Proxycare Personnel Ltd

Medication - Management of Medicines Community

Regulatory Links

- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**
- Regulation 9: Person-centred care — care must be tailored to the individual's needs, preferences and capacity, including in relation to medicines.
- Regulation 11: Need for consent — consent must be obtained before administering medicines. Covert administration requires a best-interests process under the Mental Capacity Act 2005.
- Regulation 12: Safe care and treatment — the core requirement for safe prescribing, administration, storage and disposal of medicines, including risk assessment and mitigation.
- Regulation 13: Safeguarding service users from abuse and improper treatment — medicines-related incidents may constitute safeguarding concerns and must be reported and acted upon.
- Regulation 15: Premises and equipment — medicines, including controlled drugs and refrigerated medicines, must be stored safely and securely.
- Regulation 17: Good governance — regular audits, accurate record keeping, incident investigation and continuous improvement of medicines processes are required.
- Regulation 20: Duty of candour — providers must be open and transparent when something goes wrong with medicines management, including notifying CQC where required.
- **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 systems, pathways and transitions:** "We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services."
- **Safeguarding:** "We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately."
- **Learning culture:** "We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices."
- **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."
- **Consent to care and treatment:** "We tell people about their rights around consent and respect these when we deliver person-centred care and treatment."
- **Governance, management and sustainability:** "We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate."

Scope

This policy applies to:

- All staff who contribute to the safe management of medicines, including care workers, senior carers and office staff
- All people we support in their own homes, including those receiving domiciliary care or supported living services
- Temporary and agency staff, apprentices and volunteers who have a role in medicines management

This policy and procedure are provided for the regulated activity of personal care.
The principles of this policy apply to both paper-based and electronic MAR systems (eMAR). All references to MAR apply equally to both, unless stated otherwise.
This policy must be read alongside:

- Safe Handling and Administration of Medicines Policy
- Topical Medication Application Policy
- Transdermal Patch Application Policy
- Homely Remedies Policy
- Application and Administration of Medication Other Than Oral and Topical Policy
- Accident and Incident (Reporting and Managing) Policy
- Duty of Candour Policy
- Safeguarding Adults 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

We are committed to ensuring the safe and effective management of medicines for every person we support. Medicines management covers the whole process — from assessment and prescribing through to administration, storage, disposal and learning from errors. Every stage carries risk, and every stage requires trained, competent and conscientious staff.
We support people to be as independent as possible in managing their own medicines. Where people need support, we will provide it in a way that respects their dignity, promotes their autonomy and is tailored to their capacity and preferences.
We will always seek consent and will follow the Mental Capacity Act 2005 where capacity is in question.
We maintain a fair blame culture. Staff are encouraged to report errors and near misses promptly and without fear. Our focus is on learning and improving systems, not punishing individuals. The safety of the people we support is always our first concern.
The underpinning principles of this policy — safety, dignity, consent, accurate recording and continuous learning — apply in every visit and in every person's home.

Policy Detail

5.1 Who Can Administer Medicines and What Training Is Required

Only trained and competency-assessed staff may administer or support medicines. This applies to all medicines, including controlled drugs and those given via specialist routes.

Training and competency assessment takes place at induction. Annual refresher training and practical competency checks are completed at supervisions and spot checks. Competency must be formally assessed and recorded at least once every twelve months.

Specialist administration techniques — such as via a PEG tube, nebuliser or oxygen — require additional training. Only staff who have been trained, competency-assessed and given delegated authority by a qualified healthcare professional may use these techniques. This authority is specific to the individual person being supported and is not transferable.

5.2 Who Is Responsible for Prescribing

In most cases, the GP is responsible for prescribing and issuing prescriptions. Other clinicians — such as nurse practitioners, diabetologists or consultants — may manage specific aspects of a person's medication. Staff must not advise on over-the-counter medicines or other treatments.

5.3 How We Assess and Plan Medicines Support

On commencement of a service, a medication needs assessment is carried out. This identifies the level of support required and must be based on the person's physical needs, mental capacity, personal preferences and their ability to self-manage. A separate medication care plan is created and maintained for each person. Where multiple providers are involved, agreement is reached about who takes lead responsibility. This is recorded in the care plan.

Levels of assistance

Medicines support exists on a spectrum. The care plan must clearly describe the level of assistance required for each individual and for each medicine, as these may differ.

Independent self-administration — The person manages all aspects of their own medicines — ordering, storing, taking and disposing — without any input from staff. Staff have no role in their medicines management other than monitoring overall well-being.

Prompting and reminding — The person has the physical and cognitive ability to take their own medicines but benefits from staff reminding them that it is time to take a medicine. Staff do not touch the medicine. This may include verbal reminders, pointing to the medicine or assisting the person to locate their medication. Prompting is not the same as administration.

Assistance with administration — Staff provide physical assistance — for example, opening a blister pack or a bottle — while the person takes the medicine themselves. Staff do not place the medicine in the person's mouth or hand.

Administration — Staff take full responsibility for giving the medicine to the person, including placing it in their hand or mouth. This requires staff to be trained and competency assessed. The seven Rights must be applied every time. Administration must be recorded on the MAR or eMAR on every occasion.

Specialist administration — Administration via a non-standard route, such as a PEG tube, nebuliser, syringe driver or subcutaneous injection. This requires specific training, competency assessment and delegated authority from a qualified healthcare professional. Authority is person-specific and not transferable. The care plan must include the name of the delegating professional and the date of delegation.

The level of assistance must be reviewed whenever the person's needs change — for example after a hospital admission, deterioration in health or change in capacity. The review must be documented within five working days of the change occurring. Staff must not provide a higher level of support than is needed, as this removes independence.

The seven Rights

The seven Rights must be applied by all staff administering medicines:

- Right person
- Right medicine
- Right route
- Right dose
- Right time
- Right to refuse
- Right documentation

When administering medicines, staff must focus on the task without distractions and wash their hands first.

5.4 Medicines Administration Records (MAR) — What to Record and When

Every instance of medicines support must be recorded on the MAR or eMAR at the time it occurs. This includes reminders to take medicines, giving medicines and recording whether medicines were taken or declined. Records must never be completed in advance or retrospectively without the Registered Manager's authorisation.
MAR records must include:

- Full name and date of birth of the person
- NHS number where available
- Name, strength, form, dose, frequency and route of each medicine
- Known allergies and type of reaction
- Any relevant monitoring or review dates
- Special instructions, for example "take with food" or "do not crush"
- Name of GP practice

Where paper-based records are used, the organisation will aim to use printed MAR charts provided by the supplying pharmacist or dispensing doctor.

Record retention

MAR charts, PRN protocols, body maps and all other medicines administration records for adults must be kept for at least 8 years after the person's care ended at the service. After 8 years, the Registered Manager must review whether retention is still required. Where a medicines error caused death or serious harm, retain those records for up to 20 years. Controlled drug registers must be kept for a minimum of 2 years after the date of the last entry.

Updating the MAR

Staff must inform the office immediately — and no later than the end of the shift in which the change is known — when any changes to a person's medicines occur. The office will issue an updated MAR and update the eMAR system before the next scheduled visit.

5.5 When Required (PRN) Medicines — Planning, Administering and Recording

"When required" (PRN) medicines are prescribed to treat symptoms that occur as needed — such as pain, nausea, anxiety, constipation or breathlessness. They are different from regular medicines. People with long-term conditions may also have PRN medicines, for example an inhaled reliever for asthma.

PRN care plans

Each PRN medicine must have a person-centred care plan covering:

- The condition the medicine is prescribed for
- Dose instructions, including the maximum daily amount and minimum interval between doses
- Where a variable dose is prescribed, clear directions on what dose to give and when
- Signs and symptoms to look out for, and when to offer the medicine — including non-verbal cues if the person cannot ask for it themselves
- Alternatives or non-medicine interventions to try first — for example, repositioning, comfort, distraction or fluids
- What order to offer medicines where more than one PRN is prescribed for the same condition
- When to review the medicine and expected duration of use
- When to contact the prescriber if there is confusion, the medicine is not working, or the person no longer needs it

Administering PRN medicines

Staff must use a person-centred approach and attempt non-medicine interventions before offering a PRN medicine where this is appropriate. For PRN medicines used to manage distress or agitation, these must be prescribed for as short a time as possible. Overuse or inappropriate use of medicines to control behaviour may constitute a safeguarding concern.
The care plan must describe how staff will manage PRN medicines outside of visit times, including how family members or carers can help, and how any administration outside of scheduled visits will be recorded.

Recording PRN administration

When a PRN medicine is given, the record must include: the date and time, medicine and dose given, reason for administration, the outcome and whether it was effective. Where a PRN medicine is offered but not needed, record this using a “not required” code — not the “refused” code, which is reserved for regular medicines only.
PRN medicines must be kept in their original packaging. Appropriate stock levels must be maintained. Contact the prescriber if a PRN medicine is not having the expected effect or if it is being used very frequently.

5.6 How Medicines Are Ordered and Received — Including Emergency Prescriptions

Ensuring that each person always has their medicines available is essential to their health and well-being. Medicines must not be shared between people, even if they are taking the same medication.
Where staff are responsible for ordering medicines:

- At least two trained staff members must be able to order, covering different shifts or days of the week, to ensure cover for absence
- Dedicated time must be set aside for ordering, free from distractions
- The MAR is checked for any prescription changes before placing an order
- Current stock is checked, including PRN medicines, creams, inhalers and liquids, noting expiry dates
- Orders are placed using the GP surgery’s online system or other agreed procedure

When a Medicine Is Needed Urgently

In community settings, responsibility for ordering medicines usually rests with the person we support or their family. Where the organisation holds this responsibility, it must be documented in the care plan in line with NICE NG67 (recommendation 1.9). The process below applies when staff become aware that a person urgently needs a medicine and it is not available.
Time-sensitive medicines — those where a delay or missed dose could cause serious harm — must be treated as a priority in accordance with CQC guidance on managing medicines in home care. Where a time-sensitive dose may be affected, staff must not wait until the next scheduled visit to escalate.

- The care worker contacts the office or on-call manager immediately to report that an urgent medicine is needed, giving the person's name, the medicine name, and the reason it is unavailable.
- The office or on-call manager contacts the person's GP surgery by telephone to explain the clinical urgency. If the surgery is closed, contact NHS 111 for out-of-hours GP support.
- The GP may issue an emergency prescription at a local pharmacy, or authorise the pharmacist to provide an emergency supply under the Medicines Act 1968. The office confirms with the person or their representative which pharmacy will dispense.
- If the organisation has agreed in the care plan to collect medicines on the person's behalf, a staff member collects the medicine and checks it against the verbal instruction — name, strength, dose and quantity — before leaving the pharmacy.
- The office or on-call manager records the emergency supply in the MAR within one hour, noting the prescriber's name, date, time and reason. The care worker records the outcome in the care notes at the next visit.
- The regular prescription is requested from the GP at the next available opportunity, and the care plan is updated if any ongoing change to the ordering arrangement is needed.

Any urgent medicine situation must be reported to the Registered Manager by the end of the working day in which it occurs. Staff must have received training on this process at induction and know how to contact the office or on-call manager at any time during a scheduled visit.

5.7 Storing Medicines Safely

Medicines must be stored according to the manufacturer’s instructions and the dispensing label. If in doubt, ask the pharmacist. As a general rule, medicines should be stored below 25°C, away from heat and moisture.
Storage areas and cupboards must be kept clean, tidy and in good condition. Medicines for external use must be stored separately from internal medicines.
Nutritional supplements must be stored securely and in a refrigerator where the manufacturer requires it, in line with NHS England’s Patient Safety Alert on thickening agents.

Refrigerated medicines

Some medicines — including insulins, antibiotic liquids, injections, eye drops and certain creams — require storage between 2°C and 8°C. Staff must check the patient information leaflet and refer to the electronic Medicines Compendium (eMC) if needed.
Where a person's home does not have a dedicated medicines fridge and refrigerated medicines are only occasionally needed, a separate locked container in the food fridge may be used as a proportionate approach, following CQC guidance. Temperature monitoring records must still be kept. If a person regularly requires refrigerated medicines, a dedicated fridge must be risk assessed and recommended to the person and their GP.

5.8 How We Support Medicines Reviews

The GP is responsible for reviewing medicines at least annually — checking whether each medicine is still needed, at the right dose and the best option for the person. The GP may delegate this to another qualified health professional such as an Advanced Nurse Practitioner.
We will work with people we support and their GP practices to agree a date for the annual review and support each person through the process as appropriate.
Where a person lacks capacity under the Mental Capacity Act 2005, we will liaise with their support network — family, Powers of Attorney for health and welfare and others — to act in their best interests in arranging the review. All agreed actions will be recorded in the care plan within five working days of the review taking place.

5.9 When a Person Refuses Medication

Any person with capacity has the right to refuse medication, even where professionals believe this is unwise. Declining is not the same as refusing — for example, a person who does not need pain relief at that time is not refusing their medicine.
If a person refuses medication, staff should wait and offer it again after a short interval. If the refusal continues:

- Record the refusal on the MAR using the correct code and in the care notes immediately — before moving to the next person or leaving the room
- Report to the Registered Manager or office within one hour
- Consider whether the GP needs to be informed — especially where continuous refusal or missing a single critical dose (such as a GTN spray) poses a significant health risk

If the person refuses consent to inform the GP, the Registered Manager must explain the duty of care. If after this discussion the person still refuses and has capacity, their decision must be documented and signed by both the person and the staff member within the same day. Their refusal must be respected.
Tablets must not be crushed and capsules must not be opened without pharmacist advice confirming this is safe and does not alter the medicine's properties. Any alternative method of administration must be documented and approved by the GP before it is used.
If a person's capacity appears to have changed, the Mental Capacity Act 2005 assessment process must be followed without delay.

5.10 Covert Medicines Administration — When It May Be Used and How

Covert administration — disguising medicines in food or drink — is only appropriate where:

- The person actively refuses their medicine
- The person has been assessed as lacking capacity to understand the consequences of their refusal under the Mental Capacity Act 2005
- The medicine is essential to their health and well-being
- Covert administration is the least restrictive option after all other approaches have been tried

A best interests meeting must be held before covert administration begins. In urgent situations, a less formal discussion between staff, prescriber and family or advocate may take place, but a formal meeting must follow within five working days.
For each person, a written, signed and dated covert administration protocol must be in place before the first covert dose is given. This must include the medicine, dosage, method of disguise, prescriber's name, start and finish date, and review date. If the authorisation exceeds six months, monthly reviews involving family and healthcare professionals must be documented.

Tablets must not be crushed unless the GP, following advice from a pharmacist, has specifically prescribed this. Changes to medication always trigger a review of any covert administration protocol within five working days.
For guidance on the safe handling and disposal of sharps, including needles and lancets, refer to our Management of Sharps and Needlestick Injuries Policy. All staff who handle sharps must be trained and competency assessed. Sharps bins must be available in the home of any person who uses injectable medicines or requires blood glucose monitoring.

5.11 Controlled Drugs — Legal Requirements and Disposal

Controlled drugs are prescribed medicines used to treat severe pain, induce anaesthesia or manage drug dependence. They are subject to additional legal requirements under the Misuse of Drugs Regulations 2001.
Where a person self-administers, they can manage their own individually dispensed supply of controlled drugs. CQC guidance confirms that there is no legal requirement to treat CDs differently or to maintain a CD register in a person's own home, unless the risk assessment identifies this is needed.
Storage in a person's home must be risk assessed in line with NICE guideline NG67. The risk assessment will consider potential risks to the person, family members and staff, and will determine the appropriate storage arrangements for each individual. The outcome must be recorded in the care plan.
Where care workers are responsible for administering controlled drugs in the home, they must be trained and assessed as competent. There is no legal requirement for a second staff member to witness CD administration in a person's own home, but the organisation's risk assessment may identify this as appropriate in specific circumstances.
Disposal of CDs: CDs are returned to a community pharmacy. A record of return is made on the MAR and a signed receipt obtained from the pharmacist.

Local CD disposal process
Its collected and sent to the pharmacy

Any discrepancies in CD stock must be investigated immediately. Where a discrepancy cannot be explained, the CQC, the Area Team Controlled Drugs Accountable Officer and the police must be informed within the same working day. CD incidents — including loss or theft — must be reported to the NHS Controlled Drugs Accountable Officer (CDAO) at NHS England.

5.12 Reducing Overmedication — Our Commitment to STOMP

STOMP stands for stopping the over-medication of people with a learning disability, autism, or both, with psychotropic medicines. It is a national programme aimed at ensuring these medicines are only used where genuinely appropriate.
Where we support people with these conditions, we will actively work with the person, their families and healthcare professionals to promote reduction of psychotropic drugs where these are not the most appropriate treatment. Staff will have access to STOMP resources to support conversations with healthcare professionals.

5.13 Recognising and Reporting Adverse Drug Reactions

An adverse drug reaction (ADR) is an unwanted or harmful reaction following administration of a drug or drugs. They can occur within or outside of a medicine's approved use. Wherever possible, people should be told about potential side effects and encouraged to tell staff if they feel unwell after taking medication.
ADRs must be reported through the Yellow Card Scheme. Providers are required to report reactions from off-label use, overdose, misuse, abuse and medication errors.

5.14 How We Learn From Medication Errors and Near Misses

We maintain a fair blame culture. The focus is on identifying what went wrong in the system and making improvements, not on punishing individuals. Staff are expected to report errors and near misses promptly and without delay.
An error includes any incident occurring during prescribing, preparing, dispensing, administering, monitoring or ordering and storing medicines that could cause harm. Near misses — incidents that were caught before reaching the person — must be risk assessed and recorded, as they are a valuable source of learning.
Human factors that increase error risk include fatigue, poor environmental conditions and inadequate staffing levels. These factors will be considered when investigating incidents.
People we support, their families and carers will be provided with information on how to report medicines-related concerns, including through our complaints procedure and local safeguarding processes. All people can access advocacy

and independent complaints services if they have concerns about medicines. If a complaint concerns the Registered Manager directly, contact:

Escalation contact for complaints about the Registered Manager
02080045210

5.15 Duty of Candour When Something Goes Wrong

We have a duty to be open and transparent when something goes wrong. The Registered Manager will check Regulation 20 when a medication error occurs to determine whether it constitutes a notifiable safety incident. This check must be completed within 24 hours of the incident being reported.

Where the duty of candour applies, we will tell the person and/or their representative in person as soon as possible and within ten working days of identifying the incident. We will offer a sincere apology, provide a written account of what happened and what we are doing to prevent recurrence, and keep a record of all communications. We will provide support to the person throughout.

5.16 When Medication Errors Must Be Reported to CQC

There is a requirement to notify CQC where a medication error has led to a death, an injury, abuse or an allegation of abuse, or an incident reported to or investigated by the police. The notification must make clear that a medicines error was a known or possible cause. The Registered Manager is responsible for ensuring this notification is submitted without delay.

5.17 Medicines-Related Safeguarding — When to Report and to Whom

Medicines-related safeguarding incidents must be reported in line with local safeguarding arrangements. A safeguarding issue may include deliberate withholding of a medicine without valid reason, incorrect use of a medicine for reasons other than benefit to the person, a deliberate attempt to harm through medicine, or accidental harm caused by an error.

Local safeguarding requirements for medication errors
The local safeguarding procedures for reporting a medication error generally involve several key steps to ensure patient safety and compliance with regulatory standards. Here's a summary of the typical process: Immediate Action: If a medication error is discovered, the first step is to ensure the safety of the service user. This may involve administering the correct medication if necessary or contacting medical professionals for further guidance. Notify a Supervisor: The staff member who identifies the error should promptly inform their supervisor or manager. This is critical for initiating the appropriate response and documentation. Document the Error: A detailed report of the medication error should be completed as soon as possible. This report typically includes: The date and time of the error The name of the service user Details of the medication involved (name, dosage, route of administration) A description of what occurred, including contributing factors The immediate actions taken to address the error Complete an Incident Report: In addition to internal documentation, an official incident report may need to be filed. This report is essential for maintaining compliance with local safeguarding and healthcare regulations. The incident report should be submitted to the appropriate local authority or safeguarding board. Investigation: Following the report, an investigation may be conducted to determine the cause of the error. This can include reviewing procedures, staff training, and communication issues. Review Policies and Procedures: The organization should review existing medication management policies and make adjustments as necessary to prevent future occurrences. This may involve additional training for staff or updates to protocols. Feedback and Learning: Finally, the findings from the investigation should be shared with staff to promote learning and improve practices. This may also involve a follow-up meeting to discuss how to prevent similar incidents in the future. For specific local procedures, including reporting channels and forms, you can refer to your local safeguarding board or NHS guidelines. It's important to ensure all staff members are familiar with these protocols to enhance medication safety and compliance. For further information on medication error reporting, you might check resources such as the NHS Improvement or your local health authority's safeguarding policies.

Nurses must follow the Nursing and Midwifery Council professional standards of practice and behaviour.

5.18 Supporting People When They Go to Hospital or Return Home

When a person is admitted to hospital, a copy of the up-to-date MAR (or printed eMAR) must accompany them, together with any emergency medication (such as inhalers or an EpiPen) and other required documents.

Documents required on hospital admission

Hospital policies on whether medicines travel with the person vary. The Registered Manager will identify the local policy for each hospital and ensure staff are trained on the process before a planned admission and as part of emergency procedures.
On discharge from hospital, the person's care and medication needs must be reviewed within 24 hours of return to ensure an up-to-date medication plan is in place before the next dose is administered.

Discharge procedure
To trigger a care review for a service user being discharged from the hospital, the following procedure is typically followed at Proxycare Personnel Ltd: Procedure to Trigger a Care Review Hospital Discharge Notification: Who: Hospital Discharge Team What: The hospital team will inform Proxycare of the impending discharge of the service user. This notification should include details about the patient's condition, required medications, and any specific needs that must be addressed upon discharge. Initial Care Assessment: Who: Care Coordinator or Case Manager What: The assigned Care Coordinator will conduct an initial assessment to review the service user's current health status, medication requirements, and any risks identified during their hospital stay. This may involve direct communication with the hospital staff to gather comprehensive information. Care Plan Development: Who: Care Coordinator, with input from healthcare professionals as needed What: Based on the assessment, the Care Coordinator will update or develop a care plan that includes a comprehensive medication plan and outlines any specific support the service user will require at home. This includes addressing risks identified during the hospital stay. Risk Assessment: Who: Care Coordinator, with input from relevant team members What: A formal risk assessment should be conducted to identify any potential hazards in the home environment and ensure that necessary precautions are in place. This may include mobility aids, fall prevention measures, and monitoring for any side effects from medications. Implementation of the Care Plan: Who: Care Staff What: Once the care plan is finalized, it will be communicated to all care staff involved in the service user's care. Staff should be trained and prepared to follow the new medication schedule and care requirementsoutlined in the plan. Review and Follow-Up: Who: Care Coordinator What: A follow-up review should be scheduled within a week of discharge to assess the effectiveness of the care plan and make any necessary adjustments. Continuous communication with the service user and their family is crucial to ensure all needs are being met. By adhering to this procedure, Proxycare ensures that each service user receives personalized care tailored to their post-discharge needs, including a focus on medication management and risk assessment. For more detailed guidance on discharge planning and medication management, you may refer to resources such as the NHS guidelines on discharge planning or your local health authority's protocols

5.19 Lone Working and Visit-Based Medicines Management

Care workers delivering medicines support in people's own homes must be aware of their lone working responsibilities. The care plan must specify clearly what medicines support is expected at each visit and what to do if the person is not available, is asleep, or declines.
If a person cannot be found or does not answer the door at a scheduled medicines visit, staff must follow the organisation's missed call procedure immediately. Where a time-critical medicine has not been given, the office or on-call manager must be contacted before leaving. The outcome must be recorded on the MAR and in the care notes.
Out-of-hours contact arrangements must be confirmed in writing in the care plan. Staff must never attempt to contact the GP or emergency services on behalf of a person without first attempting to reach the office or on-call manager, unless there is an immediate risk to life.
Where a person's family member or unpaid carer provides medicines support between visits, this must be agreed in advance, documented in the care plan, and the family member or carer must know how to record it correctly.

5.20 Medicines During Visits — Meals and Sleep

If medication is time-specific and the person is eating or sleeping when the care worker arrives, the care worker should wait a short time where it is safe to do so. If the medicine cannot wait and the person must be woken or interrupted, this

should be explained to the person and consent sought.
The person retains the right to refuse. If medication is missed or refused, this must be recorded using the correct MAR code before leaving the property, and reported to the office within one hour. Advice from the GP or 111 must be sought where a missed dose could significantly affect health.

5.21 Oxygen Therapy — Specific Requirements

Oxygen can only be prescribed by a specialist following clinical review, usually from the respiratory healthcare team. A risk assessment must be in place for both administration and storage before oxygen is used. Care staff must not deviate from the care plan.
Oxygen is a fire hazard. The Registered Manager must notify the fire brigade of oxygen use at the premises or, in the community, notify the relevant fire service of the address. Staff and people we support must not use petroleum-based products (such as Vaseline® or Vicks®) near oxygen. If a person using oxygen therapy is smoking or using e-cigarettes, the Registered Manager must escalate this to the prescribing healthcare professional on the same day.
Oxygen cylinders must be kept secure and upright, away from heat and combustible materials. Tubing must be checked at every visit or shift for holes and kinks. Oxygen concentrators must be plugged directly into the mains — not via extension leads.
See also the separate Oxygen Therapy and Pulse Oximetry Policy for full guidance.

5.22 How We Audit Medicines Management

The Registered Manager is responsible for completing regular audits of medicines procedures, including documentation, recording, storage and stock. This responsibility may be delegated to an appropriately trained individual, but overall accountability remains with the Registered Manager.
Audits must cover the following as a minimum: MAR accuracy and completeness, controlled drug registers, storage conditions and temperatures, stock rotation and expiry dates, PRN protocols, competency records and incident trends. Where problems are found, audit frequency must increase to monthly until the issue is resolved and two consecutive audits confirm improvement. Where an audit reveals a likely error, the incident reporting procedure in Section 6.5 must be followed. All audits will produce an action plan with named owners and completion dates. Trends across audits are reviewed at least quarterly in team meetings and used to update training and procedures.

Procedures

6.1 How to Assess and Plan Medicines Support for a New Person

- At the start of a new service, the Registered Manager or a delegated trained senior staff member completes a medication needs assessment within the first five working days. The assessment identifies the level of support required based on physical needs, mental capacity, preferences and ability to self-manage.
- Create a medication care plan that includes specific instructions for each medicine, the level of assistance required and any specialist administration needs. The care plan must be signed off by the Registered Manager before the first dose is supported.
- Confirm which staff are trained and competency-assessed to administer medicines for this person. Record their names in the care plan.
- Where multiple providers are involved, agree in writing which provider leads on medicines support and record this in the care plan before the service begins.
- Record consent arrangements and any MCA capacity assessments in the care plan.
- Review the medication care plan whenever the person's needs change, within five working days of the change, and at a minimum at each scheduled care review — which must take place at least every twelve months.

6.2 How to Order Medicines

- Check the current MAR for any prescription changes before placing an order. If a change is identified, update the MAR before ordering.
- Check current stock, including PRN medicines, creams, inhalers and liquids. Note any items nearing expiry or running low.

- Place the order using the GP surgery's online system or the agreed ordering procedure. Record the date of order in the medicines ordering log and retain a copy.
- If a medicine is needed urgently and cannot wait for a routine prescription, follow the emergency prescription process in Section 5.6 and inform the Registered Manager immediately.
- If ordering is not possible within a normal working day, the Registered Manager is responsible for arranging cover to ensure no dose is missed.

6.3 How to Receive and Check Medicines on Delivery

- Check the medication received against the original order. Confirm name, strength, form and quantity. Do not sign for the delivery until this check is complete.
- Record on the MAR: date of receipt, name and details of medicine, quantity received, name of the person for whom it is prescribed and your signature.
- Reconcile with previous stock and the current prescription to confirm available supply. Record the outcome of the reconciliation.
- Rotate stock so the oldest is used first, within the expiry date.
- Remove and quarantine any expired medicines. Return them to the pharmacy or dispose of in line with local protocol within two working days.
- Report any discrepancies to the pharmacy or GP on the same day they are found. Do not use the medicine until the discrepancy is resolved. Record the outcome of the discussion.

6.4 How to Administer Medicines

- Wash hands thoroughly before beginning.
- Work in a calm environment, free from distractions. If interrupted, start the seven Rights check again from the beginning.
- Apply the seven Rights: right person, right medicine, right route, right dose, right time, right to refuse, right documentation.
- Positively identify the person before administering — use their full name and date of birth, and check their photograph if in the care plan.
- Administer the medicine as prescribed.
- Record the administration on the MAR or eMAR immediately after giving the medicine — before moving to another person or task. Use the correct code if the medicine is refused or not needed.
- Record the refusal or missed dose on the MAR using the correct code, and in the care notes, immediately — before leaving the property. Then report to the office without delay. Where the refused medicine is clinically critical (for example, an anticoagulant, insulin, anti-epileptic or cardiac medicine), call the office or out-of-hours contact within 15 minutes so that the MAR status is confirmed and no double administration can occur at the next visit.

6.5 How to Respond to a Medication Error

- Ensure the person is safe. If there is any life-threatening concern, call 999 immediately and remain with the person until emergency services arrive.
- Contact the GP or out-of-hours service within 15 minutes of identifying the error. Describe what was given, to whom, when and how much. Record all advice given, including the name of the clinician and the time of the call.
- Tell the person what happened in plain language, offer a sincere apology and reassure them about what is being done. Do this within one hour of the error being identified, unless the person is unconscious or emergency treatment is in progress.
- If the person has capacity, ask whether they want family or friends informed. Follow their wishes and record their response.
- Where a person lacks capacity, inform the person with legal authority on their behalf within the same day. Where no such person exists, hold a best interests discussion about who to inform and document the outcome.
- Record the error in the person's care notes within one hour, including what happened, the exact time and what action was taken.

- Report the incident to the Registered Manager as soon as possible and no later than the end of the shift in which it occurred.
- Complete an incident record on the same day. The Registered Manager assesses how the error occurred and puts a written action plan in place within five working days to prevent recurrence.
- The Registered Manager checks Regulation 20 within 24 hours. If the error is a notifiable safety incident, follow the Duty of Candour Policy and notify CQC without delay.
- The Registered Manager checks whether local safeguarding reporting is required and acts accordingly — this check must be completed within 24 hours.
- Submit a Yellow Card report if the error involved a suspected adverse drug reaction. Submit as soon as possible and no later than 10 working days after the error.
- Monitor for trends across incidents at each quarterly audit. Update training and procedures where patterns are identified and record what changes were made.

6.6 How to Respond to an Adverse Drug Reaction

- Report the suspected reaction to the Registered Manager or duty manager immediately — by telephone, not by message.
- If the reaction is severe or life-threatening, call 999 and provide basic life support as required. Stay with the person.
- For reactions that are concerning but not immediately life-threatening, call 111 for advice. Record the name of the clinician you speak to and what they advise.
- Document the symptoms, their severity and the time they began in the care notes within one hour.
- Follow any advice given by the healthcare professional and record it in full, including the clinician's name, time of call and instructions given.
- If the GP stops the medicine as a result, record this clearly on the MAR before the next due dose and inform the pharmacist on the same day.
- Complete an incident form on the same day.
- The Registered Manager notifies CQC within 24 hours if the reaction required emergency intervention.
- Submit a Yellow Card report as soon as possible and no later than 10 working days after the reaction.
- Send a written account of what happened to the person and/or family and the supplying pharmacist within ten working days.

6.7 How to Conduct a Medicines Management Audit

- The Registered Manager schedules medicines audits at least quarterly, covering documentation, recording, storage, stock and administration practice. The date and scope of each audit must be recorded in advance.
- At the audit, check as a minimum: MAR completeness and accuracy, controlled drug register entries and stock balance, storage conditions and temperatures, stock rotation and expiry dates, PRN protocols in place, staff competency records, and incidents since the last audit.
- Where a problem is found, increase audit frequency to monthly until two consecutive audits confirm the issue is resolved.
- Where an audit identifies a possible error, follow the incident reporting procedure in Section 6.5 before the audit is closed.
- Produce a written action plan after each audit, with a named owner and a completion date for each action. The plan must be signed off by the Registered Manager within five working days of the audit.
- Review trends across audits in team meetings, held at least quarterly. Update training and procedures where patterns are identified and record what changes were made.
- Retain all audit records and action plans for governance purposes for a minimum of 8 years.

References and Further Reading

Legislation

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005 and Code of Practice
- Misuse of Drugs Regulations 2001 (as amended)
- Medicines Act 1968
- Equality Act 2010
- Human Rights Act 1998

NICE Guidance

- NICE NG67 — Managing medicines for adults receiving social care in the community https://www.nice.org.uk/guidance/ng67/chapter/recommendations
- NICE NG5 — Medicines Optimisation: The Safe and Effective Use of Medicines https://www.nice.org.uk/guidance/ng5

CQC Guidance

- When required medicines in adult social care https://www.cqc.org.uk/guidance-providers/adult-social-care/when-required-medicines-adult-social-care
- Medicines care plans https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-care-plans
- Training and competence in medicines optimisation for adult social care staff https://www.cqc.org.uk/guidance-providers/adult-social-care/training-competence-medicines-optimisation-adult-social-care
- Appropriate use of psychotropic medicines in adult social care https://www.cqc.org.uk/guidance-providers/adult-social-care/appropriate-use-psychotropic-medicines-adult-social-care
- Medicines administration records in adult social care https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-administration-records-adult-social-care
- Controlled drugs in home care https://www.cqc.org.uk/guidance-providers/adult-social-care/controlled-drugs-home-care
- Covert administration of medicines https://www.cqc.org.uk/guidance-providers/adult-social-care/covert-administration-medicines
- Managing oxygen in people's own homes https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-oxygen-in-peoples-own-homes
- Reporting medicine-related incidents https://www.cqc.org.uk/guidance-providers/adult-social-care/reporting-medicine-related-incidents
- Medicines information for adult social care https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services
- Controlled Drugs Accountable Officers https://www.cqc.org.uk/guidance-regulation/controlled-drugs/controlled-drug-accountable-officers

Professional Standards

- The Safe and Secure Handling of Medicines in Social Care, Royal Pharmaceutical Society https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines
- Medicines management, Royal College of Nursing https://www.rcn.org.uk/library/Subject-Guides/medicines-management
- BTS Guidelines for Home Oxygen Use in Adults https://www.brit-thoracic.org.uk/document-library/guidelines/home-oxygen-for-adults/bts-guidelines-for-home-oxygen-use-in-adults/

Other Resources

- Yellow Card Reporting Scheme, MHRA https://yellowcard.mhra.gov.uk/

- STOMP and STAMP — Stopping over-medication, NHS England https://www.england.nhs.uk/learning-disabilities/improving-health/stomp-stamp/
- Patient Safety Alert: Safer modification of food and drink (thickeners), NHS England https://www.england.nhs.uk/publication/patient-safety-alert-safer-modification-of-food-and-fluid/
- Patient Safety Alert — Oxygen cylinders: failure to open (2019), NHS England https://www.england.nhs.uk/wp-content/uploads/2019/12/Patient_Safety_Alert_-_Failure_to_open_oxygen_cylinders.pdf
- National Patient Safety Alert — Safe use of oxygen cylinders (2023), NHS England https://www.england.nhs.uk/publication/national-patient-safety-alert-use-of-oxygen-cylinders-where-patients-do-not-have-access-to-medical-gas-pipeline-systems/
- Controlled drugs list, GOV.UK https://www.gov.uk/government/publications/controlled-drugs-list--2
- T28 waste exemption: sort and denature controlled drugs for disposal https://www.gov.uk/guidance/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal
- Mental Capacity Act 2005 Code of Practice https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice