Proxycare Personnel Ltd

Medication - Safe Handling & Administration of Medicines

Regulatory Links

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- **Regulation 12: Safe care and treatment** — Medicines must be administered safely by trained, competent staff following the seven Rights.
- **Regulation 9: Person-centred care** — Medicines support must reflect the person's assessed needs, preferences and capacity, including their right to self-administer.
- **Regulation 11: Need for consent** — Consent must be obtained before any medicine is given.
- **Regulation 13: Safeguarding** — Staff must never use medicines to restrain or control. Errors must be reported through safeguarding procedures where appropriate.
- **Regulation 17: Good governance** — Medicines administration must be accurately recorded and monitored through audit.
- **Regulation 18: Staffing** — Sufficient trained and competent staff must be available to administer medicines safely.

CQC Quality Statements

- **Medicines optimisation:** "We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen."
- **Safe and effective staffing:** "We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs."
- **Consent to care and treatment:** "We tell people about their rights around consent and respect these when we deliver person-centred care and treatment."
- **Involving people to manage risks:** "We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them."

Scope

This policy applies to all staff who administer or directly support people with their medicines, including care workers, senior care workers, nurses, agency staff and volunteers. It covers both residential settings (care homes, supported living) and community-based services (domiciliary care).

This is a frontline administration guide. It sets out what staff must do each time they handle or give medicines. For the full governance framework — including ordering, storage, disposal, error investigation, audit and record retention — see the Management of Medicines Policy.

This policy should be read alongside the Management of Medicines Policy, Homely Remedies Policy, Medicines Requiring Refrigeration Storage Policy, Delegation of Healthcare Tasks Policy, and Mental Capacity and Deprivation of Liberty Policy.

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person centred care and independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

This policy exists so that every member of staff who gives medicines knows exactly what to do, every time. Safe administration protects people from harm and gives them confidence in the care they receive.
We follow the seven Rights (7Rs) as the foundation of every medicines administration. Staff must be trained and assessed as competent before administering any medicine. Where a person can manage their own medicines, we will support their independence. Where they need help, we will give it with dignity, care and accurate recording.
This policy covers the practical, hands-on aspects of medicines administration. The wider medicines management framework — including prescribing, ordering, storage, disposal, covert administration, error investigation, duty of candour and audit — is set out in the Management of Medicines Policy, which all staff must also read and follow.

Policy Detail

The Seven Rights (7Rs)

Every time a member of staff administers medication, they must confirm all seven Rights:

- Right person — check the person's identity before giving any medicine.
- Right medicine — check the name, form and strength against the MAR or eMAR.
- Right route — confirm how the medicine is given (oral, topical, inhaled, etc.).
- Right dose — check the correct dose.
- Right time — give at the time specified, observing any special instructions.
- Right to refuse — the person always has the right to decline. Respect and record this.
- Right documentation — record the administration (or reason for non-administration) on the MAR or eMAR immediately.

Important
If you are interrupted during a medicines round or visit, restart the 7Rs check from the beginning for that person. Never rely on memory.

What To Do When a Person Refuses or Cannot Take Their Medicine

A person with capacity always has the right to refuse medication, even if staff believe this is unwise. Staff should offer gentle encouragement but must never use force or undue pressure. Using pressure to make someone take medication is recognised as abuse.
If the person refuses, record the refusal on the MAR or eMAR using the correct code immediately — before moving to the next person or leaving the property.

Residential settings
Report the refusal to the nurse on duty, senior care worker or Registered Manager. Where the refused medicine is clinically critical (such as an anticoagulant, insulin, anti-epileptic or cardiac medicine), report by telephone within 15 minutes regardless of the time of day.

Community settings

Report the refusal to the office or on-call manager within one hour. Where the refused medicine is clinically critical, contact the office or on-call manager by telephone immediately before leaving the person's home.

If a person cannot take their medication because of swallowing difficulties, contact their GP. Tablets must not be crushed and capsules must not be opened without advice from a pharmacist confirming it is safe, and a prescription from the GP authorising the alternative method. This must be documented in the care plan and the MAR updated. See the Management of Medicines Policy for full details.

If there is any concern that the person may lack capacity to make decisions about their medication, a Mental Capacity Act 2005 assessment must be carried out without delay.

How To Give PRN (As Required) Medicines

PRN medicines are given when a person requests them or when staff observe the need, not at set times. Every person with a PRN medicine must have a PRN care plan in the medication records. Before giving a PRN medicine, staff must:

- Check the PRN care plan to confirm the medicine is appropriate for the symptoms.
- Check the MAR or eMAR to confirm the minimum time interval has elapsed and the maximum daily dose has not been reached.
- Try any alternative interventions listed in the PRN plan first (e.g. repositioning, fluids, comfort measures).
- Administer the medicine following the 7Rs.
- Record the reason, dose, actual time and sign the MAR or eMAR immediately.
- Review the person within the timeframe specified in the PRN plan and record whether the medicine was effective.
- Complete the PRN summary sheet.

If a PRN medicine is being used frequently or does not appear to be working, report this to the Registered Manager so the prescriber can be contacted. For full details on PRN care plan content and governance, see the Management of Medicines Policy.

How To Administer Controlled Drugs

Controlled drugs (CDs) carry additional legal requirements. The 7Rs apply as with all medicines. Staff must be trained and competent.

Residential settings

Two members of staff attend the CD cupboard (where required by local policy or risk assessment). The administering staff member selects the medicine, checking the 7Rs against the MAR or eMAR and the CD register. The second staff member witnesses the count and confirms the medicine, dose and quantity removed. After administration, both sign the CD register and the MAR or eMAR immediately. The CD cupboard is locked and keys returned to the designated holder.

Community settings

Administer following the 7Rs and sign the MAR or eMAR immediately. Where two-person administration is required by local contract or risk assessment, the second person witnesses and co-signs. There is no legal requirement for a CD register in a person's own home.

If CDs appear to be missing, report to the Registered Manager immediately. For full details on CD storage, registers, ordering and disposal, see the Management of Medicines Policy.

How To Manage Warfarin

Warfarin thins the blood and requires particular care. Complications include uncontrolled bleeding, easy bruising and potential for internal bleeding from relatively minor injuries.

An agreed procedure will be in place with the person's GP surgery, detailed in their care plan. This will include how blood test results and dose changes are communicated to the care service, and how the MAR or eMAR is updated with every change. Staff will receive training specific to the needs of each person prescribed warfarin.

Any concerns must be escalated to the GP immediately. In an emergency, dial 999 and inform the ambulance service that the person is on warfarin and the nature of the concern (e.g. a fall with a head injury).

How Specialist Medication Techniques Are Managed

Specialist techniques include insulin injections, PEG feeding, nebuliser therapy and oxygen administration. Only staff who have been specifically trained, competency-assessed and given delegated authority by a qualified healthcare professional may carry out these tasks. The authority is specific to the individual person being supported and is not transferable.

Care workers can refuse to carry out a specialist technique if they do not feel competent. If a care worker's training or competency lapses, they must not carry out the technique until it is renewed. See the Delegation of Healthcare Tasks Policy and the Management of Medicines Policy for full details on training, supervision and competency requirements.

How Self-Administration Is Supported

Staff should assume a person can manage their own medicines unless a risk assessment indicates otherwise. Each person's medication care plan specifies their level of assistance — from independent self-administration through to full staff administration. The levels are defined in the Management of Medicines Policy.

Where a person self-administers, staff must still monitor their well-being and report any concerns. Where a change in capacity, health or circumstances means the person can no longer safely self-administer, the Registered Manager must be informed so the medication care plan and risk assessment can be updated.

Procedures

Administering Oral Medication

Who: Trained and competent care worker or nurse. **When:** At each scheduled medication round or visit.

- Wash and dry your hands thoroughly.
- Collect the person's medication and their MAR chart, or open their eMAR record.
- Confirm the person's identity. Work through all 7Rs: right person, right medicine, right dose, right route, right time.
- Check the medicine has not expired and is in good condition.
- Prepare the medicine using a non-touch technique (e.g. tip from blister pack into a medicine pot). Do not touch tablets or capsules with your hands.
- Offer the medicine to the person with water (unless the care plan specifies otherwise). Explain what you are giving.
- Directly observe the person taking the medication.
- Sign the MAR or eMAR immediately to confirm administration. Record the actual time for time-dependent and PRN medicines.
- If the person refuses or cannot take the medicine, record this using the correct code on the MAR or eMAR immediately. Follow the escalation steps in Section 5.
- Return remaining medication to the secure storage area. Wash your hands.

Administering Topical, Inhaled or Other Non-Oral Medication

Who: Trained and competent care worker or nurse. **When:** As specified in the person's MAR or eMAR and care plan.

- Wash and dry your hands. Put on gloves and apron where required by the care plan or infection control procedures.
- Confirm the person's identity. Check the 7Rs against the MAR or eMAR.
- Check the care plan for specific instructions — for example, the application site for a cream, the body map for a patch, or the technique for an inhaler.
- Administer the medicine as prescribed. For topical medicines, apply to the correct site only and avoid cross-contamination.
- Remove and dispose of gloves and apron in the correct waste stream. Wash your hands.
- Sign the MAR or eMAR immediately. For topical medicines, update the body map if required.

Escalating a Medication Concern

Who: Any member of staff. **When:** Immediately on identifying any medication error, adverse reaction, persistent refusal of a critical medicine, or missing controlled drugs.

Residential settings

1. Inform the nurse on duty, senior care worker or Registered Manager immediately.
2. The senior person on duty contacts the GP, pharmacist or NHS 111 for clinical advice. In an emergency, dial 999.
3. Record the concern, time reported, who was contacted and advice given in the medication care records.

4. Complete an incident report form on the same day.

Community settings

1. Contact the office or on-call manager immediately by telephone.
2. Do not leave the person if they are in distress or at risk.
3. If the office is unavailable and the situation is urgent, call NHS 111 or 999.
4. Record the concern, time reported, who was contacted and advice given in the medication care records.
5. Report to the office at the earliest opportunity and complete an incident report form on the same day.

For full details on investigating errors, duty of candour, CQC notification and safeguarding reporting, see the Management of Medicines Policy.

References and Further Reading

Legislation

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – https://www.legislation.gov.uk/ukdsi/2014/9780111117613/contents
- Mental Capacity Act 2005 – https://www.legislation.gov.uk/ukpga/2005/9/contents
- Misuse of Drugs Regulations 2001 – https://www.legislation.gov.uk/uksi/2001/3998/contents
- Equality Act 2010 – https://www.legislation.gov.uk/ukpga/2010/15/contents

NICE Guidance

- NICE NG67: Managing medicines for adults receiving social care in the community – https://www.nice.org.uk/guidance/ng67
- NICE SC1: Managing medicines in care homes – https://www.nice.org.uk/guidance/sc1
- NICE NG46: Controlled drugs — safe use and management – https://www.nice.org.uk/guidance/ng46

CQC Guidance

- CQC: Medicines information for adult social care services – https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services
- CQC: When required medicines in adult social care – https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care

Other Guidance

- NMC: The Code – https://www.nmc.org.uk/standards/code/
- MHRA: Yellow Card Scheme – https://yellowcard.mhra.gov.uk/

Related Organisational Policies

- Management of Medicines Policy
- Homely Remedies Policy
- Medicines Requiring Refrigeration Storage Policy
- Delegation of Healthcare Tasks Policy
- Topical Medication Application Policy
- Transdermal Patch Application Policy
- Mental Capacity and Deprivation of Liberty Policy
- Infection Prevention and Control Policy