



Review Sheet

Last Reviewed
10 Sep '20Last Amended
10 Sep '20Next Planned Review in 12 months, or
sooner as required.

Business impact



Changes are important, but urgent implementation is not required, incorporate into your existing workflow.

Reason for this review

Scheduled review

Were changes made?

Yes

Summary:

This policy details how service users can be supported in the administration of medicines in line with the six 'R's. It has been reviewed with content added in relation to COVID-19 and a reference to the CQC's medicines information guidance during the pandemic. All references have also been checked to ensure they remain current. The reference number of this policy has changed. Previously it was CM34.

Relevant legislation:

- The Care Act 2014
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- Data Protection Act 2018

Underpinning knowledge - What have we used to ensure that the policy is current:

- Author: Lisa Dougherty and Sara Lister, (2015), *The Royal Marsden Manual of Clinical Nursing Procedures, Professional Edition*. [Online] Available from: [Accessed:]
- Author: National Institute for Health and Care Excellence, (2017), *Managing medicines for adults receiving social care in the community - NICE Guideline [NG67]*. [Online] Available from: <https://www.nice.org.uk/guidance/ng67> [Accessed: 10/9/2020]
- Author: National institute for Health and care excellence, (2018), *Medicines management for people receiving social care in the community - Quality Standards QS171*. [Online] Available from: <https://www.nice.org.uk/guidance/qs171/chapter/Quality-statement-2-Communicating-that-medicines-support-has-started> [Accessed: 10/9/2020]
- Author: Royal Pharmaceutical Society of Great Britain, (2019), *Professional Guidance on the Administration of Medicines in Healthcare Settings*. [Online] Available from: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567> [Accessed: 10/9/2020]
- Author: National Institute of Health and Care Excellence, (2019), *Decision-making and mental capacity*. [Online] Available from: <https://www.nice.org.uk/guidance/ng108> [Accessed: 10/9/2020]
- Author: CQC, (2020), *Medicines information for adult social care services*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services#homecare> [Accessed: 10/9/2020]



Suggested action:	<ul style="list-style-type: none">• Encourage sharing the policy through the use of the QCS App• Ensure relevant staff are aware of the content of the whole policy
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.



1. Purpose

1.1 To ensure that there is a clear policy and procedure at Inspiring Aspirations Plus Ltd T/A Inspiring Support for Service Users who are unable to administer their own medication and who require assistance with medication from Support Workers.

1.2 This policy must be read with the **Overarching Medication Policy and Procedure** and the complete suite of Inspiring Aspirations Plus Ltd T/A Inspiring Support medication management policies.

1.3 To support Inspiring Aspirations Plus Ltd T/A Inspiring Support in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
RESPONSIVE	R1: How do people receive personalised care that is responsive to their needs?
SAFE	S4: How does the provider ensure the proper and safe use of medicines?
WELL-LED	W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

1.4 To meet the legal requirements of the regulated activities that {Inspiring Aspirations Plus Ltd T/A Inspiring Support} is registered to provide:

- | The Care Act 2014
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Human Rights Act 1998
- | Medical Act 1983
- | Medicines Act 1968
- | The Human Medicines Regulations 2012
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Misuse of Drugs Act 1971
- | The Misuse of Drugs (Safe Custody) Regulations 1973
- | The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- | Data Protection Act 2018



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Nurse
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | Service Users

2.3 The following stakeholders may be affected by this policy:

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



3. Objectives

3.1 To ensure that Inspiring Aspirations Plus Ltd T/A Inspiring Support follows NICE guidelines 'Managing medicines for adults receiving social care in the community' NG67 and QS171.



4. Policy

4.1 Policy Statement

- | Inspiring Aspirations Plus Ltd T/A Inspiring Support aims to provide safe and reliable care in relation to medication administration that maximises the Service User's choice and independence
- | Service Users will be treated as individuals and, at all times, due consideration will be given to their age, beliefs, opinions, experience, ability, cultural needs and any other factors important to them
- | Inspiring Aspirations Plus Ltd T/A Inspiring Support recognises the importance of staff training and supervision and will ensure that all employees involved in the administration of medication are well trained and competent to perform the activities within the remit of their roles
- | Inspiring Aspirations Plus Ltd T/A Inspiring Support will ensure that during times of emergency such as the coronavirus pandemic continued safe and reliable medication support is provided to all Service Users

4.2 Medication Administration Principles of Inspiring Aspirations Plus Ltd T/A Inspiring Support

- | Service Users will be fully involved in the management and administration of their medication
- | Service Users will be fully involved in decisions regarding their individual medication and its purpose and staff will have shared with them, in a method which promotes their understanding, the medication Patient Information Leaflet provided by the dispensing Pharmacist
- | Before any support with medication is provided, an assessment will be undertaken to establish the Service User's capacity to self-manage their medication or the level of medication support required in line with the **Overarching Medication Policy and Procedure**
- | Before medication is administered to any Service User, **formal consent** must be obtained
- | Where a Service User is unable to give valid consent due to mental incapacity, best interest meetings will take place and, where it is agreed that it is in the best interest of the Service User, including their medical interests, that medication is administered, then **formal authorisation** for medication administration will be obtained and evidenced in the Service User's Care Plan and medication records
- | Medication administration must promote Service User independence, choice, privacy, and dignity
- | Medication administration must take account of the Service Users' cultural and religious values and beliefs
- | Medication must not be used as a form of restraint to sedate Service Users for the convenience of the staff. This is abuse and a breach of Human Rights
- | This policy must be read in conjunction with the **Deprivation of Liberty in Community Settings Policy and Procedure**. This will ensure that consideration is given to mental capacity and whether the medication may constitute a Deprivation of Liberty
- | Medication must only be administered to the Service User who has been prescribed that medication
- | All Support staff, including those who are not directly concerned with the administration of medicines, will be trained in the understanding of medications, the main types of medication in use, their administrative procedures, and how to look for and report possible adverse reactions, including changes which may require review of the Service User's medication prescription
- | Only staff who have undertaken the Medication Training Course at Inspiring Aspirations Plus Ltd T/A Inspiring Support, and who have been assessed as competent, will be involved in the administration of medication
- | Inspiring Aspirations Plus Ltd T/A Inspiring Support will keep an up-to-date list of all Support Workers who are trained and assessed as competent to administer medicines. This list will be easily accessible
- | Covert medication must not be given to a Service User who has the capacity to give their consent or refusal to medical treatment. Staff will follow the **Covert Medication Policy and Procedure**
- | Inspiring Aspirations Plus Ltd T/A Inspiring Support does not allow the Support Worker to administer medication from family filled dosette boxes in line with best practice guidance

4.3 Types of Medication Support



Inspiring Aspirations Plus Ltd T/A Inspiring Support is responsible for assessing and agreeing on the type of medication support required as detailed in the **Overarching Medication Policy and Procedure** and ensuring that the appropriate record keeping and training needs are met. The Service User's Care Plan will require review as needs change. Involvement with the wider multi-disciplinary team may be required to ensure that the Service User's independence, needs and expectations are met. In addition to **self-managed**, there are three types of support that might be required with medication administration

- | Assisting with medication administration to support self-management
- | Administering medication
- | Administering medication using specialised techniques after receiving further training

4.4 The 6 Rights of Medication Administration

The following 6 Rights of Medication Administration will be applied where the Service User requires assistance:

RIGHT PERSON - The identity of the Service User must be confirmed and checked with the name of the Service User's Medication Administration Record (MAR), the pharmacy label on the medication and by asking the Service User to confirm their name. Any allergies must be noted.

RIGHT DRUG - The name, form and strength of the medication must be checked during the administration process, i.e. the pharmacy label on the medication must be compared with the MAR before it is placed with the Service User and before documenting and signing on the MAR.

RIGHT DOSE - The dose of medication must be administered in accordance with the prescriber's instructions. Again, the MAR and pharmacy label will be checked. If there is any discrepancy between the dose on the MAR and that stated on the label, advice must be obtained from the supervisor/GP before the medication is given.

RIGHT ROUTE - Each medication must be administered in its prescribed form, i.e. tablet, capsule, patch, inhaler, etc. and by the prescribed route, i.e. oral, sublingual, topical, etc.

RIGHT TIME - Medication will be given at the time indicated on the MAR. If medication is administered more than one hour either side of the time stated, advice may need to be sought from the Registered Manager/GP before the medication is administered.

RIGHT DOCUMENTATION - The documentation for the medication will clearly reflect the Service User's name, the name of the prescribed medication, date, time, dose, route and frequency of administration. Each MAR must be signed immediately after administration of the drug. Where a Service User refuses, the correct code must be entered on the MAR, a note made on the daily record sheet, and the supervisor informed. The Service User will never be forced to take their medication and has a **Right to Refuse**.

Inspiring Aspirations Plus Ltd T/A Inspiring Support recognises that there are a number of different 'Rights of Medication' and understands that the NICE guidance NG67 refers to the 6 Rights. This policy uses the 6 Rights that focuses on 'Right Documentation' because of the high rate of errors associated with documentation. The Right to Refuse is included.



5. Procedure

5.1 Check the Care Plan, Medication Administration Record (MAR) and risk assessment to ensure that the medication has not been changed or already administered and confirm which medicines are due, noting any time sensitive medication. Support Workers will only provide support with medication administration if it is agreed in the Care Plan.

5.2 Wash, thoroughly dry hands and assemble any equipment that may be required, e.g. medicine spoons, tablet cutter. Any liquid medication must be measured into a clearly graduated and marked medication pot or by using an appropriately sized syringe which clearly identifies individual millilitre markings.

5.3 Where specialised clinical administration is required, undertake preparations and infection control procedures as required.

5.4 Check the Service User's identity and allergy status - **6 Rights of Medication Administration.**

5.5 Check that the Service User consents to have their medication. Where a Service User lacks capacity, check that a best interest decision is in place.

5.6 Check the physical state of the medication, including the expiry date and labelling and check that it has been suitably stored. If the medication label and MAR do not appear to match, then advice must be sought from Jo Kerley before administration.

5.7 Check the required dose and any special instructions on the dispensing label (e.g. not to be given with milk or antacids or to be taken with food, etc.) and take appropriate action.

5.8 Contact Inspiring Aspirations Plus Ltd T/A Inspiring Support if there are concerns that the dose has already been given by another Support Worker. Do not give the dose until it is confirmed that it is safe to do so.

5.9 Ensure that the Service User is either in a standing position or sitting upright. Staff must not attempt to assist with medication for Service Users who are in a prone position. Medicines must be swallowed with plenty of water, e.g. 100-150ml of water or at least half a glass.

5.10 Check that the medication has been taken.

5.11 For applications of creams and ointments, disposable powder free gloves must be worn, removed when the activity is completed, and hands washed.

5.12 Record on the MAR that the medicine has been given or that it has been offered and refused. If the Service User declines to take a medicine, the Support Worker must consider waiting a short while before offering it again. Support Workers will ask about other factors that may cause a Service User to decline their medicine, such as being in pain or discomfort.

If the Service User still declines, the Support Worker will complete the MAR with the correct code as well as the daily record log. The Support Worker will report to Inspiring Aspirations Plus Ltd T/A Inspiring Support immediately. Inspiring Aspirations Plus Ltd T/A Inspiring Support will need to seek clinical advice from the GP or Pharmacist if the Service User refuses their medication. Out of hours advice may be sought from 111.

Inspiring Aspirations Plus Ltd T/A Inspiring Support will provide training to staff on the correct codes to use on Inspiring Aspirations Plus Ltd T/A Inspiring Support MARs. These codes will reflect any Suffolk County Council requirements to ensure that Inspiring Aspirations Plus Ltd T/A Inspiring Support dovetails with local procedures.

5.13 Return the medicines to the safe storage place as identified on the risk assessment.

5.14 Ensure that the MAR is stored securely and appropriately.

5.15 Remove gloves and aprons and wash hands.

5.16 Administration Do's and Don'ts

- | **Do** only administer medication if you have been trained and assessed as competent to do so
- | **Do not** take medication from its original container and give it to another member of staff to give to the Service User, as the person checking the right dose for the right person must also witness the person taking the medication and must be sure that the medication has been taken properly by the Service User
- | **Do** make sure that medication is given at the time agreed on the Care Plan and MAR. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the Medication Administration Record
- | **Do not** leave out medication for the Service User to take at a later time



- | **Do** make sure that medicines are given only to the Service User for whom they are prescribed, following the prescription instructions
- | **Do** give medicines from the container in which they are supplied. Medication doses will not be put out in advance (potted up) as this can lead to errors and accidents
- | **Do** check where the Service User's medication is stored before starting medication administration. It may be in the refrigerator or separate jars or tubs
- | **Do** always check the medication and MAR, **do not** rely on memory
- | **Do** always ask the Service User if they want to take their medication before removing it from the pack. If they refuse to take the medication try again a little later. The refusal must be documented, and the GP or Pharmacist telephoned for advice
- | If the tablets or capsules are in a monitored dosage pack, **do** open the appropriate section and empty the tablets/capsules into a medicine pot and hand it directly to the Service User
- | **Do** transfer the medication from the bottle or pack into a medication pot and give this directly to the Service User
- | **Do not** handle medication but transfer to the medication pot in a non-handling, clean method
- | **Do** wear disposable plastic gloves where drugs are risk assessed as harmful when handled. This may also apply where the Service User is unable to handle medication and they require extra support, although the handling of drugs must be avoided, and medication spoons used to aid administration where difficulties are identified. Where administration by a specialised technique is required, the use of PPE may be required
- | **Do** make sure that any variable dose or PRN medication is given as indicated in the Care Plan following the **As Required and Variable Dose Medication Policy and Procedure**
- | **Do not** use part-used medication that has been dispensed for one Service User, and is no longer required, for any other Service User
- | **Do** seek advice if a Service User cannot swallow their medication. Advice must be obtained from a health care professional and alternative liquid medication may be able to be prescribed. Medication will not be crushed or split without prior approval from the Prescriber as this may affect the way medicines work and can be potentially harmful to the Service User
- | **Do** report any concerns and log any incidents, errors or omissions in line with the **Medication Errors and Near Misses Policy and Procedure**
- | **Do** mark any medication that has a short shelf life after opening with the date after which it will not be used on the container
- | **Do** hand over all information regarding changes to medications administration to relevant staff and ensure that they have received and understood the message

5.17 Splitting Medication

- | Where it is necessary to split a tablet to provide the required prescribed dose, the supplying pharmacy will be asked to supply the medication as split tablets in an appropriate container
- | Where the Pharmacist refuses to supply split medication, a tablet cutter will be used as per the Service User's risk assessment
- | Where the tablet is provided in a manufacturer's blister pack, after splitting the remaining tablet must be disposed of because it cannot be stored correctly until the next required dose
- | Disposal will be in line with the **Safe Disposal of Medication Policy and Procedure**
- | Where Inspiring Aspirations Plus Ltd T/A Inspiring Support is responsible for collection of medication, they will ensure sufficient quantities of medication
- | Staff will be aware that splitting medication is a last resort as splitting can result in differences in medication fragments altering the therapeutic dose

5.18 Crushing Medication

- | Crushing medication may alter the way in which a medicine is absorbed and its effect on the body
- | Crushing medication invalidates a product licence so crushing medication must always be authorised by the Prescriber



- | Where it has been assessed with the Prescriber that crushing medication is in the Service User's best interest, advice from a Pharmacist will be sought
- | Other alternatives such as the availability of liquids or other forms of medicines will be discussed
- | Written authorisation from the Prescriber for each medicine that needs to be crushed, and the period the authorisation applies, must be recorded and retained with the Service User's medication records
- | Where staff are required to give crushed medication via specialised technique, such as via a PEG Tube, they will only administer when trained and assessed as competent to do so

5.19 Time Sensitive Medication

- | The times of administering medication are essential and there are often set times
- | It is important to know if the medication is required to be taken a specified number of hours apart, as taking some medications too closely together can result in toxicity
- | It is important to document clearly that medications have been given on the MAR at Inspiring Aspirations Plus Ltd T/A Inspiring Support
- | No double doses must ever be given, e.g. if a Service User refuses one dose do not give two doses the next time around. This will be recorded on the MAR using the correct reason code
- | Inspiring Aspirations Plus Ltd T/A Inspiring Support will ensure that Support Workers are able to prioritise their visits for Service Users who need support with time-sensitive medicines
- | Staff responsible for administration of medication will be made aware of any time-sensitive medication
- | Jo Kerley will ensure that prescribers, supplying pharmacists and dispensing doctors provide clear written directions on the prescription and dispensing label on how each prescribed medicine will be taken or given, including for timesensitive medicines. Information must include:
 - | What the medicine is for
 - | What dose must be taken
 - | What time the dose must be taken, as agreed with the Service User

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

Where staff support Service Users who have a learning disability or autism (or both), they must follow the recommended guidance from NHS England in relation to reducing the reliance and need for psychotropic medication.

Staff will:

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

Further information and guidance can be found via the [NHS England website](#).

5.21 Partnership Working

When supporting Service Users for the first time with medication, staff will inform the Service User's GP and supplying pharmacist.

5.22 COVID-19

During time of emergency, such as the coronavirus pandemic, Inspiring Aspirations Plus Ltd T/A Inspiring Support will ensure that it adheres to relevant guidance on medication support for its Service Users. The CQC's '[Medicines: information for adult social care providers](#)' guidance will be referred to for the latest COVID-19 medicines information.



6. Definitions

6.1 Covert Administration

- | This is the term used when medications are hidden and given without the consent of the Service User

6.2 PEG

- | Percutaneous Endoscopic Gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation)

6.3 MDT

- | Multi-disciplinary team

6.4 Personal Protective Equipment (PPE)

- | Equipment that will protect the user against health or safety risks at work. It can include items such as gloves, eye protection, disposable aprons

6.5 Variable Dose

- | Medications are sometimes prescribed to allow variable dose amounts to be administered, up to a maximum total dose in a dose interval. This is specified in the fields 'dose' and 'frequency' for PRN medications in the MAR

6.6 The 6 Rights of Medication Administration

- | A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound **T**he **D**ay
 - | Right **P**atients
 - | Right **D**rugs
 - | Right **D**ose
 - | Right **R**oute
 - | Right **T**ime
 - | Right **D**ocumentation
- | These 6 Rights vary in definition - NICE guidelines refer to Right to Refuse instead of Right Documentation. This policy uses Right Documentation because of the high rate of errors associated with documentation but refers to the Right to Refuse to ensure that NICE guidelines are reflected fully



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Staff must only administer medication when they have been trained and assessed as competent
- | Staff will check the 6 Rights of Medication Administration for any medication every time it is administered
- | Staff must give medication administration their full attention to avoid errors
- | Where a Service User does not have capacity, medication must always be administered as formally agreed to be in their 'best interests'
- | Staff must ensure that consent is obtained before administering any medication
- | Service Users will be supported to self-manage medication wherever possible



Key Facts - People affected by the service

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

- | You can expect to have support with your medication from staff who are trained and competent with medication administration
- | You have a right to refuse medication or treatment
- | We will share with you if we make any errors or omissions with your medication
- | You have the right to choose to manage your own medicines if you want to, with appropriate support from Inspiring Aspirations Plus Ltd T/A Inspiring Support



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care: <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/a-guide-to-confidentiality-in-health-and-social-care>

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

NICE: Managing Medicines in Care Homes (although tailored to care homes it is a useful resource to review):

<https://www.nice.org.uk/guidance/sc1>

Related Policies

- | Recording the Administration of Medication Policy and Procedure
- | Ordering and Receipt of Medication Policy and Procedure
- | Storage of Medication Policy and Procedure
- | Controlled Drugs Policy and Procedure
- | Safe Disposal of Medication Policy and Procedure
- | Over the Counter Medication Policy and Procedure
- | As Required and Variable Dose Medication Policy and Procedure
- | Covert Medication Policy and Procedure
- | Medication Errors and Near Misses Policy and Procedure
- | Medication Away from Home Policy and Procedure
- | Training and Competency on Medications Policy and Procedure



Outstanding Practice

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

- | Service Users are regularly assessed for capacity, and assessments are made for individual medications as opposed to 'blanket' decisions
- | Written evidence is in place where pharmacist advice was sought where medicine administration involved crushing tablets, mixing the contents of a capsule with drink and food and, where necessary, medication was given via a PEG
- | There is paper evidence of an MDT meeting taking place (including GP, family member, pharmacist) before covert administration is considered. Paperwork must be in date, signed by members of the MDT and include a review date
- | There is evidence that staff have a good working knowledge of STOMP and other best practice initiatives in relation to medication
- | The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

Currently there is no form attached to this policy.