



Review Sheet



Last Reviewed
6 Mar 2025



Last Amended
6 Mar 2025



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

Business Impact:



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

Reason for this Review:

Scheduled review

Changes Made:

Yes

Summary:

This policy will support staff who are administering medication for Service User (Children and Adults)s. It has been reviewed with minor changes as well as some additional information added in Sections 5.11 and 5.13. Underpinning Knowledge references and Further Reading links have been checked and updated.

Relevant Legislation:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- 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
- UK GDPR

- Author: Sara Lister, Justine Hofland and Hayley Grafton, (2020), Royal Marsden Manual of Clinical Nursing Procedures Tenth Edition [Book] Wiley & Sons
- Author: Care Quality Commission, (2022), Managing Medicines: Home care providers [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-medicines-home-care-providers> [Accessed: 06/03/2025]
- Author: CQC, (2023), Medicines Information for Adult Social Care Services [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services#homecare> [Accessed: 06/03/2025]
- Author: National Institute of Health and Care Excellence, (2018), Decision-making and Mental Capacity [Online] Available from: <https://www.nice.org.uk/guidance/ng108> [Accessed: 06/03/2025]
- Author: CQC, (2023), Delegating Medicines Administration [Online] Available from: <https://www.cqc.org.uk/guidance-providers/adult-social-care/delegating-medicines->

<p>Underpinning Knowledge:</p>	<p>administration [Accessed: 06/03/2025]</p> <ul style="list-style-type: none"> • 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: 06/03/2025] • Author: National Institute for Health and Care Excellence, (2017), Managing Medicines for Adults Receiving Social Care in the Community - NICE Guideline [NG67] [Online] Available from: https://www.nice.org.uk/guidance/ng67 [Accessed: 06/03/2025] • 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: 06/03/2025]
<p>Suggested Action:</p>	<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
<p>Equality Impact Assessment:</p>	<p>QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate lawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.</p>



1. Purpose

1.1 To ensure that Service User (Children and Adults)s are safeguarded by the systems put in place regarding the administration of medication and to set minimum standards of practice that are adopted by all staff involved in the administration of medication.

1.2 This policy must be read with the **Overarching Medication Policy and Procedure** and the complete suite of OLIVE HEALTHCARE SERVICES LTD medication management policies. They should also support and complement any locally required policies and procedures.

1.3

Key Question

Quality Statements

EFFECTIVE	QSE1: Assessing needs QSE2: Delivering evidence-based care & treatment
EFFECTIVE	QSE6: Consent to care and treatment
RESPONSIVE	QSR1: Person-centred care
SAFE	QSS3: Safeguarding
SAFE	QSS8: Medicines optimisation
WELL-LED	QSW5: Governance, management and sustainability

1.4 Relevant Legislation

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
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- Data Protection Act 2018
- UK GDPR



2. Scope

2.1 Roles Affected:

- Registered Manager
- Other management
- Care staff

2.2 People Affected:

- Service User (Children and Adults)s

2.3 Stakeholders Affected:

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

**3. Objectives**

3.1 Following assessment, Service User (Children and Adults)s receive appropriate support and encouragement to manage their own medication as independently as possible, if they wish, without putting themselves or others at risk.

3.2 All Service User (Children and Adults)s who require medication, receive their medication safely. Administration is based on evidence-based best practice and national recommendations, delivered by competent and confident staff who understand their responsibilities and follow best practice, reducing the risk of medication errors and incidents.

3.3 Staff adopt a person-centred approach by engaging with the Service User (Children and Adults) or their advocate in decisions about their medicines. This encourages Service User (Children and Adults)s to take their medicines as prescribed.

**4. Policy****4.1 Policy Statement**

- OLIVE HEALTHCARE SERVICES LTD aims to provide safe and reliable care in relation to medication administration that maximises the Service User (Children and Adults)'s choice and independence
- Service User (Children and Adults)s are treated as individuals and, at all times, due consideration is given to their age, beliefs, opinions, experience, ability, cultural needs and any other factors important to them
- OLIVE HEALTHCARE SERVICES LTD recognises the importance of staff training and supervision and ensures that all employees involved in the administration of medication are well trained, competent and confident to perform the activities within the remit of their roles
- Service User (Children and Adults)s are fully involved in the management and administration of their medication
- Service User (Children and Adults)s are fully involved in decisions regarding their individual medication, and its purpose, and will have shared with them, using a method which promotes their understanding, the medication patient leaflet information provided by the dispensing pharmacist

- OLIVE HEALTHCARE SERVICES LTD ensures regular official monitoring of staff administering medication in the form of onsite direct Medication Competencies

4.2 Self-Administration and Medication Support

Care Workers at OLIVE HEALTHCARE SERVICES LTD should assume that the Service User (Children and Adults) can take and look after their medicines themselves (self-administer) unless a risk assessment has indicated otherwise.

Self-Administration:

- Can improve Service User (Children and Adults) satisfaction
- Encourages independence and self-care
- Can prepare Service User (Children and Adults)s for discharge

OLIVE HEALTHCARE SERVICES LTD is responsible for assessing and agreeing on the level 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.

Staff should refer to the Overarching Medication Policy and Procedure at OLIVE HEALTHCARE SERVICES LTD for further information on self-medication.

4.3 Safe Administration of Medicines/The 'RIGHTS'

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

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

If they do not have this knowledge, they should not administer and should seek advice from a senior staff member at OLIVE HEALTHCARE SERVICES LTD.

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

They all outline the key principles for administration of medicines.

For this policy we will use the 6 rights of administration as outlined by the National Institute for Health and Care Excellence (2014) and referred to by CQC (2022).

- Right Service User (Children and Adults)
- Right medicine
- Right route
- Right dose
- Right time
- Service User (Children and Adults)'s Right to refuse

Details of the other rights of administration can be found in the further reading section of this policy.

4.4 Routes of Administration

- The oral route is the most frequently used route for medication administration, however other routes are used for various reasons
- It is the responsibility of OLIVE HEALTHCARE SERVICES LTD to ensure that Care Workers who administer medication are trained and competent to administer medication via the routes prescribed

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

4.5 Medication Administration by Care Workers

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

Delegation of a Specialised Technique:

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

However a Registered Nurse can delegate the administration of these medicines to a suitably trained and competent senior Care Workers as long as it has been deemed in the best interest of the Service User (Children and Adults).

- Care Workers will:
 - Need extra and more specific training and competency checks before undertaking these routes of administration
 - Receive supervision and support
 - Understand the delegated task fully
 - Understand their limitations
 - Know when and how to seek help and escalate concerns
 - Be comfortable in carrying out the tasks safely and correctly
 - Know what to do if the Service User (Children and Adults) refuses their medicine
 - Be monitored to ensure required standards are met
- One senior Care Worker is not authorised to delegate to other senior Care Worker

OLIVE HEALTHCARE SERVICES LTD understands that within its duty of care, as a provider, OLIVE HEALTHCARE SERVICES LTD may only accept this responsibility when they have, and can evidence that they have, sufficient numbers of staff trained in the way described above to meet the Service User (Children and Adults)s requirements for all days of the year and with all applicable visits.

4.6 Consent

- Before medication is administered to any Service User (Children and Adults), formal consent must be obtained
- Where a Service User (Children and Adults) is unable to give valid consent due to mental incapacity, best interest meetings will take place and, where it is agreed that it is the best interest of the person, including their medical interests, that the medication is administered, then formal authorisation for medication administration will be obtained and evidenced in the Service User (Children and Adults)'s Care Plan and medication records
- Medication must not be used as a form of restraint to sedate people for the convenience of the staff. This is abuse and a breach of human rights

- This policy should be read in conjunction with the Deprivation of Liberty in Community Settings Policy and Procedure. This will ensure that consideration is given to mental capacity and whether the medication may constitute a deprivation of liberty
- OLIVE HEALTHCARE SERVICES LTD will ensure that staff do not administer medicines to a Service User (Children and Adults) without their knowledge (covert administration), if the Service User (Children and Adults) has capacity to make decisions about their treatment and care. Staff should follow the Covert Medication Policy and Procedure

4.7 Timing for Administering Medications

The Registered Manager, health professional prescribing the medicine and pharmacist should agree with the Service User (Children and Adults) the best time for the Service User (Children and Adults) to take their prescribed medicines.

4.8 Medicine Supply Systems

The two widely used systems to provide medicines to Service User (Children and Adults)s are:

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

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

They recommend the original packs of medicines as the preferred choice for the supply of medicines in the absence of a specific need for a Monitored Dosage System.

Care Workers administering medication must be trained and competent to use systems adopted at OLIVE HEALTHCARE SERVICES LTD for medicines.

4.9 Medicines Administration Records

OLIVE HEALTHCARE SERVICES LTD is required to keep appropriate records of all medicines prescribed and administered to Service User (Children and Adults)s. This is required under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Medication administration records can be:

- Paper-based
- Electronic

Pharmacies supplying medicines to Service User (Children and Adults)s should produce medicines administration records wherever possible. (NICE 2014)

If OLIVE HEALTHCARE SERVICES LTD produces its own medicines administration records, there should be a process in place to check that the details are correct for all entries made on the record and signed by a second medication trained and competent staff member before use.

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

Staff should refer to the Ordering and Collecting Prescriptions Policy and Procedure.

Care Workers should ensure that all information included on the Service User (Children and Adults)'s EMAR is up-to-date and accurate. Where appropriate, staff should contact the Service User (Children and Adults)'s GP or supplying pharmacist to do this.

Medication administration records should be retained by OLIVE HEALTHCARE SERVICES LTD for at least 8 years after the Service User (Children and Adults)'s care ended with OLIVE

HEALTHCARE SERVICES LTD.

4.10 Controlled Drugs

The administration of controlled drugs (CD's) is covered in the Controlled Drugs Policy and Procedure.

4.11 Oxygen

The administration of oxygen is covered the in Oxygen Use Policy and Procedure.

4.12 Care Workers should be able to access up-to-date information about medicines, including:

- Medicines and Healthcare products Regulatory Agency
- NHS choices
- Patient.co.uk
- British National Formulary (BNF)

4.13 Registered Manager

Natercia Pintor will keep an up to date list of all Care Workers who are trained and assessed as competent to administer medicines. This list should be easily accessible.



5. Procedure

5.1 Index

5.2 Routes of Administration

5.3 Medication Administration Records - (EMAR or MAR)

5.4 Pharmacy Labels

5.5 The 6 Rights of Administration

5.6 Reducing Risk

5.7 Equipment

5.8 Preparing to Administer Medication

5.9 Procedure for Administering Medication

5.10 Expiry Dates/Use By Dates

5.11 Time Sensitive Medication

5.12 Variable Dose Medication

5.13 As and When Required/PRN Medication

5.14 Splitting Tablets

5.15 Crushing Medication

5.16 If medication is dropped or spat out

5.17 Declining Medication

5.18 Non Administration of Medicines - Missed or Delayed Doses

- 5.19 Medication Errors
- 5.20 Do's and Don'ts
- 5.21 Additional Records
- 5.22 Changes to the Service User (Children and Adults)'s Medication
- 5.23 MAR Times
- 5.24 MAR Omissions
- 5.25 Verbal Orders
- 5.26 Adverse Effects
- 5.27 Swallowing Difficulties
- 5.28 Fire Risk Associated With Emollient Creams
- 5.29 Visiting Health Professionals
- 5.30 Governance

5.2 Routes of Administration

There are different routes available to administer medication, these include:

- Oral Route - Tablets, capsules, liquids
- Sublingual / Buccal:
 - Sublingual - The tablet or spray is placed under the tongue
 - Buccal - Placed between gums and the inner lining of the cheek
- Topical Route:
 - Creams, ointments
 - Transdermal - Patch
 - Inhalation Route - Inhalers, nebulisers
 - Injections - Subcutaneous
 - Rectal - Suppository or liquid (enema)
 - Vaginal - Pessaries
 - Via enteral feeding tubes (Administration of medication via a PEG is covered in the Enteral Feeds and PEG Support Policy and Procedure)

Care Workers should only administer medicines via the routes that they have been trained and demonstrated competency to give.

The Department of Health (2016) state this will generally include:

- Administering tablets, capsules, oral mixtures
- Applying a cream/ointment
- Inserting drops to ears, nose or eyes
- Administering inhaled medicines

Procedures for administering medication via various routes other than oral can be found in The Royal Marsden Manual of Clinical Nursing Procedures.

5.3 Medicine Administration Records - (EMAR or MAR)

OLIVE HEALTHCARE SERVICES LTD should ensure that EMARs include:

- A section with the Service User (Children and Adults)'s full name, date of birth, GP and allergies

- Details of any medicines the Service User (Children and Adults) is taking, including the name of the medicine and its strength, form, dose, how often it is given and route it is given
- Known allergies and reactions to medicines or their ingredients, and the type of reaction experienced
- When the medicine should be reviewed / monitored / stopped
- Any special instructions about how the medicine should be taken (such as before, with or after food)
- A copy of an example paper **MAR chart** can be found in the Forms section of this policy

A front page or section with the Service User (Children and Adults)'s full name, date of birth and weight (where appropriate, for example, frail older Service User (Children and Adults)s), a photo for identification and any instructions, such as how the Service User (Children and Adults) likes to take medication, is good practice. A sample **MAR Front Sheet** can be found in the forms section of this policy.

Medicines administration records should:

- Be legible and written in black ink (if not using EMARs)
- Be signed by the staff
- Be clear and accurate
- Be factual
- Have the correct date and time
- Be completed as soon as possible after administration
- Avoid jargon and abbreviations
- Be easily understood
- Be treated as confidential and stored as such
- Have any mistake corrected with a single line through the text, accompanied by a signature, date and time, never use correction fluid (if paper)

Good practice is to have as much supportive information as possible on the EMAR in relation to administration, such as:

- Medicines at specific times of day, for example, for time-critical medicines
- Medicines on specific days or dates, for example, medicines for weekly or monthly administration
- Accurate description of medicines if supplied in a monitored dosage system
- Maximum doses of medicines prescribed 'when required' or 'as directed', including indication for use
- Special handling requirements of medicines, for example, cytotoxic medicines
- Duration of treatment, if appropriate

Some medicines may also require a separate administration record:

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

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

Staff Signature Sheet:

If using paper MARs, Natércia Pintor should ensure there is a **Specimen Signature Sheet** completed by all staff who are trained to administer medication. An example can be found in the Forms section of this policy.

5.4 Pharmacy Labels

The Service User (Children and Adults)'s medication supplied by the pharmacy will have a pharmacy label attached, this label should contain the following information:

- Service User (Children and Adults)'s name
- Pharmacy name and address
- Date of dispensing the medication
- Medication name and strength
- Medication dose and frequency
- Any special instructions

Staff that administer medication must ensure it is administered according to the pharmacy label. Staff should not administer medication if the label is illegible or the instructions are not clear.

5.5 The 6 Rights of Medication Administration

Care Workers administering medication to Service User (Children and Adults)s must follow the 6 Rights of Medication Administration:

RIGHT Service User (Children and Adults):

- Medicines must only be administered to the Service User (Children and Adults) they have been prescribed for
- The identity of the Service User (Children and Adults) must be confirmed and checked with the name on the EMAR and by asking the Service User (Children and Adults) to confirm their name
- A photograph not less than 6 months old must be on the EMAR

RIGHT Medicine:

- Check the name of the medicine is the same on the pharmacy label of the medication and on the EMAR
- Check the form and strength of the medication is the same on the pharmacy label of the medication and on the EMAR
- Care Workers should be aware of medicines that can be confused with others, as the name may sound or look alike
- Double checking when administering is important

RIGHT Dose:

- The dose of the medicine will be on the EMAR and the medicine label, check these are the same
- If there is any discrepancy between the dose on the EMAR and that stated on the label, advice must be obtained from the GP before the medication is given
- Care Workers must ensure they measure the correct dose before administration to the Service User (Children and Adults)

RIGHT Route:

- Some medicines can be administered via multiple routes
- The correct route must be checked on the EMAR and pharmacy label before administration

RIGHT Time:

- Medication should be given at the time indicated on the EMAR
- 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 administering
- Care Workers must check if the medicine has to be taken before or after food
- Right day; some medicines are prescribed alternate days or weekly
- Consideration must also be given to times of previous doses administered

RIGHT to Decline:

- Service User (Children and Adults)s must consent to take their medication
- Care Workers must not force Service User (Children and Adults) to take medication
- Care Workers must not covertly administer medication without assessment of the Service User (Children and Adults)'s mental capacity and the relevant best interest decisions,

involving the multidisciplinary team

- Staff should refer to the **Covert Medication Policy and Procedure** at OLIVE HEALTHCARE SERVICES LTD

Care Workers should also consider the:

RIGHT Record:

- EMARs are the formal record of administration of medicine, they should document what is:
 - Received
 - Currently prescribed
 - Given
 - Disposed of

RIGHT Result:

- After administering the medicine watch for any adverse reactions
- Is the medicine working the way it should

5.6 Reducing Risk

In order to reduce the risk for medication errors as the result of distractions, Natercia Pintor should ensure that Care Workers receive thorough support and guidance that highlights the importance of carrying out medication related tasks slowly, thoroughly and at a suitable time during the visit with a Service User (Children and Adults).

5.7 Equipment

Medication Pots:

In community settings the pharmacy will often provide reusable medication pots.

- They should be decontaminated and dried after each use. Either in a dishwasher, or with washing up liquid and hot water
- Medicine pots must be dried immediately after cleaning, and must not be stored wet or damp. Paper towels can be used for this purpose, but not a fabric towel
- After cleaning and drying, the medicine pots must be stored in a clean cupboard
- Medicine pots will be discarded if they start to show signs of wear and tear

Medicine Spoons:

- Plastic, single use
- 5 ml or 5/2.5ml

Oral Syringes:

- These are purple in colour
- Should be used with a stopper

5.8 Preparing to Administer Medication

Staff must refer to the Service User (Children and Adults)'s Care Plan for specific detail regarding medication administration for each Service User (Children and Adults).

Check where the Service User (Children and Adults)'s medication is stored before starting medication administration.

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

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

Equipment:

- Medicine pots, medicine spoons, tablet cutter
- Gloves

- Clinical waste bag (if applicable)
- Paper and pen
- EMAR
- Water

5.9 Procedure for Administering Medication

OLIVE HEALTHCARE SERVICES LTD will ensure that all staff are trained to record what they do when they do it. As medicines are administered, if verbal reminders or physical assistance is provided, it must be recorded immediately and signed for by the person providing the medication support.

If providing physical administration support with medication

- Wash your hands
- Check the EMAR front record for the Service User (Children and Adults)'s identity, allergy status and special instructions
- Check how the Service User (Children and Adults) likes to take or have their medication administered:
 - From the pot
 - From a spoon
 - From a syringe (liquid)
 - Tipped into their hand (tablets, capsules)
- Check the Service User (Children and Adults) consents to have their medication. Where the Service User (Children and Adults) lacks capacity, check that a best interest decision is in place
- Position the Service User (Children and Adults) comfortably so they can swallow the medication if required
- Check the EMAR:
 - Date and time of the dose due and the previous dose
 - Medicine name, dose, form and route of administration
 - Duration/frequency of therapy
 - Prescribed dose has not already been given and signed for
 - Maximum dose of a variable 'as-required' prescription is not exceeded
 - Medication has not been changed

Check any additional charts for administration:

- Warfarin
- Topical application charts (creams and patches)
- If there are any concerns regarding the EMAR, if it is unclear, DO NOT GIVE. Seek advice from the Registered Manager or GP
- Select the correct medicine for administration
- Check the medication due on the EMAR against the medication label or MDS following the Rights of Administration
- If boxed medication, check the strip inside the box also matches against the EMAR
- If the medicines label and EMAR do not appear to match, then advice should be sought from the Registered Manager before administration
- Check the expiry date
- Check any special instructions on the dispensing label
- If running stock balance is recorded:
 - Count the medication in the box, check this against the previous day/dose balance. If it is not correct, seek a medication trained staff member to double check. Report a possible medication error to the Registered Manager

- Check the required dose due
- Select, prepare/pot the medication due; avoid touching oral medication:
 - Liquid medication should be prepared in separate pots or syringes; you should never mix different liquid medication together in the same pot or syringe
- If the medicine requires preparation (e.g. reconstitution or dilution), the Care Worker must ensure that they are aware of the correct method for preparation, that appropriate diluents are used and that the expiry dates of prepared products are considered

Multi-compartment Compliance Aid

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

Administering Medicine to the Service User (Children and Adults):

- For oral medication, ensure the Service User (Children and Adults) is sitting upright
- Oral medicines should be swallowed with plenty of water, at least half a glass
- Support the Service User (Children and Adults) with taking the medication
- Check that the medication has been taken
- Administer any other medications (creams, eye drops, inhalers)
- Medicines must never be left with the Service User (Children and Adults) to take later
- Dispose of used equipment in a clinical waste bag if appropriate
- Dispose of the medicine pots, syringes according to local policy
- Clean your hands

Documentation:.

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

- Immediately after administering the medication, Care Workers must sign the EMAR to record that the medicine has been given and taken by the Service User (Children and Adults)
- Refer to section 5.17 for more information on the refusal of medication process at OLIVE HEALTHCARE SERVICES LTD
- Running Stock Balance where appropriate:
 - Recording a running stock balance on the EMAR - aids in the audit trail
 - If recording a running stock balance, staff must count the medication to record an accurate balance
 - Staff must not just deduct the amount given from the previous balance documented; this can lead to incorrect recording

5.10 Expiry Dates / Use By Dates

Staff should check expiry or use by dates on all medications before use.

If a pharmacist has given any other instructions about using or disposing of the medicine, staff should also follow these. For example, "discard 7 days after opening".

The expiry date of medicines can change once opened, e.g. eye drops, ear drops, creams:

- The medication may state, "Use within one month of opening" or "Discard 7 days after opening"
- Some medicines show an expiry symbol

- Staff must record the date opened and the calculated expiry on the medicine package/label
- The pharmacy may be able to supply 'date opened' labels
- Some packaging does not allow for the pharmacy label to be placed on the product, e.g. eye drops. In these instances, the outer packaging should be marked with the date of opening. The medication must remain in the outer packaging throughout duration of the treatment
- Highlight any short expiry date(s) as a reminder to all staff

Suggested Expiry of Products from Date of Opening, can be found in the Forms section of this policy.

5.11 Time-Sensitive Medication

Some medicines need to be given at a certain time to ensure they work effectively or are safe; these include:

- Medicines that need to be given before or after food
- Bisphosphonates for osteoporosis - refer to the patient information leaflet (take 30 minutes before first food or drink of the day, do not eat until 30 minutes after taking and do not lie down until after first food of the day)
- Medications that are required to be taken a specified number of hours apart, as taking some medications too closely together can result in toxicity, such as those containing paracetamol
- Medications for Parkinson's Disease may need to be given every few hours, to manage symptoms
- Medicines to be taken at the same time each day to maximise effectiveness, such as Warfarin, oral contraception, antibiotics and insulin

Medication errors related to the time given often occur during busy periods especially when taking on an extra workload due to staff sickness. It is important to document clearly that medications have been given

Staff responsible for the administration of medication should be made aware of any time-sensitive medication.

The Registered Manager is responsible for ensuring a system is put in place to remind medication administrators when these medications are due. OLIVE HEALTHCARE SERVICES LTD will record any additional information to help manage time-sensitive medication in the Care Plan.

OLIVE HEALTHCARE SERVICES LTD will ensure that Care Workers are able to prioritise their visits for Service User (Children and Adults)s who need support with time-sensitive medicines.

5.12 Variable Dose

Variable dose medication is prescribed with a dose that can change, for example, give 1 or 2 tablets. The dose to be given depends on the Service User (Children and Adults)'s need. This could be a pain killer, or a laxative.

- Where dosage is variable, Care Workers must record the amount administered as well as signing the EMAR
- Where considered necessary for clarity, a supplementary recording sheet may be used

A variable dose medication may also be dependent on results of a blood test:

- Warfarin - staff should refer to CQC 'High risk medicines: anticoagulants'
- Lithium - staff should refer to CQC 'High risk medicines: lithium'

Staff should ensure that:

- The Service User (Children and Adults) is having blood tests at the required frequency
- The blood test results and required dosage have been updated in the Service User (Children and Adults)'s record book, and signed and dated by a healthcare professional

5.13 As and When Required/PRN Medication

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

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

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

Each PRN medication the Service User (Children and Adults) is prescribed should have a separate protocol or Care Plan. A **PRN Protocol** can be found in the Forms section of this policy. It should be kept with the EMAR, and should include:

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

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

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

Recording Administration of a 'When Required' Medication:

- It is recommended that only administration is recorded on the EMAR
- Staff should record:
 - The quantity given if variable dose, e.g. 1 or 2
 - The time given (It is essential that the time is documented to allow the correct interval between doses to be calculated)
 - The reason for administration, e.g. pain
 - Signature
 - Any other relevant supporting information regarding the administration
 - For paper MAR charts, the reverse can be used to document additional information
- If the Service User (Children and Adults) is assessed by staff as requiring the 'when required' medicine, and subsequently refuses to take it, this should be marked as a refusal on

the EMAR

Medicines Used to Manage Behaviour:

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

Staff should be aware of, and follow, the following guidance where applicable:

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

Where staff support Service User (Children and Adults)s 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 User (Children and Adults)s to have regular check-ups about their medicines
- Ensure that Service User (Children and Adults)s 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 in the Underpinning Knowledge section.

Overuse may need to be reported as a safeguarding incident.

5.14 Splitting Tablets

- Where it is necessary to split a tablet to provide the required prescribed dose, the supplying pharmacy should be asked to supply the medication as split tablets in an appropriate container
- Where the pharmacist refuses to supply split medication, a tablet cutter should be used
- 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 should be in line with the Safe Disposal of Medication Policy and Procedure
- Staff responsible for collecting medication should ensure sufficient quantities of medication
- Staff should be aware that splitting medication is a last resort as splitting can result in differences in medication fragments altering the therapeutic dose
- OLIVE HEALTHCARE SERVICES LTD will obtain written confirmation from the GP and pharmacist that this is the only suitable option for the Service User (Children and Adults)

5.15 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 should always be authorised by the prescriber
- Where it has been assessed with the prescriber that crushing medication is in the Service User (Children and Adults)'s best interest, advice from a pharmacist should be sought
- Other alternatives such as the availability of liquids or other forms of medicines should 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 (Children and Adults)'s medication records
- A pill crusher should be used

5.16 If Medication is Dropped or Spat Out

There may be instances where medication may be dropped during preparation, or a Service User (Children and Adults) may spit it out. In these circumstances, this medication must be disposed of appropriately.

Medication that has been dropped must not be given to the Service User (Children and Adults) under any circumstances as it has become contaminated. New medication must be dispensed and given to the Service User (Children and Adults) and recorded on the EMAR.

The incident must be recorded on the EMAR using the appropriate code.

An additional stock of medication may need to be ordered to ensure the Service User (Children and Adults) has enough for the whole cycle.

5.17 Declining Medication

In supporting the Service User (Children and Adults) with their medication, OLIVE HEALTHCARE SERVICES LTD recognises that there will be times when the Service User (Children and Adults) declines to take their medication for a variety of reasons. In these instances Care Workers will:

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

5.18 Non Administration of Medicines - Missed or delayed doses

Every effort should be made to administer prescribed medicines, as the omission of certain medicines, or a delay in dosing, can be detrimental to the Service User (Children and Adults)'s well being.

Where OLIVE HEALTHCARE SERVICES LTD is supporting with medication and finds that the Service User (Children and Adults)'s medication is missing, the Care Worker must report this immediately to the Registered Manager. The Registered Manager will investigate to determine, where possible, the reason for the missing medication, such as misuse of medication by the Service User (Children and Adults) or staff member, or the medication being misplaced or lost. All staff associated with the administration of medication will be spoken to and the incident recorded in line with the Accident and Incident Reporting Policy and Procedure.

Where it is determined that the Service User (Children and Adults) is misusing medication, OLIVE HEALTHCARE SERVICES LTD will liaise with the relevant external bodies and inform relevant professionals where required. Care for the Service User (Children and Adults) will be reviewed and a risk assessment conducted to determine the care needs of the Service User (Children and Adults). Medication may be required to be stored in line with the Storage of Medication Policy and Procedure and away from high- risk Service User (Children and Adults)s. Following the incident, a review of the Service User (Children and Adults)'s medication may be required and the Care Plan updated in line with any new requirements.

Where staff are found to have contributed to the missing medication, the relevant HR policies and procedures at OLIVE HEALTHCARE SERVICES LTD will be followed.

All incidents will be reported to the relevant authorities where required and a root cause analysis meeting undertaken for future learning from the incident.

Missed Dose:

- Where a missed dose relates to critical or time-sensitive medication, such as diabetic medication, the Care Worker must seek urgent support from the GP or 111
- They must also report the non-administration to the Registered Manager immediately
- Decisions regarding giving the missed dose will depend on how often the medication is taken, and should be based on advice from the GP or 111

No Stock:

- Where medicines are unavailable, every effort must be made to obtain the medicine without delay so that the dose can be administered
- For critical or time-sensitive medication, the Care Worker must seek urgent support from the GP or 111 to obtain the medication
- The Care Worker must record the non-administration on the EMAR and within the daily log, stating the reason

5.19 Medication Errors

If at any point during medication administration, staff become aware that a medication error has occurred, they will report to Natercia Pintor, and follow the Medication Errors and Near Misses Policy and Procedure.

5.20 Administration Do's and Don'ts

Dos

- **Do** only administer medication if you have been trained and assessed as competent and are confident to do so
- **Do** always check the medication and EMAR, **don't** rely on memory
- **Do** make sure that medication is given at the time agreed on the Care Plan and MAR. The timing of medication administration can be crucial and adherence to medication prescription instructions must be followed. This must be clearly indicated in the medication Care Plan and in the Medication Administration Record
- **Do** always follow the 6 Rights of Administration
- **Do** follow infection control procedures as required for different routes of administration
- **Do** make sure that medicines are given only to the Service User (Children and Adults) 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 (Children and Adults)'s medication is stored before starting medication administration. You will find this information on the Care Plan. It may be in the refrigerator or separate jars or tubs
- **Do** always ask the Service User (Children and Adults) if they want to take their medication before removing it from the pack. If they decline to take the medication try again a little later. The refusal must be documented, and the GP or Pharmacist/111 telephoned for advice

- **Do** transfer the medication from the bottle or pack into a medication pot and give this directly to the Service User (Children and Adults)
- **Do** mark any medication that has a short shelf life after opening with the date after which it will not be used on the container
- **Do** hand over all information regarding changes to medications administration to relevant staff and ensure that they have received and understood the message
- **Do** ensure that you return the medication to the same location as you found it. This is especially important if it is kept in a locked Medisafe
- **Do** ensure that there is sufficient medication available in case of emergencies and that Service User (Children and Adults)'s medicine is available in the necessary quantities at all times. This includes when people manage their own medicines
- **Do** label the front of a multi-compartment compliance aid when you start the pack. Clearly state the day, date and at which visit it was first used.

Don'ts

- **Do not** prepare medication from its original container and give it to another member of staff to give to the Service User (Children and Adults), as the person preparing the medication must administer witness the Service User (Children and Adults) taking the medication
- **Do not** prepare medicines in advance for administration and leave out for the Service User (Children and Adults) to take at a later time unless this has been risked assessed as safe with the particular Service User (Children and Adults) - for example if they have capacity but are physically unable to remove from the packet themselves
- **Do not** rush
- **Do not** be distracted
- **Do not** handle medication but transfer to the medication pot in a non-handling, clean method. A small clean teaspoon or coffee spoon is useful. Do not be tempted to tip the entire monitored dosage pack/blister pack over in case another one of the sections is loose
- **Do not** use part-used medication that has been dispensed for one Service User (Children and Adults), and is no longer required, for any other Service User (Children and Adults)

5.21 Additional Records

Topical Administration Record (TMAR) is best practice, for administration of creams and emollients, they should:

- Identify the area the cream or emollient is to be applied to using a body map
- Detail the frequency of application
- Detail method of application and amount

An example of a **TMAR** can be found in the Forms section of this policy.

Transdermal Patch Application Record Chart:

There should be a system in place at OLIVE HEALTHCARE SERVICES LTD for recording patch application to:

- Ensure different sites are used
- Check it is still in place after application
- Ensure removal

An example of a **Transdermal Patch Application Record Chart** can be found in the Forms section of this policy.

5.22 Changes to the Service User (Children and Adults)'s Medication

Staff at OLIVE HEALTHCARE SERVICES LTD must update the Service User (Children and Adults)'s EMAR to ensure they contain accurate information about any changes to medicines.

Any changes made on the Service User (Children and Adults)'s EMAR must:

- Be by a medication trained and competent staff member, dated and signed

- Be checked and signed by a second medication trained and competent staff member

Discontinued Medication:

Where possible, the prescriber should document on the EMAR themselves that the medication has been discontinued. Where a prescriber is not able to make changes to the EMAR, this should be confirmed via email, and the Registered Manager will ensure that Care Workers will document at the property.

The medication must be recorded as discontinued on the EMAR:

- For paper MAR charts:
 - Draw a vertical line through the remaining recording boxes left after the time the medication is discontinued
 - Draw a diagonal line through the medication details box (Name, dose, etc.)
- Record the reason for discontinuing, such as "stopped by Dr Jones, see over"
- Sign and date
- Get a second staff member to check and sign
- If the prescriber gives a verbal instruction to discontinue, this should be followed up by email as soon as possible
- Notify the pharmacy, and dispose of remaining stock as per policy at OLIVE HEALTHCARE SERVICES LTD

Change of Dose or Frequency:

Changes to the dose or frequency of the Service User (Children and Adults)'s medication may result in the receipt of a new paper MAR chart from the pharmacy, as new medication may be required. Staff should discontinue the original instruction (as above).

If the change does require the receipt of a new paper MAR, and for an EMAR, the Care Worker should:

- Discontinue the original instruction and start a new one
- Get a second member of staff to check and sign
- Not change the original entry and continue to use
- Ensure the change is confirmed by email
- If the prescriber gives a verbal instruction at the property, this should be followed up by email as soon as possible

Copies of emails, texts and transcripts of phone messages regarding changes to the Service User (Children and Adults)'s medication should be kept with the Service User (Children and Adults)'s medication Care Plan.

The Registered Manager must ensure that everyone involved in medication administration knows when a Service User (Children and Adults)'s medicines have been started, stopped or changed.

There should be a robust process in place at OLIVE HEALTHCARE SERVICES LTD for recording medicines information during shift handovers.

5.23 MAR Times

Where specific times are not detailed on the pre-printed MAR but printed as 'morning', 'lunch', 'tea-time', 'bed-time' (or suitable abbreviations), OLIVE HEALTHCARE SERVICES LTD will check with each individual Service User (Children and Adults) what this means and obtain guidance from the GP if required.

For example:

- Morning means 7:00 - 10:00
- Lunch means 12:00 - 14:00
- Teatime means 16:30 - 18:30

- Bedtime means 21:00 - 23:00

The time bands can be individualised for each Service User (Children and Adults) and the information kept alongside their medication records, beside their medication storage or within their Care Plan. Care will be taken to ensure that the times between doses is sufficient.

5.24 MAR Omissions

- If a Care Worker realises at any time that they have omitted to complete the EMAR once they have left the Service User (Children and Adults)'s home, they must contact OLIVE HEALTHCARE SERVICES LTD for advice. The Care Worker must not retrospectively initial the medication as given
- OLIVE HEALTHCARE SERVICES LTD will ensure that a mark is made in the relevant box with a margin note, e.g. 'see entry on notes page, date and initial', then an entry on the notes page detailing confirmation of the time, dose and Care Worker identity
- If the EMAR entry has not been completed on a previous visit and the Care Worker is unclear if medication has been administered, they must check with the Service User (Children and Adults), if they have capacity, whether medication has been administered. If the Service User (Children and Adults) is unsure, the Care Worker must contact OLIVE HEALTHCARE SERVICES LTD for guidance. OLIVE HEALTHCARE SERVICES LTD will need to contact the GP or 111, if out of hours, for further guidance
- An investigation will be started, and consideration must be given depending on the medication and the impact on the Service User (Children and Adults)'s health and wellbeing as to whether a safeguarding notification needs to be raised
- Any trends in errors or omission will be tracked to identify any administration or recording issues

5.25 Verbal Orders

Taking verbal orders to change the Service User (Children and Adults)'s prescribed medication over the phone is potentially unsafe and not recommended.

Staff at OLIVE HEALTHCARE SERVICES LTD should encourage any change to the Service User (Children and Adults)'s medication to be confirmed via email.

In an **emergency** situation, telephone instructions should be witnessed by 2 members of medication trained staff, and repeated back to the GP to ensure correct; this should be followed up in writing as soon as possible. Ensure that a record of the conversation is clearly documented on the Service User (Children and Adults)'s notes.

A new prescription should be issued as soon as possible and a new EMAR commenced.

5.26 Adverse Effects

Service User (Children and Adults)s should report all suspected adverse effects from medicines to the Registered Manager who will inform the GP or health professional who prescribed the medicine as soon as possible, or the out-of-hours service.

Staff should record the details in the Service User (Children and Adults)'s Care Plan and the supplying pharmacy should be informed.

The GP or pharmacist should report to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme.

5.27 Swallowing Difficulties

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

There are various options available, such as:

- Does the medication, if tablet, come in a different form - liquid, dispersible, patch?
- Can the tablet be safely crushed or capsule safely opened (only to be done if agreed by

the pharmacist)?

- Is it safe to give the medication with soft food (only if agreed by pharmacist and with the Service User (Children and Adults)'s knowledge; this is not covert administration)
- Does the Service User (Children and Adults) need assessment by a Speech and Language Therapist?

5.28 Fire Risk Associated with Emollient Creams

Staff must be aware of the fire risk associated with emollient creams, and a risk assessment must be completed where it is identified that a product has the potential to be a fire risk. This should also include an individual risk assessment where the Service User (Children and Adults) smokes.

Emollients can transfer from the Service User (Children and Adults)'s skin onto clothing, bedding, soft furnishing and bandages.

In the presence of an ignition source, fabric with emollient dried on it can catch fire much more quickly and burn hotter than clean fabric, causing severe and fatal burns.

The risk increases with:

- The use of greater amounts of emollient
- More frequent application
- Greater surface area of application

Staff must be aware of the potential danger and how to keep Service User (Children and Adults)s safe when using these products.

Staff must discuss the risks with the Service User (Children and Adults) and/or their family.

Staff should:

- Inform the Service User (Children and Adults)'s GP if the Service User (Children and Adults) smokes, so an alternative to an emollient can be considered
- Take care of the Service User (Children and Adults)'s soft furnishings like cushions and chairs - to avoid a build-up of emollients
- Change and wash the Service User (Children and Adults)'s clothes and bedding frequently (preferably daily). Washing clothes at the highest temperature recommended by the manufacturer might reduce the build-up of emollients on them but does not remove it completely and the danger may remain

Service User (Children and Adults)s prescribed emollients:

- Should not smoke, cook or go near to any naked flames or heat sources such as gas, halogen, electric bar or open fires whilst wearing clothing or dressings that have been in contact with emollient-treated skin
- Should not go near anyone smoking or using naked flames

Staff must be aware of the fire risk associated with emollient creams, and a risk assessment must be completed where it is identified that a product has the potential to be a fire risk; this should also include an individual risk assessment where the Service User (Children and Adults) smokes.

Staff should refer to the Generic Risk Assessment Template in the Resource Centre.

Further information can be found in the CQC Issue: Fire Risk from use of emollient creams and the MHRA safety alerts and resources - links can be found in the Underpinning Knowledge section of this policy.

Staff must report any fire incidents with emollients or other skin care products to the MHRA Yellow Card Scheme.

5.29 Visiting Health Professionals

Health professionals who are visiting to administer a medicine(s) to Service User (Children and Adults)s should make their record of administration available to staff.

Staff should keep a record of medicines administered by visiting health professionals on the Service User (Children and Adults)'s EMAR.

5.30 Governance

Natercia Pintor is responsible for ensuring that the administration of medicines at OLIVE HEALTHCARE SERVICES LTD is regularly audited as part of the medication audit process.

Staff should refer to the Auditing and Monitoring of Medication Policy and Procedure at OLIVE HEALTHCARE SERVICES LTD.



6. Definitions

6.1 Covert Administration

- This is the term used when medications are hidden and given without the consent of the Service User (Children and Adults)

6.2 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

6.3 Medicine's Administration

- 'To give a medicine either by introduction into the body, whether orally, by injection or by introduction into the body in any other way, or by external application, whether by direct contact with the body or not.' - The Medicines Act 1968 (section 130) definition of medicines administration

6.4 Enteral Feeding

- Service User (Children and Adults)s who either are unable to take any nutrition orally, or who are unable to take sufficient nutrition orally, but in whom the gastrointestinal tract is functioning, may be fed enterally
- This implies feeding into the gastrointestinal tract using a tube

6.5 Expiry Date/Use By Date

- The expiry date means that the medicine should not be taken after the date or end of the month given. For example, if the expiry date is July 2026, the medicine should not be taken or used after 31 July 2026
- If the medicine has a use by or use before date instead of an expiry date, this means that the medicine should not be taken or used after the end of the previous month. For example, if the use by date is July 2026, the medicine should not be taken or used after 30 June 2026



7. Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Staff must only administer medication via the routes they have been trained and assessed as competent in
- There should be a protocol in place to support the use of each PRN medication for the Service User (Children and Adults)
- The nominated pharmacy will provide printed MARs for each Service User (Children and Adults) where possible
- Staff must only administer medication when they have been trained and assessed as competent

- Where the Service User (Children and Adults) does not have capacity, medication must always be administered as formally agreed to be in their 'best interests'
- Staff must 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
- Staff must ensure that consent is obtained before administering any medication
- Service User (Children and Adults)s should be supported to self-manage medication wherever possible



8. Key Facts - People Affected by The Service

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

- You have the right to choose to manage your own medicines if you want to, with appropriate support from OLIVE HEALTHCARE SERVICES LTD
- You should expect to have support with your medication from staff who are trained and competent with medication administration
- We will share with you if we make any errors or omissions with your medication
- You have a right to refuse medication or treatment



Further Reading

NHS Digital - 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 - Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP):

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

NHS Health Education England - The Oliver McGowan Mandatory Training on Learning Disability and Autism:

<https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>

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>

CQC - Electronic Medicines Administration Records (eMAR) In Adult Social Care:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/electronic-medicines-administration-records>

CQC - Multi-compartment Compliance Aids (MCAs) in Adult Social Care:

<https://www.cqc.org.uk/guidance-providers/adult-social-care/multi-compartment-compliance-aids-mcas-adult-social-care>



Outstanding Practice

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

- 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
- Service User (Children and Adults)s 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 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

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Specimen Signature Sheet - CM34	To record signatures of those staff assessed as competent to administer medication.	QCS
Expiry Dates for Medication - CM34	To check suggested expiry dates of products once opened.	NHS Frimley CCG 2022
Protocol for As Required (PRN) Medication - CM34	For each PRN medication prescribed.	QCS
Topical Medication Allocation Record (TMAR) - CM34	For each topical medication prescribed.	QCS
Transdermal Patch Application Record	To record application and monitor patches in place.	QCS
MAR Front Cover - CM34	At the front of each Service User (Children and Adults) MAR charts.	QCS

Title of form	When would the form be used?	Created by
MAR (Medication Administration Record) - Portrait layout	For recording the administration and non-administration of medicines. (In portrait layout)	QCS
MAR (Medication Administration Record) - Landscape layout	For recording the administration and non-administration of medicines. (In landscape format)	QCS

Expiry Dates for Medication - CM34

Suggested Expiry of Products from Date of Opening	
Formulation Type	Recommended Expiry
Tablets and capsules – in original boxes (blister/foil packed), e.g. PRN medicines	Manufacturer's expiry date. Do not mix batches. Only order when necessary.
Tablets and capsules – loose, i.e. put into a bottle by the pharmacy	6 months from the dispensing date or manufacturer's expiry date if provided by the community pharmacy.
Oral liquids (in original manufacturer's packaging or amber bottles)	6 months from date of opening or manufacturer's recommendation where shorter – mark date of opening on container. Antibiotic liquids have a shorter expiry date once reconstituted. Check with community pharmacist if unsure.
External liquids (e.g. shampoos, scrubs)	6 months from date of opening or manufacturer's recommendation where shorter – mark date of opening on container.
Creams/Ointments in tubes	3 months from date of opening or manufacturer's recommendations if shorter. For unopened tubes follow the manufacturer's expiry date.
Creams/Ointments in pots, tubs or jars	1 month from date of opening or expiry date provided by pharmacy. For unopened, tubs follow the manufacturer's expiry date.
Creams/Ointments in pump dispensers	6 months from date of opening or manufacturer's recommendations if shorter. For unopened pump dispensers, follow the manufacturer's expiry date.
Sterile Eye/Ear/Nose drops/Ointments	28 days from date of opening. Some drops may need to be stored in the fridge.
Inhalers/Sprays	Manufacturer's expiry date or refer to dose counter if available.
Tablets and capsules packed into Multi-Compartment Compliance Aid (MCCA) or Monitored Dosing System (MDS)	8 weeks from date of dispensing.

Good Practice Guidance for Care Homes: Expiry dates for medication: NHS Frimley CCG 2022

Protocol for As Required (PRN) Medication - CM34

Protocol for As Required (PRN) Medication	
This form is to be completed to provide information to guide and support decisions to administer medicines prescribed to be taken “when required” or as a variable dose. A separate form should be completed for each relevant medicine and copies held with the Medicine Administration Record (MAR) chart for reference.	
Service User (Children and Adults) Name:	Service User (Children and Adults) No:
Name of Medication:	Form:
Route of Medication:	Strength:
Reasons for Administration: (When it should be given, signs and symptoms)	
How does the Service User (Children and Adults) express or indicate need for this medication? (Verbal / nonverbal)	
Dosage (If variable, define circumstances under which the dose is required, consider lowest dose first)	
How and when the dose can be repeated?	
Maximum number of doses in 24 hours	
Special Instructions (with food)	
Expected/desired outcome	
Other medicines being taken to be aware of (possible interactions)	
Review date:	
Name of person completing this form:	Date:
Checked by:	Date:

Topical Medication Allocation Record (TMAR) - CM34

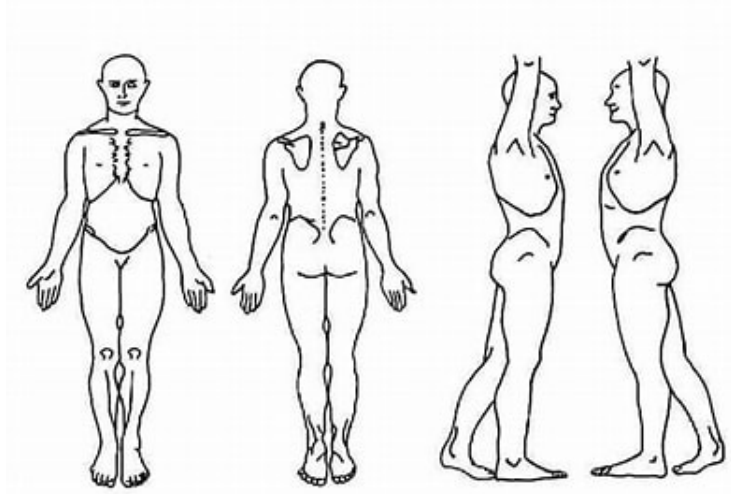
Topical Medication Allocation Record (TMAR)			
When using this chart, write 'see Topical Application Record Chart' on main MAR.			
Service User (Children and Adults) Name:		Service User (Children and Adults) No:	
Name of product:		Frequency of application:	
Instructions as per MAR:			
Chart produced by:		Chart checked by:	

One chart per medication. 28 day cycle record to correspond with MAR.

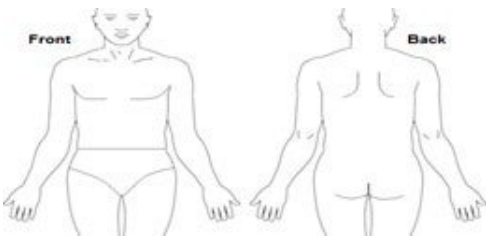
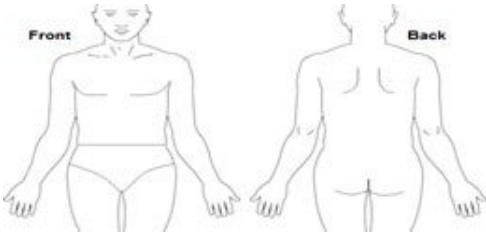
Record of application:

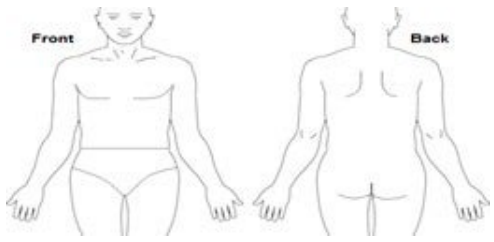
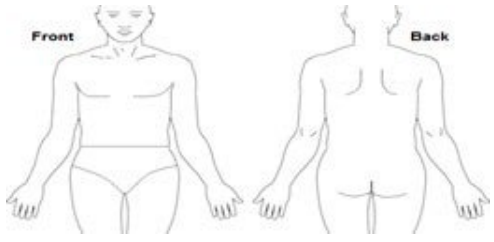
	Month:												
	Date												
Time	1	2											
	Date												
Time	1	2											

Shade area (s) for application.



Transdermal Patch Application Record

Transdermal Patch Application Record													
When using this chart, write 'see Transdermal Patch Application Record' on MAR chart.													
Service User (Children and Adults) Name:						Service User (Children and Adults) No:							
Name of Product:						Frequency of Application:							
See MAR for Instructions													
Chart produced by:						Date:							
Special Instruction: Record with a "X" where the patch is placed, It must be placed on to a cool, clean, dry non hairy area/part of the body.													
Always remove old patch before applying a new patch. (Fold old patch in half (sticky sides together) and dispose of appropriately)													
						Date and time applied:							
						Signature:							
						Date removed and disposed:							
						Signature:							
						Comments:							
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW													
DATE													
SIGNATURE													
						Date and time applied:							
						Signature:							
						Date removed and disposed:							
						Signature:							
						Comments:							
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW													
DATE													
SIGNATURE													

	Date and time applied:													
	Signature:													
	Date removed and disposed:													
	Signature:													
	Comments:													
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW														
DATE														
SIGNATURE														
	Date and time applied:													
	Signature:													
	Date removed and disposed:													
	Signature:													
	Comments:													
PLEASE CHECK PATCH IN PLACE DAILY, DATE AND SIGN BELOW														
DATE														
SIGNATURE														

MAR Front Cover - CM34

Medicine Administration Record (MAR) Front Cover			
Service User (Children and Adults) Name:			
Date of Birth:		Service User (Children and Adults) No:	
GP Name:		Supplying Pharmacy:	
Allergies:			
Photo:		Date of photo:	
Details of special administration requirements: (how Service User (Children and Adults) likes to take medicines / swallowing difficulties / covert medication)			
Completed by:		Date completed:	

MAR (Medication Administration Record)

Name:		Sheet		Of		Start date:								
Address:		Date of Birth:		NHS No.										
GP Name:				Surgery:										
Allergies:														
Medication Details		Date:	Week 1			Week 2			Week 3			Week 4		
		Time												
Completed by:		Quantity received:		Carried forward:		Returned:								
		Sign		Date		Sign		Date		Sign		Date		
Medication Details		Date:	Week 1			Week 2			Week 3			Week 4		
		Time												
Completed by:		Quantity received:		Carried forward:		Returned:								
		Sign		Date		Sign		Date		Sign		Date		
Medication Details		Date:	Week 1			Week 2			Week 3			Week 4		
		Time												
Completed by:		Quantity received:		Carried forward:		Returned:								
		Sign		Date		Sign		Date		Sign		Date		
Medication Details		Date:	Week 1			Week 2			Week 3			Week 4		
		Time												
Completed by:		Quantity received:		Carried forward:		Returned:								
		Sign		Date		Sign		Date		Sign		Date		

KEY: R = Refused & Destroyed, H = Hospital, V = Vomit/Nausea, S = Social Leave, N = No Stock, O = Other (see notes)

MAR (Medication Administration Record)

Name:		Sheet		Of		Start date:													
Address:		Date of Birth:			NHS No.														
GP Name:		Surgery:																	
Allergies:																			
Medication Details	Date:	Week 1				Week 2				Week 3				Week 4					
	Time																		
Completed by:	Approved by:	Quantity received:				Carried forward:				Returned:									
		Sign	Date			Sign	Date			Sign	Date								
Medication Details	Date:	Week 1				Week 2				Week 3				Week 4					
	Time																		
Completed by:	Approved by:	Quantity received:				Carried forward:				Returned:									
		Sign	Date			Sign	Date			Sign	Date								
Medication Details	Date:	Week 1				Week 2				Week 3				Week 4					
	Time																		
Completed by:	Approved by:	Quantity received:				Carried forward:				Returned:									
		Sign	Date			Sign	Date			Sign	Date								

KEY: R = Refused & Destroyed, H = Hospital, V = Vomit/Nausea, S = Social Leave, N = No Stock, O = Other (see notes)

