your patient and the Care Workers.

Please contact the care home provider about any changes in medication, both now and in the future to ensure that their records are up to date and the correct medication is administered.

REVIEWING & UPDATING THE AUTHORISATION FORM

In the event that any of the details on the form change, the home care provider will inform the pharmacy at the earliest opportunity, recording the details in the box below:

DESCRIPTION OF CHANGE	DATE PHARMACY INFORMED	METHOD	SIGNATURE

The home care provider will review the content of the form at least annually, as part of their formal review of the individual's care package, informing pharmacy as described.

	DATE	SIGNATURE
Review 1		
Review 2		
Review 3		
Review 4		

ENDING THE SERVICE

The home care provider must inform the pharmacy when they no longer require a MAR chart for this Service User by completing the following table and returning the form to the pharmacy via one of the methods described on page 4:

SERVICE USER NAME		
LAS ID		
DATE OF BIRTH		
POSTCODE		
Please ✓ the reason that a MAR chart is no longer required for this Service User:		
INDEPENDENT WITH MEDICATION		
HOSPITALISATION (LONG TERM)		
ADMISSION TO CARE HOME		



	DECEASED	
OTHER (PLEASE STATE):		

Non-Prescribed Medication

Appendix 3

Copy and keep with all copies of the Service User's Authorisation Form

To be completed by Assessor or Care Worker's Line Manager

The Good Practice Guide permits carers to assist Service Users with the administration of non-prescribed medication providing that advice has been taken from the Service User's Doctor or Pharmacist checking that it is suitable and does not affect any medication the Service User is already taking. Where the Service User lacks capacity, information should be sought from their family, carer, LPA, advocate or whoever has the required information. The Service User should be asked the following questions in relation to non-prescribed medication:

- Do you take any medicines that are not prescribed for you by your doctor?
(or dentist/nurse prescriber/pharmacist prescriber) Yes ☐ No ☐

If Yes: Do you take non-prescribed medicines Regularly? Yes ☐ No ☐

Occasionally? Yes ☐ No ☐

- What non-prescribed medicines do you take **regularly**, (e.g. vitamins, herbal products)

Regular Medicine	Recommended dose	Dosage interval	Maximum dose in 24 hours	Authorised Yes / No	Authorised by GP or Pharm

- What non-prescribed medicines do you take **occasionally** (e.g. Paracetamol for pain relief, dioralyte for diarrhoea, E45 Cream / Aqueous Cream for dry / itchy skin)?

Occasional Medicine	Recommended dose	Dosage interval	Maximum dose in 24 hours	Authorised Yes / No	Authorised by GP or Pharm



--	--	--	--	--	--

N.B: Indicate against each medicine listed if the continued use of the non-prescribed medicine has been approved by the Service User's GP or Pharmacist. The doctor should be requested to prescribe all medicines taken on a regular basis (if available on an NHS prescription)



Name of Assessor/Line Manager Name of GP

..... Name of Pharmacist

.....Date

If you have concerns about any aspect of the Service User's medication you must speak first to the Pharmacist.

Any changes should be noted on the continuation sheet by Appropriate Contact

Reviews / Amendments of Non Prescribed Medication

Details	Entered By	Signature	Date



Information for you and for other people who are helping you to take your medicines

If you need help to take your medicines an assessment will be made of your existing medication capabilities and your needs. Following your assessment the Assessor may arrange for Care Workers to help you as part of a care/service plan. Your Assessor will also need to record anyone else such as relatives, friends or others who might also be helping you to take your medicines. Everybody who is helping you needs to read this leaflet to make sure you are given your medicines safely.

Your Assessor will ask you for your permission for the Care Workers to give you your medicines. If it is difficult for you to give your permission or make decisions about your medicines, you can ask someone else to help you decide. If you don't have anyone to do this or anyone to act on your behalf your assessor will make sure the arrangements made are best for you.

Your Assessor will need the name and address of your regular pharmacy (chemist shop) and doctor's surgery so that both the pharmacist and GP know you are receiving help. Your chosen pharmacy may provide you with a Medication Administration Record (MAR). This record must be kept with all of the medicines you are taking. Everybody who is helping you, including friends or family, must check this record before they give you any medicines and they must record any medicines that you have taken. This is to make sure you are given the correct medicine at the correct time.

All of your medicines must be kept in their original containers; it is not safe to transfer them into dosette boxes or similar appliances.

It's safer if you get all your prescriptions and non-prescription medicines from the same pharmacy. (Non-prescription medicines include herbal remedies or medicines you can buy over the counter, e.g. cough syrup.) If a relative, friend or anyone else gives you any medicines that are not prescribed for you, they should make sure it is safe for you to take by asking your G.P. and/or Pharmacist. You should inform the carer as well as recording these kinds of medicines on your communication records so others who are helping you know what medicines you are taking.

If you or anyone who is helping you has any concerns about your medication, or any side effects, your G.P. and/or pharmacist should be contacted.

If you have any questions about your care speak to your Assessor or Care Worker in the first instance. They will help you to contact the most appropriate person or service to help you.

GUIDANCE FOR DAY SERVICES

Appendix 5

1. All medication brought into Day Service or short stay establishments by or for the use of Service Users must be in original or dispensed containers labelled with the name of the Service User and administration details.
2. Service Users who self-administer their medication must provide the Manager with details of the medication that they bring into the building; this will be shared with the appropriate worker and recorded in the Service User's notes and care/support plan.
3. For Service Users who have medication support the Service User should be requested at the initial assessment, to bring all necessary medicines that they will require during the day to the service on each occasion that they attend. On arrival to Day Services, they should have their medication retrieved from the identified location (e.g. bag or lunchbox) as recorded in the support plan. Staff should record the quantity received of each medication on the Medication Administration Record (MAR) chart and record the amount of medication remaining on leaving.
4. The support of medication in day services should be recorded in the Service User's daily record and on the Day Services MAR Chart, which will have a photograph of the Service User.
5. The safe keeping of medicines in day service should be considered, if a Service User self-administers then a lockable room or cupboard should be allocated for them to store their medication to safeguard from others. If the Service User is unable to self-administer their medication will be stored in a lockable facility by the staff on duty.
6. Day Service staff trained to support Service User's medication will be familiar with all sections of this guidance and comply with the guidance outlined in it.
7. The medication should be checked with details in the Service User's plan of care and Day Services medication administration record, any discrepancies should be checked with the Service User's carer.

GUIDANCE ON TRANSCRIBING MEDICATION DETAILS ONTO MAR CHARTS FOR PROVIDERS⁵

INTRODUCTION

Care Workers must record the medicines support given to a Service User 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 Service User to take their medicine
Giving the Service User their medicine

Recording whether the Service User has taken or declined their medicine.

Care Workers should use a Medication Administration Record (MAR Chart) to record any medicines support that they give to a Service User. This should ideally be a printed record provided by the supplying pharmacist; however, there may be occasions when the MAR Chart will need to be produced by the provider.

The MAR Chart must be accurate and up to date and the provider should have robust processes to ensure this. Any new records, additions or changes should only be made and checked by people who are trained and assessed as competent to do so. Such transcribing should only be undertaken by a person who has been deemed competent by appropriate person.

Circumstances when transcribing is required include:

- The Service User's pharmacy does not supply a MAR Chart;
- There has been a planned discharge from hospital and the medication has changed (current MAR Chart does not reflect changes);
- Medication has been prescribed during an interim visit e.g. the Service User has been prescribed antibiotics.

Medical advice must be sought before medicines are transcribed or administered if there are concerns about the safety of transcribing:

- Due to the quality of the information available
- A discrepancy between the information and the medication provided
- Any additional medicines (e.g. bought over the counter or herbal medications) not listed in the medication source⁶

This should be documented in the Service User's notes.

⁵ Managing medicines for adults receiving social care in the community (<https://www.nice.org.uk/guidance/ng67>)

⁶ Non-prescribed medicines must be recorded on the 'Non-prescribed Medication Form':
<http://www.sheffield.gov.uk/content/sheffield/home/disability-mental-health/medication-policy.html>

TRANSCRIBING PROCESS

The appropriate, competent member of staff should carefully transcribe the details onto the MAR Chart using one of the following, listed sources:

- An original prescription signed by a prescriber from primary care, which may be the right hand side/counterfoil of the current prescription;
- A secondary care discharge prescription or outpatient prescription.
- A printed or written record obtained from the Service User's GP detailing current prescribed medication;
- The pharmacy label on the current medicine container/box;
- A copy of the current MAR Chart from the previous care setting.

Where the pharmacy label on the medicine container/box is used there must be a check to ensure that the medicines are current and 'fit for purpose'. The label on the packaging must be clear and unambiguous and includes all of the following:

- The Service User's name (checking that this is the correct Service User);
- The name of the medicine inside the packaging (also checking that it matches the medicine named on the label);
- The expiry date of the medicine (checking that this has not been exceeded);
- All directions are clear and legible.

The above medication details must be transcribed onto the MAR Chart. All information must be printed or handwritten legibly in ink and must meet the following requirements:

- The Service User's full name and date of birth should be clearly written on all MAR Charts.
- All medicine names and instructions must be written in full as printed on the label or from other source. Any ambiguity in the instructions must be checked.
- The following medication details must be stated:
 - Name of the medicine
 - Form e.g. tablets, capsules
 - Strength (NB pay attention to **milligrams/ micrograms**)
 - Dose and frequency
 - Route of administration
 - Time of administration
 - Duration of treatment (if known or applicable)
- Any special instructions and advice labels e.g. take with or after food, disperse in water, may cause drowsiness, should be included
- Any advice label or warnings, that cannot fit on the MAR Chart should be highlighted, for example, by adding ****see advice on the pharmacy label****
- The transcriber must sign and date against each item and print their name along with their signature on the back of the MAR Chart
- If a Service User needs more than one MAR Chart, each Chart should be clearly marked sequentially on the front 1 of 2, 2 of 2 etc.
- Details of any allergies or intolerances must be stated in the space indicated. If none are known record 'Not known'.

- The quantity of each medication received should be recorded.

Attach the medication source, where applicable, to the MAR Chart to allow the

GP or others to check. The Service User's Care Plan must be documented identifying that the MAR Chart has been transcribed, listing the medicine sources used and the date of the source. Alternatively, document the source, for the GP to check, saving a hard copy in the patient's file.

If informed verbally by the prescriber of any dose change or if a medication is stopped, then the MAR Chart must be altered accordingly and checked by another member of staff. The changes must be recorded as a new entry. The original entry must not be altered, instead it should be crossed though (with a single line) stating "See new entry" and include the date of the change. Furthermore, the pharmacy label will need to be marked "See new directions on MAR".

Written confirmation of the change must be requested from the prescriber to verify this and retained with the Service User's records.

TRANSCRIBING VARIABLE DOSES (E.G. PARACETAMOL)

Most MAR Charts provide insufficient space to record the administering information for variable doses. For this reason, the carer's notes or a dedicated "Pain Relief Record Book" should be used by the carer to record all details of administration. These details should include the following:

- Quantity administered
- The time of administration
- Reason for administration (e.g. back pain)

TRANSCRIBING WARFARIN (ANTICOAGULANT)

The MAR Chart must contain the following information:

- Service User's name and date of birth
- Date the warfarin commenced
- Current dose, in milligrams (not number of tablets) stating planned daily dose regime until next INR test
- Time of day the dose is to be given
- Date of next INR test
- Two signatures which confirm that the current daily dose regime has been checked against the clinicians instruction

CHECKING

The transcription **must** be checked by a second competent member of staff as soon as possible. The 'checker' must ensure that the original source of information matches the transcription. The 'checker' must sign and date against each item and print their name along with their signature on the back of the MAR Chart.

Medical advice must be sought if any discrepancy cannot be resolved between the transcriber and checker.

REMOTE CHECKING

It may not always be possible for a member of staff to witness 'live' the transcribing such as when the MAR Chart is being amended in the Service User's home by a Care Worker working alone. In such cases the carer can use a work mobile phone or tablet device to photograph the amendments and the listed source. The consent of the Service User should be obtained. This evidence can be transmitted to the Care Worker witnessing the accuracy of the transcribing, and who may be based at the office.

Note that any information stored on a mobile device must be deleted as soon as possible.

CARER ADMINISTERING TRANSCRIBED MEDICINES

If there is any uncertainty regarding accuracy or appropriateness of transcribed medicines then clarification should be sought immediately. The carer must seek clarification from the transcriber. If there is still uncertainty, advice must be sought from the GP or the dispensing pharmacy. If none are available the carer should contact 111 for advice

Background

Warfarin is one type of a blood thinning tablet used in the management of patients with conditions including atrial fibrillation (irregular and often abnormally fast heart rate), Deep Vein Thrombosis (a blood clot that develops within a deep vein in the body, usually in the leg) Pulmonary embolism (a clot in the lungs) and other disorders. While it is a very effective drug in these conditions, it can also have serious side effects, e.g. severe haemorrhage (bleeding).

These side effects are related to the International Normalised Ratio (INR) level, which measures the delay in the clotting of the blood caused by the warfarin. While the 'normal' INR is 1, the specific range of INR values depends on the disease and the clinical conditions. Warfarin monitoring aims to stabilise the INR within set limits to help prevent serious side-effects while maximising effective treatment.

Notes for Carers

People can have their blood tested at the hospital, their surgery or at one of two participating community pharmacies.

- All persons taking warfarin are provided with a letter detailing their daily dosing schedule which is valid until the next INR blood test is taken and reviewed by the clinician. This letter is usually emailed to the care provider managing the person's care though it may be given to the person. In some cases, though not common, the dosing schedule maybe faxed to the care provider or entered in a 'yellow' anticoagulation booklet.
- In readiness for the INR blood test the person or carer should fill in the questions at the bottom of the last dosing letter and give the slip to whoever is taking the blood sample. This information is extremely important for determining persons' warfarin doses and includes the following:
 - Has the person experienced any signs of bleeding or bruising?
 - Is the person planning any dental or other surgery?
 - Has the person followed their advised dosage instructions, are there any missed doses?
 - Has there been a change in the person's other medications or dietary habits since their last test?
- If there is an unexpectedly high or low INR and no information provided to explain it, then the clinician performing the test will need to contact the care provider to find out more before deciding

the dose of warfarin.

- **Dose instructions will normally be emailed or faxed to the care provider before 5pm on the day of the INR blood test.** Please do not panic if you haven't received a fax before this

time. There are some occasions when anticoagulation clinic staff work beyond 5pm. (For persons who has their dosing performed by the Royal Hallamshire Hospital.)

- **If the dosing instruction has not been received by 5pm you should give the same dose as was on the previous dosing instructions** for the appropriate day and follow the new instructions when they are received.
 - If an email is not received the next day, you should telephone the Anticoagulation Clinic, Surgery or testing pharmacy on the next working day.
 - Over the weekend, the GP Out-of-hours Collaborative can use the “ICE” system to see what dose has been specified by the Anticoagulation Clinic.
- Please look out for boost/miss(omit) instructions [“Take xxmg for xx day(s)” or “Miss xx days”] above the main box of weekly dose instructions. These are one-off doses to correct a low or high INR more quickly and should be taken on the day the dosing instruction is received unless a date is specified.
- People who take warfarin are likely to bruise or bleed more easily. Bleeding from minor injuries (e.g. cuts, scrapes & nosebleeds) should stop within 15 minutes. **Please seek urgent medical help if bleeding continues after 15minutes.**
- Please complete an incident report/concern form if any person is discharged from hospital without written instructions for their warfarin dosing.
- If the person is discharged to another care provider or starts to manage their own Warfarin please advise the Anticoagulation Clinic on the numbers below in order that we can amend our records.
- Should you receive an email/fax for patients who you are no longer involved with again please advise the service **(STH Anticoagulation Clinic, surgery or pharmacy).**
- Occasionally patients taking warfarin may be switched to a direct oral anticoagulant also known as a DOAC. There are currently four different DOACs available to prescribe on the NHS. These are first line Edoxaban, second line Rivaroxaban. Then either Apixaban or Dabigatran. If the patient is switched to a DOAC please ensure the warfarin has **stopped** as per instructions from the prescribing clinician. **Both should NOT continue at the same time.**

STH Anticoagulation clinic phone lines are open Monday to Friday 9am to 3.30pm – 0114 2713820. The clinic staff work until 5pm and urgent calls between 3.30pm and 5pm can be made through the switchboard on 0114 2711900. Non-urgent queries should wait until the next working day.

Example Dosing Letter

Tallulah Test 13
D.O.B: 10/02/2016

ACCT13
Date of INR: 10/11/2016


INR: 2.5

Your Warfarin dose instructions (DOSE IN MILLIGRAMS PER DAY) FOR EACH DAY OF EVERY WEEK ARE AS FOLLOWS:

Warfarin	Mon	Tue	Wed	Thu	Fri	Sat	Sun
mg	5	5	5	5	5	6	6

Continue on this dose until you receive your next set of dosing instructions.

Previous Instructions

Date	INR Dose	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Anticoagulant:	Warfarin
21/10/2016	2.5	5	5	5	5	5	6	6	Diagnosis:	Atrial Fibrillation
									Target INR Range:	2.0 - 3.0 (2.5 Target)
11/10/2016	2.5	5	5	5	5	5	4	4	Start Date:	08/06/2015

Tallulah Test 13 ACCT13

Your next appointment date is on **17/11/2016**. If you think you will have difficulties getting to this appointment please contact us on 0114 271 3820.

Administration of Midazolam Oral Liquid (Epistatus^{®7} or Buccolam^{®8})

INTRODUCTION

Midazolam is a short-acting benzodiazepine. Buccal midazolam is used as an alternative to rectal administration of diazepam in the treatment of potentially life-threatening tonic-clonic seizures, which are likely to progress to status epilepticus. There are two products, Epistatus[®]

and Buccolam[®]. Both are midazolam oral liquid supplied in an oral syringe to be administered by the buccal route. They are usually prescribed as “as required” (PRN) medication for emergency treatment. As neither product is licensed for adults (only for children) they must be prescribed on a ‘named patient only’ basis.

WHAT IS THE BUCCAL ROUTE?

The buccal route is where a medicine is placed against the sides of the gums and cheeks. The medicine is absorbed directly into the bloodstream. The medicine does not need to be

swallowed, but if swallowed accidentally will cause no harm. Staff may only administer the liquid form of this medication which is administered through a syringe (without a needle) after completing training detailed below.

GUIDANCE FOR THE USE OF BUCCAL MIDAZOLAM

(Adapted from Learning Disability Service 2015)

The following guidance **MUST** be followed when using Buccal Midazolam.

1. A copy of the individual seizure management plan, signed by the consultant neurologist has been completed and attached to the care/service plan.
2. As the product is not licensed the person must be allowed to make an informed choice around the use of Buccal Midazolam. An assessment must have been done using the Mental Capacity Act key principles.
3. All staff who will potentially administer Buccal midazolam must have received training (See below)
4. The staff member must be deemed competent to administer buccal midazolam by their employer
5. The staff will be trained to administer buccal midazolam to a named person following an individual management plan (see below); it is not transferable to another person. If they are to administer to more than one person training must be given around each individual.
6. All staff administering the Buccal Midazolam must have Basic Life Support training annually.

INDIVIDUAL MANAGEMENT PLAN

The individual management plan must include the following:

- Name of individual
- Seizure classification / description
- Possible seizure triggers
- Possible seizure warning signs

⁷ Epistatus® Patient Information Leaflet: [pil.100109.pdf](#)

⁸ Buccolam® Patient Information Leaflet: <https://www.medicines.org.uk/emc/files/pil.2768.pdf>

- Usual duration of seizure
 - Usual recovery from seizure
 - When buccal midazolam should be administered
 - How much is to be given
 - What the usual reaction is (If not known to be documented clearly after first use)
 - Whether a repeated dose can be given or NOT
 - Time interval for a repeat administration
 - Maximum amount of buccal midazolam in a 24-hour period
 - When buccal midazolam should not be administered
 - Emergency services MUST be called on the very FIRST administration of Buccal midazolam
-
- After first administration the carer must document tenants reaction to the medication and when the emergency services would need to be called.
 - Other people to be contacted (if appropriate)
 - Signed by the prescribing Consultant Neurologist
 - The seizure management plan should have an expiry date of no longer than six months, to ensure it is reviewed
 - Each administration of buccal midazolam must be recorded with details of the seizure, its duration, the time of administration of the medication and the effects of the medication following administration.

TRAINING

Sheffield Teaching Hospitals are no longer providing training for administration of Buccal Midazolam. Under CQC regulation, it is the responsibility of the care providers/registered managers to ensure caregiver competency, therefore care providers will now need to source and fund appropriate training for caregivers.

Buccal midazolam can be administered in the community by anyone who has received appropriate training. [Epilepsy Action](#) has produced guidance on Buccal Midazolam training in care settings, anyone who is going to administer the medicine should:

- Complete epilepsy awareness training
- Complete buccal midazolam training (including knowledge of midazolam including contraindications, drug interactions and side effects. How to deal with problems in the use of this drug. Administration technique to include both Epistatus® and Buccolam® since pharmacy may have supplied either preparation)
- Have their competence assessed by their employer before administering buccal midazolam

Training should be reviewed as per [Epilepsy Action](#) guideline. There are a number of training providers that deliver training. Contact the [Epilepsy Action Helpline](#) for a list of training providers.

Some care providers will have their own buccal midazolam competence assessment, but for providers that do not, The Epilepsy Specialist Nurses Association (ESNA) have developed a [competence checklist](#)* to help care organisations assess the competence of their staff in administering buccal midazolam. There are also training providers who can provide training to assist Managers and Senior Staff assess competence of staff when administering buccal midazolam if required.

* It has been clarified with ESNA the criteria to be a reviewer is a person selected and deemed competent by their registered manager/organisation filling the following criteria:

- A person who has completed both epilepsy awareness training and buccal midazolam training
- A person who has completed medication management training and first aid/basic life support training.
- A person who understands the principle of safe administration of Buccal (Oromucosal) Midazolam.

- A person who can provide constructive feedback.
- A person who can raise concerns, if they feel that there is inadequate knowledge and

failure to follow the protocol for the safe administration of Buccal (Oromucosal) Midazolam.

Administration of Drugs via Enteral Feeding Tubes

Adapted from Sheffield Teaching Hospitals Nutrition Handbook

When specific skills are needed to give a medicine via a PEG or PEJ tube, this task should only be delegated to a Care Worker when:

- There is local agreement between health and social care that this support will be provided by a Care Worker
- The Service User (or their family member or carer if they have lasting power of attorney) has given their consent
- The responsibilities of each Service User are agreed and recorded
- The Care Worker is trained and assessed as competent (see also the section on training and competency).

A Care Plan should be in place to cover medicines administration via an enteral tube covering the relevant issues. The directions on the label/MAR Chart/Care Plan should clearly identify how and when the medication should be administered via the PEG tube. This includes all activities e.g. crushing and flushing.

Staff should have received appropriate training to prepare and administer medicines via enteral feeding tubes if they are undertaking this task. This should include a regular competency assessment.

DRUG FORMULATIONS

Preferred Formulations:

- Liquids or soluble tablets are the preferred formulations to be administered via an enteral feeding tube.
- Crushing tablets or opening capsules should only be considered as a last resort and should be discussed with a pharmacist first.

Crushing tablets or opening capsules is generally an off-license activity. Therefore, the prescriber and pharmacist may be professionally accountable for any adverse effects resulting from such administration.

It is safe and reasonable for tablets to be crushed or capsules opened providing that a licensed alternative is not available and the formulation remains effective.

The NEWT Guidelines for administration of medication to patients with enteral feeding tubes or swallowing difficulties provides a useful resource and should be accessed. Another useful resource is the Handbook of Drug Administration Via Enteral Feeding Tubes by Rebecca White and Vicky Bradnam.

GUIDANCE FOR CARER

- Do not add medication directly to the feed
- Seek further advice for fluid-restricted patients as flushing volumes may need to be reduced
- Only use enteral syringes intended for enteral use which cannot be connected to any parenteral lines (Injections)

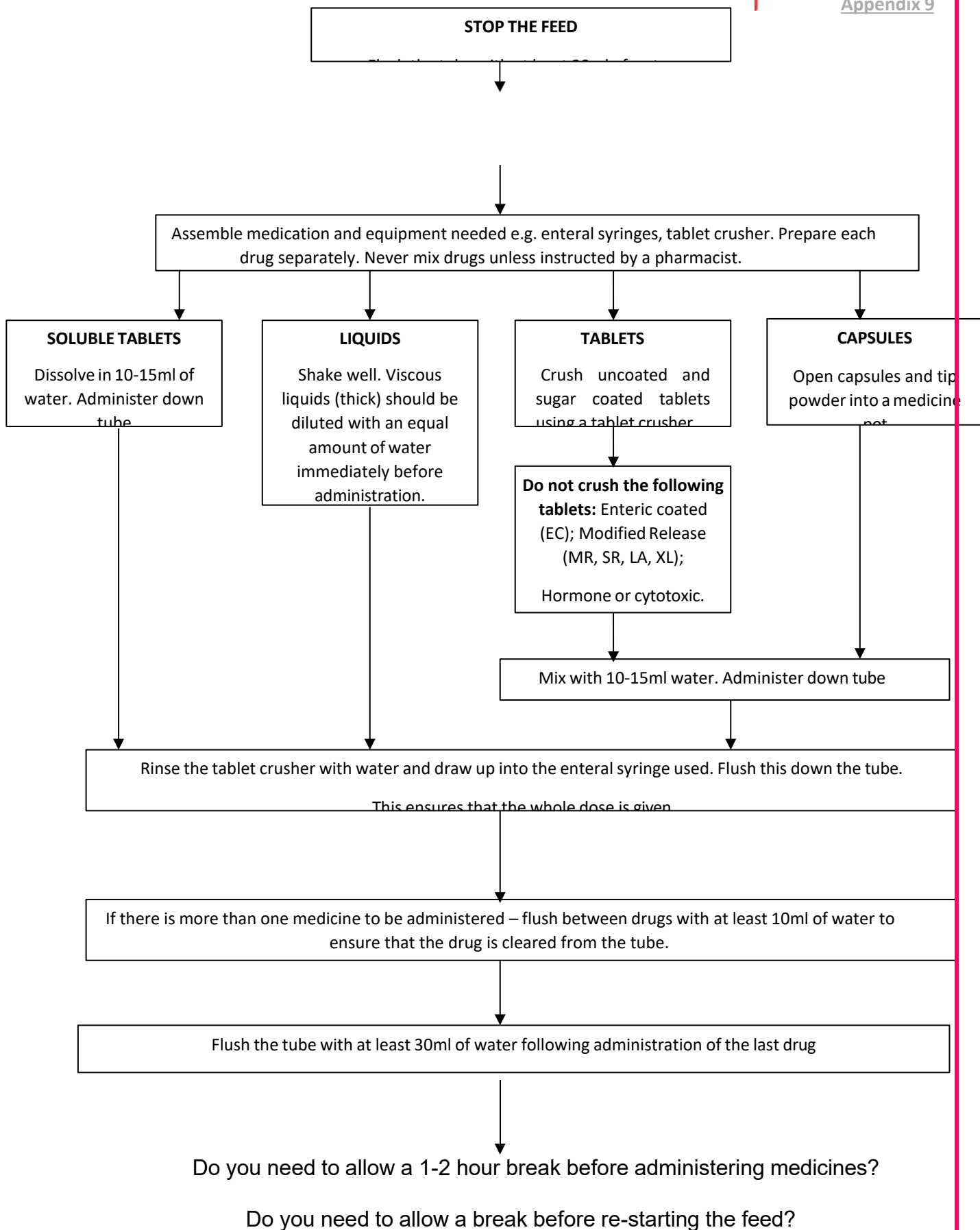
DRUG AND FEED INTERACTIONS

Interactions between feeds and drugs can cause complications. Where possible

administer the dose during a break in the feeding regime to minimise complications.

Examples of Problem Drugs

- **Phenytoin and carbamazepine:** Feed should be stopped for 2 hours before and after administration of the medication. The patient's drug levels will need to be monitored regularly.
- **Digoxin:** Blood levels may be affected by feeds with high fibre content. Feed should be stopped for 2 hours before and after administration of the medication. The patient's drug levels will need to be monitored regularly.
- **Warfarin:** Vitamin K in some feeds can reduce the effect of warfarin and other anti-coagulants. Feed should be stopped for 1-2 hours before and after administration of the medication. Changes in the formulation of the feed should be avoided. The patient will need their INR to be monitored whenever there is any change with feeds such as enteral feeding is started, changed or discontinued.
- **Antacids:** The metal ions (Calcium, aluminium, sodium) in the antacids bind to the proteins in the feed and can block the tube.
- **Penicillins:** Feed may reduce the absorption. If possible feeds should be stopped for 1-2 hours before and after administration of the medication.
- **Other antibiotics:** Levels of antibiotics such as ciprofloxacin, tetracycline and rifampicin can be significantly reduced by feed.





Re-start the feed

Follow this link [here](#) to access useful resources from CQC for Adult Social Care.

Sheffield Guidance on Covert Medication and Deprivation of Liberty

Introduction

Following a recent Court of Protection judgement: (AG v BMBC & Anor [2016] <http://www.bailii.org/ew/cases/EWCOP/2016/37.html>) (the “BMBC case”) concerning covert medication, Deprivation of Liberty and the Mental Capacity Act, NHS Sheffield CCG has adapted this guidance from one issued by the Calderdale Safeguarding Adults Board. The case will be of interest to all professionals who work in the provision of care, particularly health professionals, care home and homecare staff and social workers.

This guidance should be read in conjunction with the Mental Capacity Act 2005, the Care Act 2014, Care and Support Statutory guidance, Human Rights Act 1998, your agency’s covert medication policy, Advance Decisions policy, the court judgement above, and the NICE Guidance on covert administration:

<https://www.nice.org.uk/guidance/qs85/chapter/Quality-statement-6-Covert-medicines-administration>.

What is Covert administration?

When medicines are administered in a disguised format without the knowledge or consent of the Service User receiving them, for example in food or in a drink. (NICE guidance).

Patients with swallowing difficulties may need medication administered with soft food. Administering medication in this way would not be considered as covert if the patient is fully aware and has consented to having their medication administered in this way.

When can covert medication be used?

Covert medication should only be used in exceptional circumstances and when deemed necessary and in accordance with the Mental Capacity Act. This means that only those people who have been subject to an assessment of their capacity to consent to taking medication and have been deemed to lack capacity. Medication should not be administered covertly until after a best interest meeting has been held, unless in urgent circumstances.

A competent adult has the legal right to refuse treatment, even if a refusal will adversely affect his or her health or shorten his or her life. Therefore, care staff must respect a competent adult’s refusal as

much as they would his or her consent. Failure to do so may amount not only to criminal offence, but also to a breach of their human rights.



Who is responsible for carrying out the capacity assessment?

MCA Code of Practice states *"If a doctor or healthcare professional proposes treatment or an examination, they must assess the person's capacity to consent... But ultimately, it is up to the professional responsible for the person's treatment to make sure that capacity has been assessed."* Other practitioners and carers retain a responsibility to participate in discussions about this assessment.

The process of assessment

For the purposes of assessing capacity to consent to taking or refusing medication

there is a need to firstly establish that a Service User is unable to make a decision because of an impairment

of or disturbance in the functioning of the mind or the diagnostic test. This clinical diagnosis provides the justification for proceeding. The second stage of assessment can only proceed if the answer to the first stage is “yes”.

The Functional Test:

The elements of the functional test are found in s.3(1) MCA 2005, which states that the person is unable to make a decision for himself if he or she is unable:

- To understand the information relevant to the decision; or
- To retain that information; or
- To use or weigh that information as part of the process of making the decision; or
- To communicate his decision (whether by talking, using sign language or any other means).

Note that if the person cannot do one or more of the above they will lack capacity for the decision to be made.

What are the specific issues in a mental capacity assessment regarding consent to medication?

The Mental Capacity Act states that a person is presumed to have capacity to make a decision unless it is demonstrated otherwise (by means of a mental capacity assessment).

For a decision relating to consent to take medication this means the person must:

- Understand in simple language what the treatment is, its purpose and why it is being prescribed,
- Understand and weigh up its principle benefits, risks (such as side effects) and alternatives,
- Understand and weigh up in broad terms what will be the consequences of not receiving the proposed treatment,
- Retain the information for long enough to make an effective decision, or communicate their decision in any form.

Where an individual cannot demonstrate an understanding of one or more parts of this test, then they do not have the relevant capacity at this time.

Advanced Decision to Refuse Treatment

In some cases the person may have indicated refusal at an earlier stage, while still competent, in the form of an Advanced Decision to Refuse Treatment. Where the person's wishes are known, staff should respect them, provided that the decision in the Advanced Decision to Refuse Treatment is clearly applicable to the present circumstances and there is no reason to believe that the person has changed their mind. This is an important and complex issue and you should follow your agency policy on Advance Decisions. **Note this must not conflict with an authority given to an attorney under lasting power of attorney for personal welfare.**

Best Interest Decisions

In circumstances where there is evidence to rebut the presumption of capacity to

make decisions regarding the refusing of medication, a capacity assessment should be undertaken in respect of the individual. If the individual has been assessed to lack capacity to understand the consequences of refusing their medication then a decision to give medication covertly must not be made prior to a best interest meeting.

The Best Interests meeting should involve all relevant people and must include the persons' attorney appointed under a Lasting Power of Attorney or Enduring Power of Attorney. Where the individual has no legally appointed representative, then regard must be given to the MCA Code of Practice and Care and Support Statutory guidance in respect of ensuring the individual has independent support with the decision making process.

'Best interests' is a method for making decisions which aims to be objective. It requires the decision makers to think what the 'best course of action' is for the person. It should not be the personal views of the decision-makers. Instead it considers both the current and future interests of the person who lacks capacity, weighs them up and decides which course of action is, on balance, the best course of action for them. Decisions made by the person in the past when they were more insightful should also be considered where relevant to the decision.

Nice Guidance states that ***"The purpose of this meeting is to agree whether administering medicines without the person knowing (covertly) is in the person's best interests. A best interests meeting should be attended by care staff, relevant health professionals (including the prescriber and pharmacist) and a person who can communicate the views and interests of the person (this could be a family member, friend or independent mental capacity advocate depending on the person's previously stated wishes and individual circumstances). If the person has an attorney appointed under the Mental Capacity Act for health and welfare decisions, then this person should be present at the meeting."***

The Mental Capacity Act 2005 provides a checklist which must be followed when making a decision for someone.

Summary of best interests checklist (see Mental Capacity Code of Practice)

- Consider all the relevant circumstances ensuring that age, appearance, behaviour etc. are not influencing the decision - **and**
- Consider a delay until the person regains capacity - **and**
- Involve the person as much as possible - **and**
- Not to be motivated to bring about death - **and**
- Consider the individual's own past and present wishes and feelings - **and**
- Consider any advance statements made - **and**

- Consider the beliefs and values of the individual - **and**
- Take into account views of family and informal carers - **and**
- Take into account views of Independent Mental Capacity Advocate (IMCA) or other key people - **and**
- Show it is the least restrictive alternative or intervention

Appendix 11

If it is agreed that the administration of covert medication is in the person's best interests, this must be included within their medical records and their care/service plan. There must be a clear

management plan, including details of how the covert medication plan will be reviewed. This documentation must be easily accessible on viewing the person's records.

If the medication relates to serious medical treatment or chemical restraint and the best interests meeting does not reach agreement, then legal advice should be sought as a last resort in relation to placing the matter before the Court of Protection (COP) for the Court to make the decision. In cases where restraint is an issue consideration may be given to an application for a DoLS authorisation.

Following a Best Interests decision to give covert medication

Following or as part of the best interests meeting NICE suggests ensuring *“that need for continued covert administration is regularly reviewed”* To achieve this NICE suggests the creation of a covert medication management plan, that would include the following:

- Medication review by the GP.
- Medication review by the pharmacist to advise the care provider how the medication can be covertly administered safely.
- Clear documentation of the decision of the best interests meeting.
- A plan to review the need for continued covert administration of medicines on a regular basis. (Important note: If a person regains capacity, medication should not continue to be given covertly. Person should be assessed prior to each administration to ascertain if they have the requisite capacity to consent.)

It is essential that the decision process is fully documented. The medicine administration chart must also be annotated with the necessary instructions for administering the medicine.

It must be clearly documented and highlighted that the patient has their medications covertly administered when transferring between care settings, for example on admission to hospital. It is recommended that GP practices flag the patient record to ensure the information is included in any admission documents.

The effects of the decision must be reviewed especially for patient deterioration or declining food and drink. Review must also be carried out a regular basis as to the need for continued covert administration of medicines. A plan for review should be included in the documentation and the outcome of each review recorded.

How does covert medication link to a deprivation of liberty?

Treatment without consent is potentially a restriction contributing to the objective factors creating a deprivation of liberty. Medication without consent and covert medication are aspects of continuous supervision and control that are relevant to the existence of a DoL and must be subject to the principle

of least restrictive alternative. The existence of such treatment must be clearly identified within any application for a DoLS authorisation, either for a

urgent/standard authorisation or when informing a Local Authority or Clinical [Appendix 11](#) Commissioning Group of a potential DoL in domiciliary care or supported living services.

The use of covert medication must always call for close scrutiny, especially in cases where the medication impacts on the person's behaviour/mental health or has a sedative effect. Covert medication in this case is a serious interference with the right to respect for private life under human rights legislation and there must accordingly be proper safeguards against arbitrariness.

The use of covert medication within a Care Plan must be clearly identified within the Deprivation of Liberty Safeguards (DoLS) assessments and authorisation. The DoLS authorisation should reflect a requirement to keep the use of covert medication regularly under review.

The managing authority (care provider) must notify the supervisory body of changes to the covert medication regime, including changes to the nature, strength or dosage of medications being administered covertly. Such changes should always trigger a review of the DoLS authorisation. The Managing Authority should also inform the Relevant Person's Representative of this in order to give them an opportunity to request a review of the DoLS authorisation.

If a standard authorisation is granted for a period longer than 6 months, there should be a clear provision for regular reviews of the Care Plan involving family and health professionals. The period of time between reviews should be determined by the circumstances of the individual case. It is not an absolute policy that standard authorisations should be limited to 6 months in all covert medication cases, but the more regular the reviews, the more likely justification there would be for a longer period of authorisation. One way of achieving this would be for the DoLS authorisation to be made subject to conditions about the need to keep the medication regime under regular review.

Expert pharmacy advice

A pharmacist will be able to consider the best method that meets patient's needs and preferences taking into account which will cause the least distress. A

Pharmacist must be consulted in all covert medication decisions to ensure any medication given covertly is done safely.

[Appendix 11](#)

Covert Administration of Medication - Aide Memoire



Establish whether covert administration is required – discuss with GP and care staff.

Consider whether medications can be given without the need for covert administration.

- Review all medication to assess clinical need and benefit to the patient.
- Have all reasonable steps been taken to support the patient to take their medicine?
- Can alternative forms be tried e.g. liquid instead of tablets?
- Does the patient need more time and encouragement at medication

A mental capacity assessment must be carried out to establish if the patient lacks capacity to make this decision. NB capacity is assumed unless proven otherwise

Any adult who has mental capacity has the right to give or refuse consent to treatment or nursing intervention and this decision must be respected.

Ensure all appropriate people take part in the best interests discussion or meeting, including the patient if they are able and wish to do so.

Disguising medication in the absence of informed consent is unlawful.

The local authority **must** be contacted if the patient is subject to a DoLS authorisation.

Where there is no DoLS authorisation, consideration must be given to initiating the process.

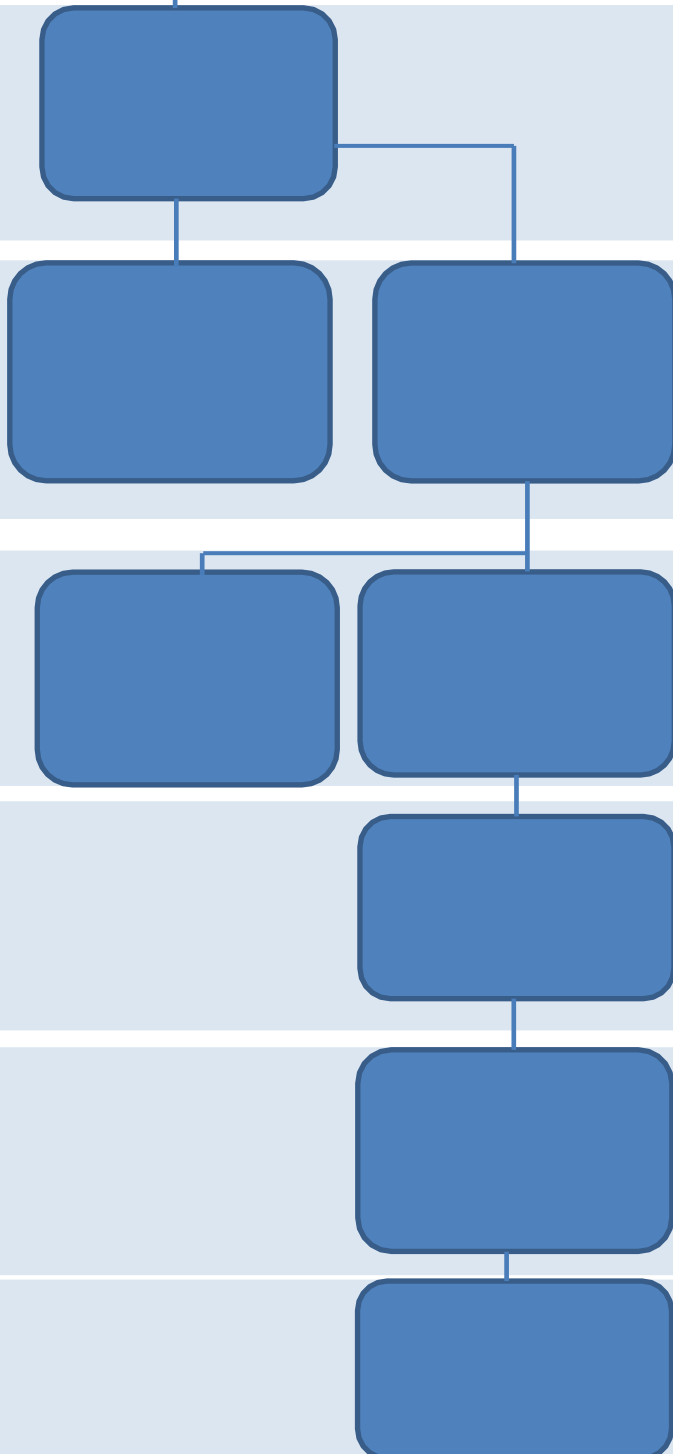
This will take into account the risks of any adverse effects that might be caused by administering the medication covertly, versus benefit obtained.

For example, change in absorption, or risk of person tasting medicine and subsequently refusing all food and drink.

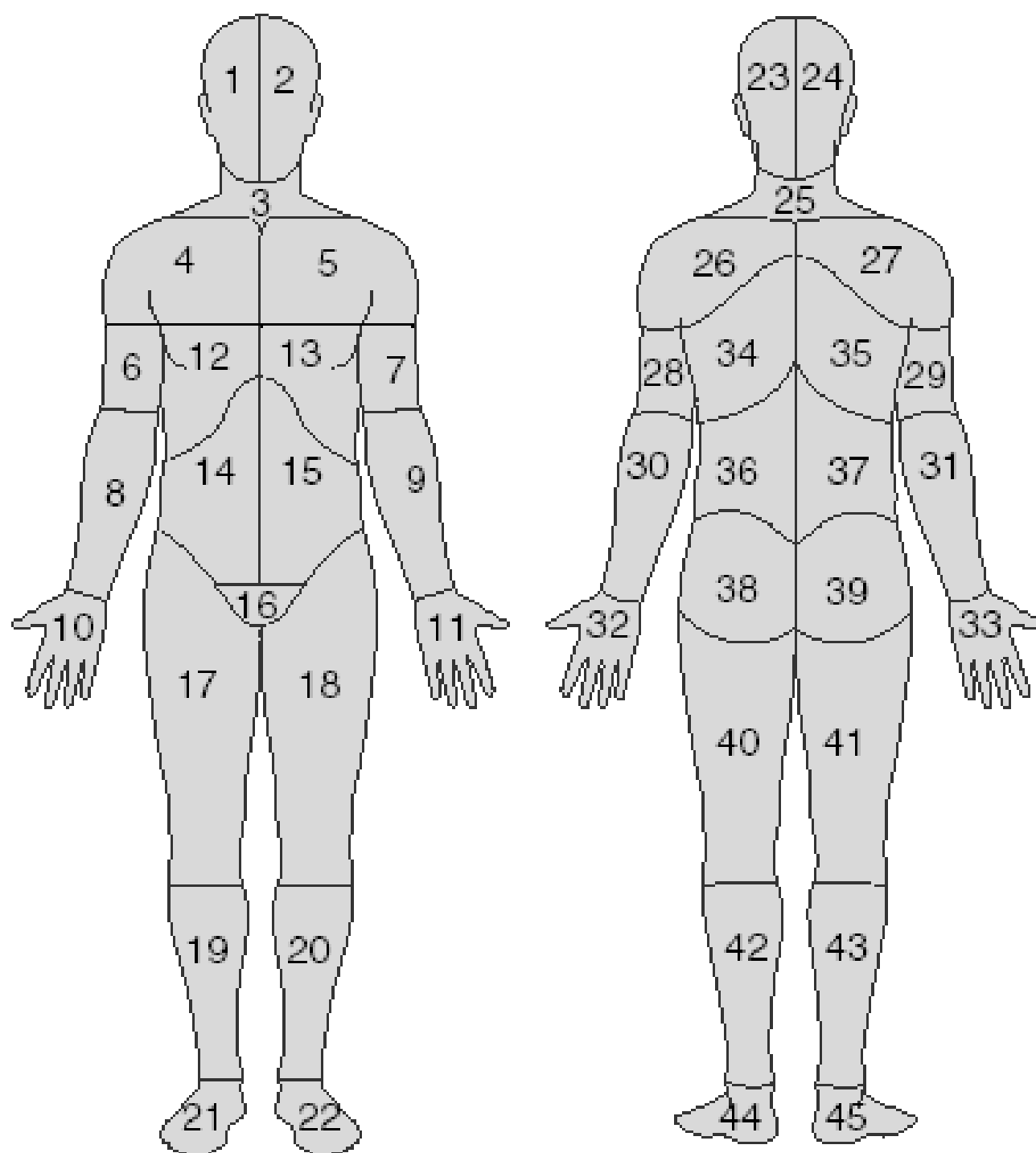
DOCUMENTATION & REVIEW

The decision process must be fully documented.

In all cases, care or nursing staff can only administer medication covertly if authorised by the prescribing practitioner.



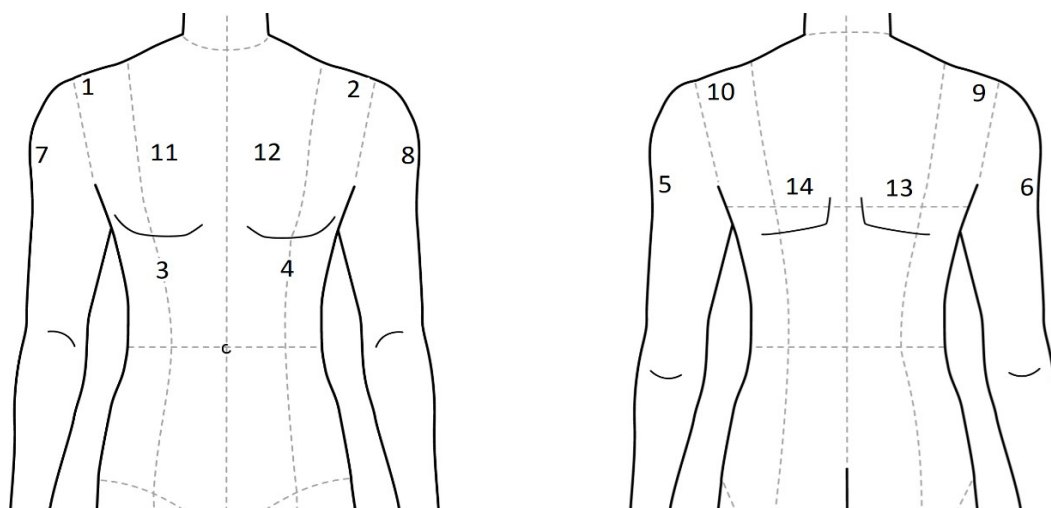
BODY CHART



TRANSDERMAL PATCH APPLICATION BODY CHART

The chart below shows 14 locations used for patch application. These sites must be rotated to avoid skin irritation. Always ensure old patch is removed before applying a new patch.

Remember to also sign the MAR Chart.



1	Front right upper arm	8	Left front upper arm
2	Front left upper arm	9	Right back shoulder
3	Right abdomen	10	Left back shoulder
4	Left abdomen	11	Right front chest
5	Right back upper arm	12	Left front chest
6	Left back upper arm	13	Right lower back
7	Right front upper arm	14	Left lower back

Drug Name _____ Strength _____ Intended duration of patch _____ days						
Date	Old patch removed	Time of application	Area of application (state number)	Applied by	Date/time patch still insitu check	Checked by

Bed

FIRE RISK WITH ALL EMOLLIENTS⁹

All patients/carers and their families should be warned regarding the following risks

- Emollients are not flammable when in their raw state, or in the container, however, can transfer from the skin onto clothing, bedding, dressings, and other fabric, leading to a build up over time.
- In the presence of a naked flame or ignition source, fabric may be easily ignited and the resulting fire burns more quickly and intensely (hotter) and is harder to extinguish than a clean fabric fire, reducing the time to act and leading to serious and fatal burns.
- Consider patients at increased risk due to smoking or being in close contact with smokers and advise on measures to do so safely e.g., use safety lighters or e-cigarettes.
- Other patients at increased risk are users of home oxygen, people with reduced mobility.
- Consider any risk factors from the age over 60 years and increased risks to exposure to naked flames or heat sources (gas, halogen, electric bar or open fire).
- Patients or carers should regularly change clothing or bedding (preferably daily). Wherever possible wash at 60°C or higher temperature for a minimum of 10 minutes within the wash cycle.
- Patients or carers should avoid transferal of emollients onto fabrics and furniture as this can increase the risk of fire.
- Prescribers are encouraged to record any advice given in patient's notes and regularly review patients' use of emollients. Share advice about the safe use of emollient products with patients, their families, carers, community teams (district nurse teams) and care home staff.
- Report any fire incidents with emollients or other skin care products to the [Yellow Card Scheme](#).
- For further information on home fire safety for people who use emollients, visit the [South Yorkshire Fire & Rescue](#) website. You can also find advice from the government [website](#).
- Where you are treating somebody who uses emollient creams regularly, please encourage them (or a family member on their behalf) to [book a visit via the SYFR website](#). Or you can refer them yourselves through the service's [Safer South Yorkshire Referral Scheme portal](#).

⁹ [Emollients and risk of severe and fatal burns: new resources available - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

ADMISSION

In respite/short stay services a pre-admission telephone conversation will take place at which point confirmation of medication will be taken. On admission this will be cross-referenced with the medication sent in and the transcription onto the MAR sheet. In short stay service there may not be a second staff member to check the entry. In this case the pre admission details should be checked again by the staff member on the next shift during handover and initialed as checked. Any concerns should be checked with the Service User's GP. In addition to this the prescriber / GP will be contacted on a bi-annual basis as part of the support plan review to get an up-date on medication alongside new diagnosis etc.

THE SAFE CUSTODY OF MEDICINES

All medicines must be safeguarded against loss or possible misappropriation, and should be stored in a secure lockable receptacle in a designated room or in the Service User's own room.

Advice must be sought from the Dispensing Pharmacist about the Safe Custody of any medicines requiring refrigeration.

MONITORING

A record must be made of the date and quantity of each medicine received. (Provision to record medicines received will usually be made on the Medication Administration Record chart issued by the pharmacist)

ALL medicines entering the home must be checked against each Service User MAR chart and current list of medication, to ensure correct medication has been supplied.

All medication should be stock checked on a weekly basis and cross checked against records of administration

In addition all medications including: Monitored Dosage Systems, when required medicines, non-prescribed medicines, original packs and external preparations must be stock checked at least once per week and recorded. This stock check must also include monitoring of use of medication especially around when required medicines and non-prescribed medicines to prevent incorrect use or over reliance of that medication.

In addition to all the above regular stock checks, random monitoring of medication is also recommended, this should be undertaken by the most senior manager on duty, at least six weekly. Choosing 5 Service User's medication at random and completing the monitoring medication form.

MEDICINES MANAGED ON BEHALF OF SERVICE USERS

All medicines must be kept either in a locked medicine cupboard in a designated room or lockable facility in the Service User's own room.

The keys and access codes to all medicine storage cupboards must be kept safe at all times and secured in a locked cabinet accessible by staff on duty competent to administer medication. **KEYS MUST NEVER BE LEFT IN A LOCK OR KEY CODES LEFT OUT ON DISPLAY.**

There must be a written Key Holding Policy, which identifies staff responsible for the custody of keys/access codes for medicine storage facilities.

CONTROLLED DRUGS

The term 'Controlled Drug' is used in the legal classification of medicines to identify medicines that are addictive or have serious abuse/misuse potential.

The prescribing, supply, storage, administration, and disposal of controlled drugs are regulated under The Misuse of Drugs Act (and Regulations). In practice where a medicine is identified as a Controlled Drug either on the medication label or MAR chart, the following must be applied unless the Service User is self-administering.

- The medicine must be stored in a designated controlled drugs cupboard that meets Home Office approval
- The receipt, administration and disposal of controlled drugs must be recorded in the Controlled Drugs Register.
- The administration must be witnessed
- Both the person administering and the person witnessing must sign the MAR sheet
- The staff administering the controlled drugs must be deemed capable and competent to do so.



Additional Monitoring Form for Checking Medication

Check completed by:

Designation

:



Date/Time:

Site:

Chose 5 Service Users at random

Service Users checked	Quantity checked	Label matches MAR sheets	MAR sheet completed correctly	Correct procedure followed for changes in dose (If Required)	Comments Action	Tick, date and initial once completed
1)						
2)						
3)						
4)						
5)						

Comments/Actions _____



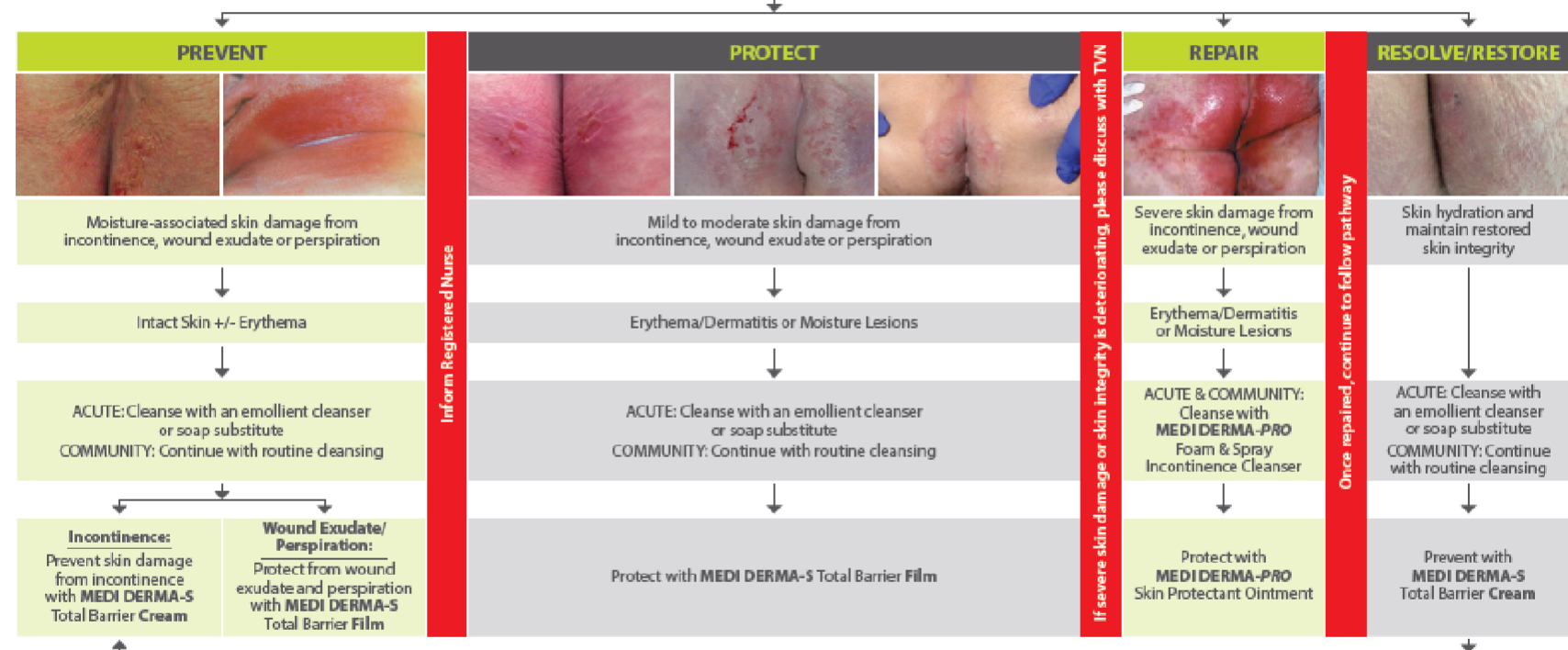
Signed:.....

Date:.....

Prevention & Management of Moisture Associated Skin Damage (MASD) Pathway

Sheffield Teaching Hospitals **NHS**
NHS Foundation Trust

WHAT IS THE PRIMARY TREATMENT AIM FOR SKIN BARRIER PROTECTION?



* In darkly pigmented skin, MASD may be more difficult to identify. Please pay attention to any skin changes where moisture may be a contributory factor *

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Also see [Moisture Pressure Guidance](#) from Sheffield Teaching Hospitals.



PRN ADMINISTRATION LOG

DATE	TIME	MEDICATION	DOSAGE	REASON FOR GIVING MEDICINE	OUTCOME – WAS THE MEDICATION EFFECTIVE?	SIGNATURE

SLIDING SCALE DOSE CHART

	MEDICATION NAME, FORM AND SRENGTH_____								
DATE TO BE ADMINISTERED									
DOSE									
REMAINDER (For checking)									

Attach this sheet to MAR Chart.

Appendix 4

Appendix 2

Medication Record Sheet

Service User Name																				DOB													
Allergies																Emergency Contact Number:																	
Month:								Key		Refused = R		Nausea/vomiting = N				Service User Not Present = NP						Discontinued = DC		Other = O									
Medication Details (E.g Name, Strength, Dose, Route and any Special Instructions from Pharmacy label)		Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication Details (E.g Name, Strength, Dose, Route and any Special instructions from Pharmacy label)		Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

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[illegible]

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			On Arrival				End of service				
Date	Time	Expiry Date Checked	Name of Medication	Medication Amount	Signed in	Checked	Medication Amount	Signed out	Checked	Leaving site	Remaining on site

Medication Booking in / out

This form is to be completed upon arrival. Medication should be removed from bags counted / booked in and locked in the medication cupboard. All medication should be counted and signed out daily.

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Paces Adult Services Medication procedure

Procedure for Signing in medication

- On arrival medication should be removed from the bag of each service user and taken to the medication room.
- Any changes or messages regarding medication should be:
 - Verbally handed over to the senior or where they are not present, a member of the management team should be informed.
 - Written on the white board
- Two assigned staff members then check, count and sign in the medication according to the individuals signing in sheet. The staff who are assigned to checking medication in will be displayed on the white notice board at the start of each day.
- Both staff members should:
 - Check the name of medication
 - Check the name on the box
 - Count the number of tablets etc
 - Check date of medication.
 - Sign their own initials to verify the checks.
- Medication which has remained on site overnight should follow this same procedure even if the service user isn't present on that day.
- Once the checks are complete medication should be placed in the individuals own medication basket.
 - Care should be taken to check that medication is in the correct medication basket with the service users name on it.
 - Check that the mar sheet for the month is in the basket and is for the right individual.
- **Staff should not:**
 - Assume the other person is correct when counting – they must count them selves

Appendix 4

- Sign someone else initials even if they are with the other person at the time
- Start the medication checks without the second person present.

Short course medication

On occasions service users may require the administration of short courses of medication and therefore details are not already on the MAR chart. Where this is the case a manager or competent person should transcribe the information from the prescription label onto the MAR chart and this should be checked by a second person.

Buccal midazolam and other emergency medications please see below.

VNS magnet – see section below.

Storage of medication baskets and medication

- Medication should be kept in the individual's basket, in the allocated cupboard in the medication room which has a key code and should be locked at all times. (this code should not be shared to anybody outside of the Paces adult service staff team).
- Where medication is needed upstairs, the designated dispenser should come down to collect it from the medication room when needed.
- When medication due to be administered the whole basket should be taken to where this is happening and after administering should be placed back in the cupboard or filing cabinet at the earliest opportunity.

Dispensing and administering medication

- Medication will only be administered according to the individuals care plans and MAR chart. Paces Adult Service use an E- Mar on the log my care system for regular medication and a paper based Mar chart for short course medication two trained staff are to be active in 1x dispensing and 1 x administering with both signing the E-mar or paper Mar and witnessing the others actions
- There will be two nominated people each day to dispense medication, one who is working upstairs and one who is working downstairs. The senior or a member of the management team will be a permanent 3rd dispenser on each day in case of emergency or the absence of the one of the nominated people.
- The two nominated people will be named on the board at the start of each day.
- Medication dispensing and administration should be done with two people present 1 dispenser and one person administering.

Appendix 4

- No medication should be dispensed before it is due to be administered.

Both staff must check that:

- Right person
 - Right medicine
 - Right route
 - Right dose
 - Right time
-
- All of this information should be checked on the individual E-Mar chart / paper Mar chart and the medication packaging.
 - The E-Mar chart / paper Mar chart should be signed at the time of administering medication not before and not later in the day.

Unprescribed/ over the counter medication

On occasions service users may need to take unprescribed or over the counter medications. These are usually things like paracetamols and ibuprofen for pain. In this instance permission should have been sought from the individual if they have capacity or the family/ carers and this should be recorded on the medication consent forms along with the dosage required. The instructions on the pack should be followed with regards to the length of period between required doses. Where the parent/ carer isn't present or able to sign a form before needing the administration of medication, written consent can be accepted via a message or in the individual's diary. Verbal consent can also be given over the phone. Where it is possible that the service user may have already had a dose of paracetamol, ibuprofen or Asprin (or other time restricted medication) before arriving at service, clarification should first be sought from the parent or carers before giving a dose.

Any unprescribed / over the counter medication given should be recorded on the MAR chart as with all other medication.

White board

- There is a white board with medication which is due that day with each individual who requires it. The appropriate section should be signed after administering – this enables a quick visual check that someone has had their medication.
- Where there is a gap when someone should have had their medication but it has not been signed, checks must first be done to ensure that they haven't actually been given the medication before administering the missed dose.

Appendix 4

- Inform the senior in the first instance
- They will check the E-MAR chart / paper Mar chart and ask all staff whether they have administered or not. A medication count can also be if needed.
- When this has been clarified the medication can be administered as long as it is within the safe time to do so. Where this is unclear, further advise should be sort from the families about whether to administer or mark as a missed dose.
- Signing of the board should be done as soon as possible after administering to avoid this happening the nominated dispenser should sign the board.
- Any changes such as short course medication required, medication which may not be required that day or medication which cannot be given for a certain time period i.e. paracetamol as already had some that morning, will be written on the white board.

Signing out medication

The procedure for the medication signing out should be done in the same way as signing in but in reverse again with two people present at all times.

- Both staff members should:
 - Check the name of medication
 - Check the name on the box
 - Count the number of tablets etc
 - Check date of medication.
 - Sign their own initials to verify the checks.
 - Tick whether the medication is staying on site or leaving site.
 -
- Medication which is remaining on site overnight should follow this some procedure even if the service user isn't present on that day.
- Once the checks are complete, staff responsible for signing the medication out should put the medication back in the service user's bags **or** back in the basket if staying over-night.
- Care should be taken to check that medication is in the correct service user bag and or box.
- **Staff should not:**
 - Assume the other person is correct when counting – they must count them selves

Appendix 4

- Sign someone else initials even if they are with the other person at the time
- Start the medication checks without the second person present.

Rescue medication

The process of signing in rescue medication is the same as all other medication except:

- Rescue medication will be placed in a zip lock bag with the service user's epilepsy protocol and placed in the yellow emergency evacuation box which ensures that rescue medication is easily identified in the case of an evacuation.

AND THEN if the service user is:

- a. Staying downstairs – zip lock bag is placed into the yellow emergency evacuation medication basket and stored with other medications in a lockable cabinet in the medication room that has a key code lock.**
- b. Going upstairs – zip lock bag is placed in the yellow emergency evacuation medication basket. When upstairs the medication is removed and placed into the lockable medication cabinet.**

This ensures that in the event of an emergency whilst in the lift, the service user always has access to their rescue medication.

It is the responsibility of the person booking in medication to put rescue medication back in to the service user's bag if going upstairs. It is the responsibility of the staff member taking them upstairs to check the medication is with them. When coming downstairs it is the responsibility of the person bringing them downstairs to take the medication out of the locked cabinet, place in to the service user's bag and when downstairs remove it from the bag and place in to their individual medication baskets.

VNS Magnet

This should be signed in as a medication and placed in a zip lock bag with the protocol and immediately placed back in the service users bag so it is with them when needed. It should also be signed out by the nominated medication booking people and placed back into his bag.

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Medication on site which we are not administering but is traveling with a person i.e. respite bags etc.

- All overnight bags should be checked for medication even if we are not required to administer it.
- Medication should be checked in as above.

However –

- This medication should be put back into their over-night bag which should be kept in the locked medication room.
- The signing out procedure as above should be followed for these medications before the service user leaves site.

This ensures all medication is accounted for which is onsite at any one time and reduces the risk of potential errors.

Deliberately not following the guidelines can potentially cause serious harm and as such will be taken extremely seriously. Following the procedures helps hugely reduce the risk of human error.

Please sign to say you have read and understood the above document and the procedures needed to be followed relating to medication.

Name printed	Signed	Date of training

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