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Support with Medication Procedure

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Summary of Changes

Section	Change
5	Addition that staff must initial MAR
7	Addition that staff may be asked to check medication administration Addition that staff must identify others' missed completion of MAR

Support with Medication Procedure

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1.0 Introduction

Care & Support teams providing any level of support to an individual in the management of their medication must refer to this procedure and its associated policy.

A supported person, or their legal representative, must request and consent to support with medication. Care & Support Managers (CSM)/Operations Managers (OM) must be clear that the support provided is an assessed need, with legal powers in place as required.

Ark must balance the right of an individual to manage their own medication as they see fit, with our responsibility to protect them from harm and abuse.

This procedure is designed to be flexible, reflecting the variety of ways Ark supports individuals with medication. CSMs/OMs must identify and implement the relevant sections of the procedure that apply to the service(s) for which they are responsible.

There may be circumstances where supplementary advice or guidance is required for Care & Support staff; for example, specifying who is a 'designated staff member' for specific tasks. It is the responsibility of the relevant CSM/OM to put this in place, subject to the approval of their Regional Manager or the Assistant Director (Care & Support).

1.1 What is meant by 'medication'?

We use the term 'medication' to cover:

- Over-the-counter (OTC) medicines; available without prescription and used without the supervision of a pharmacist. This includes common cold and pain relief medicines. OTC medicine suitable for use by the supported person must be agreed by their GP
- Pharmacy (P) medicines; available without prescription but used under the supervision of a pharmacist. These medicines can only be obtained after the pharmacist has checked their suitability for use by the supported person
- Prescription-only medicines (POM); only available when prescribed by the GP or other relevant medical professional
- Items administered by injection or other invasive procedure

2.0 Consent and capacity

Care & Support staff may only provide support with medication if the individual has consented to this. Supported people can consent to this unless they have been assessed as lacking capacity under the **Adults with Incapacity (Scotland) Act 2000**.

If the individual does not have capacity, their GP or relevant medical professional must authorise medical treatment through issuing an s.47 certificate.

An individual may also have a welfare proxy; a welfare guardian, welfare power of attorney, or a holder of an intervention order. An s.47 certificate must still be in place in addition to the consent of the proxy (see: **Appendix 3 – s.47 advice note**) in order for Ark to provide support with medication.

If an individual is not able to share their medical information when required (for example; making a doctor's appointment or seeking advice from a pharmacist) the welfare proxy can consent to Ark doing this on the individual's behalf. Alternatively, where there is no welfare proxy in place, an s.47 certificate must be issued by a relevant medical professional to authorise Ark doing this for the individual.

2.1 Covert medication

'Covert' medication means the administration of any medical treatment in a disguised form; usually by mixing with food or drink. The individual is unknowingly taking the medication as a result.

Covert medication is **not**:

- giving medication mixed with food or drink to make it easier for the individual to take when they have given consent for this to happen.
- giving medication via nasogastric tube / PEG feeding

If the individual has capacity to understand the need for their medication and refuses to take it, Care & Support staff must respect this decision. It must be recorded in the individual's Good Life documentation, Risk Management Plan where appropriate, and their GP informed (with the individual's consent).

If the individual does not consent to sharing this information with their GP, this must be recorded in a communication log and/or health monitoring documentation.

Care & Support staff should note that continued refusal to take medication may be an Adult Support and Protection issue (see: **G36 Keeping People Safe** and **G57a Adult Support & Protection**).

Covert medication should only be considered if the individual actively refuses medication but lacks capacity to understand the consequences of this and the treatment is necessary for their physical/mental health.

The medical professional primarily responsible for the individual's medical care should decide on the use of covert medication, with input from other relevant people (for example, staff, family, social worker, welfare guardian). The use of covert medication must be authorised by an s.47 certificate.

A covert medication pathway **must** be provided by the GP and stored in the individual's Good Life documentation. It must be clear in their Good Life plan which medicines are to be given covertly, and how to do so. There must be a stated date to review the use of covert medication.

2.2 'As required' medication

Any 'as required' medication used by the individual must be detailed in their Good Life documentation, describing the circumstances in which it may be given. This includes medication prescribed for pain relief, anxiety, agitation, other behavioural issues and emergency medication for epilepsy.

'As required' medication prescribed for general use pain relief may be administered at the discretion of staff (for headaches and stomach pain, for example). Staff should refer to patient leaflet regarding when to consult the GP if pain persists.

There must be a detailed protocol written and signed by the prescribing medical professional where 'as required' medication has been prescribed for anxiety, agitation, other behavioural issues and emergency medication for epilepsy. It is never at the discretion of Care & Support staff when to administer this 'as required' medication.

Note that 'as required' medication may have a sedative effect and amount to restraint. See: **CS06 Reducing Restrictive Practice**

3.0 Types of support

3.1 Prompting

This is reminding a person of the time and asking if they have taken, or are going to take, their medication. The person is still in control of the medication and may decide not to take them or take them later.

3.2 Assisting

A supported person may be able to retain control of their medicines but need assistance with simple mechanical tasks. Assisting with medication may include:

- Ordering repeat prescriptions
- Picking up prescriptions from the GP surgery
- Collecting dispensed medicines from the pharmacy
- Bringing packs of medicines to the person at their request so the person can take the medicine
- Opening bottles or packaging at the request and direction of the person who is going to take the medicine
- Reading the labels and checking the time at the request of the supported person
- Ensuring the supported person has a drink to take with their medication

3.3 Administering

If an individual cannot take responsibility for managing their medication, Care & Support staff will use the '6 Rs' described by NICE (2014):

- The right person
- The right medicine
- The right dose
- The right time
- The right route
- The right to refuse

Administration of medication can be one or a combination of the following:

- Deciding which medicines have to be taken or applied and when
- Being responsible for selecting the medicines
- Giving the person medicines to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it
- Giving medicines where there is a judgement that a degree of skill is required to be exercised by the worker to ensure it is given in the correct way (e.g. eye drops).

The level of support the individual requires with each task must be recorded in their Good Life documentation and on the Medication Administration Record (MAR) chart. Note that this must also include the type of support provided; prompting, assisting or administering.

4.0 Documentation

4.1 Risk & Vulnerability Assessment

The ability of the supported person to manage their own medication should be assessed initially using the Risk & Vulnerability Assessment. This must consider, for example; their ability to recognise their medications, if they understand what they are, how they are used and the risks of under- or over-dose. This assessment may include other relevant people like family, legal guardians and other professionals involved in the person's care.

It is vital that support with medication is the correct amount required and should seek to build on the individual's skills, abilities and confidence. It is not appropriate for Care & Support staff to do tasks for the individual that they are able to do independently; this may amount to unnecessary restriction of the supported person's right to self-determination, see: **CS06 Reducing Restrictive Practice**.

Care & Support staff must follow **CS04 Risk & Vulnerability**.

4.2 Good Life documentation

All support needs and preferences must be documented in the supported person's Good Life documentation; see: **CS02 Good Life Planning**.

The details of why medications are prescribed, the length of the prescription, potential side-effects and any follow-up appointments required should be kept with Good Life documentation. It is the responsibility of the Care & Support staff accompanying the individual to a health appointment to ensure that the information is gathered and recorded where appropriate.

Care & Support staff members are also responsible for ensuring that the supported person is aware of these details. This may include providing information in an accessible format to aid understanding.

Medical information leaflets regarding all medication should be kept in an envelope next to the individual's medication to ensure Care & Support staff members have immediate and easy access to this information. These leaflets must be updated every 3 months.

4.3 Condition-specific support planning

Individuals with long-term health conditions, for example; asthma, diabetes or epilepsy must have robust protocols in place in their Good Life documentation for the management of their condition. This must include any support needs, medication needs and other support required specifically for the management of that condition, for example; peak-flow

readings, fluid balance charts or dietary advice. Risks as a result of the condition must be recorded and managed through **CS04 Risk & Vulnerability**.

4.4 Reviews

Supported people must have a Good Life Review at least every 6 months, see: **CS02 Good Life Planning**. In addition to this, supported people must have a medication review with their GP at least annually.

Individuals prescribed medication that has a sedative effect and could be considered restrictive must have its use reviewed at least every 6 months; or a period agreed by the prescribing medical professional and any welfare proxy.

5.0 MAR charts

The MAR is the record of the administration of the supported person's medication. All supported people must have a MAR unless they self-medicate.

Pharmacies may supply MAR charts. If this service is not available, Care & Support services must use the Ark MAR chart, see **Appendix 1**. It is important to note that the MAR does not replace or act as a prescription. The prescription or written direction from the prescriber is what authorises Care & Support staff to administer the medication, with the MAR reflecting the prescriber's instructions. It is best practice to keep a copy of the prescription.

MAR charts must be kept and stored in accordance with **G17 Retention of Documents**

Medicines received from the pharmacy should be labelled with the following information:

- the name of the medication or its common name
- directions for use
- precautions relating to the use of the medication

The information on the prescription, the label from the pharmacy and the MAR chart should all correspond. It is the responsibility of the Care & Support staff to ensure that these are correct and to seek clarification if needed.

All prescribed times for medication administration must have an entry in each box and must not be left blank. See **section 7.0 Medication errors**

5.1 Timings

If the instructions on the prescription are similar to 'take two times per day' rather than specifying times, Care & Support staff then have some flexibility to administer at times and intervals that suit the supported person's preferences and routines. It is the responsibility of the Care & Support staff to ensure this is accurately recorded on the MAR to ensure that doses are appropriately spaced.

5.2 Checking-in medication

It is the responsibility of the Care & Support staff member supporting the individual on receipt of the medication to ensure that it is checked-in correctly and that any errors are rectified. Missing or incorrect medication must be followed-up with the chemist/GP immediately.

A new MAR from the pharmacy should state what has been dispensed and the amount. The Care & Support staff member checking-in the medication should record the amount actually received and initial and date the MAR to confirm they have checked-in the medication.

Any medication left over from the previous dispensing that is still prescribed for use (e.g., 'as required' pain relief) should be carried forward into the stock for the current period.

5.3 Administration

Care & Support staff should record administration once they have confirmed the supported person has taken the medicine. They must initial the box on the MAR for the correct date and appropriate time band.

If the medicine was not given, or was refused, the appropriate code from those listed on the MAR should be entered and full details recorded on the back of the MAR.

5.4 Recording 'as required' medication

This should only be recorded when the 'as required' medication was actually given (positive recording), this will enable staff to identify when the medication has been required

The outcome of administering 'as required' medication should be detailed on the reverse of the MAR or on a separate recording sheet if the medication is prescribed to treat behavioural symptoms like anxiety.

'As required' medication must be counted and recorded on the medication stock audit sheet at least once per shift.

5.5 Recording 'original packaging' medication

Some pharmacies only provide medication in the original packaging. If there are more than 2 administrations of the same medications in the same day, a stock audit sheet must be completed. Care & Support staff will count the medication to ensure it corresponds with the MAR and previous amounts stated on the stock audit sheet after administration. The remaining amounts must be recorded on the stock audit sheet after every administration. All MARs should contain a box at the bottom of each column of every day for each medication administered – a running balance should be recorded here after the final administration of the day.

If there are only 2 administrations of the same medication in the same day, a running balance must be kept on the MAR, recorded on the box at the bottom after the second administration of the day.

5.6 Refused or spoiled medication

Medication removed from packaging and not taken must be recorded appropriately and return to the pharmacy for disposal.

5.7 Returns

At the end of the 28-day cycle the quantity of any remaining medications which can be carried forward to be used the next month if they are still prescribed e.g. "as required" pain relief must be recorded, and any unused or discontinued medicines returned to the pharmacy for destruction.

Once details of the items for disposal are recorded on the MAR chart, they should continue to be stored securely in the supported person's home until they are returned to the pharmacy.

5.8 Medication changes

Hand-written changes to the MAR can be made if medication changes are made. These changes must be dated, written clearly, state the prescriber who authorised the change, and identify who has written the note (their name and job title). The full reason and details of the change must be written in the supported person's health monitoring documentation, or communication log.

Care & Support staff must challenge any unclear changes made to medication records whether made by colleagues, doctors or pharmacists.

Changes must **never** be made to labels on packaging from the pharmacy.

5.9 New / mid-cycle medication

If a new medication is prescribed midway through the MAR, information about the medication should be transcribed from the prescription and the dispensing label. Latin abbreviations like “PRN” should not be used and information should be written in capital letters. The name of the person who transcribed the information should be recorded, the date and directions from the prescriber, for example: ‘Prescribed by Dr Smith, GP. See entry in communication book and health monitoring documentation dated 12/12/2020’. The quantity of the medication received should also be recorded.

5.10 Discontinued items

A vertical line should be drawn through any recording boxes left on the day the medication is discontinued and then clearly transcribe why the medication has been discontinued, for example: ‘discontinued by Dr Jones, GP. See communication book and health monitoring form entry dated 12/12/2020’.

Ask the prescriber to follow-up verbal instructions to discontinue a medication in writing. Email confirmation should be printed and kept with the MAR.

Ensure all entries are dated and identifies the staff member who made the changes.

5.11 Dosage changes

A change of dose will usually need a new prescription, particularly if the dose is increased. However, if the change can be accommodated by current stock and verbal instructions have been given by the prescriber, the dosage may be changed. Care & Support staff must ask for written confirmation of the change.

If this is not possible, Care & Support staff must ensure that the details of the GP who made the change and reason for change are documented in the communication log and health monitoring documentation.

On the MAR, discontinue the entry as described previously and also reference to ‘see new record’. The medication with the altered dosage should be recorded as it would with a new

medication. The remaining stock from the discontinued entry may be brought forward if this is still usable, and added to any new stock received.

5.12 Timings / frequency changes

Discontinue the original instruction and write a new one. Do not score out or change a time on the original entry and continue using it.

If the frequency is being changed, the prescriber must confirm this in writing as per **section 5.11 Dosage change** above.

If the original prescription stated something like 'one three times per day', the GP would not need to be involved as Care & Support staff have some discretion in timings (see: **section 5.1 Timings** above).

5.13 Missed doses and overdoses

If it is found that medications have not been dispensed, or additional doses have been administered, staff must contact the supported person's GP or NHS 24 for guidance. The advice received should be recorded in the individual's health monitoring information, with the name of the GP/ medical practitioner and the time the advice was given.

All missed doses or overdoses must be treated as an incident, see: **HS04 Incident Reporting** and are considered medication errors, see **section 7 Medication errors**.

Incidents involving missed doses or overdoses of controlled drugs are notifiable to the Care Inspectorate and may also be reported to the police if it is suspected that the medication has been lost or stolen.

6.0 Auditing

Ark is not responsible for the safety or security of the medication for any individual who self-medicates.

After each medication administration – Care & Support staff must count the amount of medication after administration and record on the MAR if in original packaging and on the medication stock audit sheet (see: **section 5.5 Recording 'original packaging' medication**).

Stock checks of "as required" medications should also be recorded on the medication stock audit sheet (see: **section 5.4 Recording 'as required' medication**).

At the end of every shift, stock checks of specific controlled drugs should be recorded in the controlled drug register where applicable and countersigned by a 2nd member of staff (or, depending on the service model, the next staff member providing support to the individual). If there is no requirement for a controlled drugs register then the medication stock audit form can be completed at the end of each shift with only 1 signature. (see: **section.9 – controlled drugs**).

Any discrepancies in the stock of controlled or ‘as required’ medication must be reported to the CSM/OM as soon as possible. This must be reported to the Care Inspectorate and may need reported to the Police for investigation if lost or stolen.

Weekly – A member of the key team will complete a weekly medication audit and is responsible for ensuring any actions are completed. Once completed the key team will pass the audit to the CSM to be checked and countersigned.

When re-ordering - The key team should ensure expiry dates on medications are checked as part of the medication ordering process. Medicines approaching their expiry date should be returned to the pharmacy for disposal.

Where possible any medications returned to the pharmacy should be recorded in a ‘returns’ book with the signatures of staff returning the medications. In supported living accommodation these can be returned to the pharmacy and receipt for proof of return should be obtained.

Any staff training issues identified through the audit process will be actioned by the relevant line manager.

7.0 Medication errors

Any medication errors must be recorded as an incident. Medication errors could include:

- not initialling the MAR on administration of medication
- failing to accurately record the stock held
- missed doses of medication
- overdose of medication

It is the responsibility of the Care & Support staff member who notices an error to complete an incident report and advise the CSM/OM. The CSM/OM is responsible for investigating the incident and following-up with the staff member involved. In the absence of the CSM/OM staff may be asked to physically check if medication has been given in order to ensure accurate information is provided. The CSM/OM must identify and record any remedial actions taken. See: **HS04 Incident Reporting**.

If staff notice that another staff member has not initialled the MAR it is their responsibility to check whether the medication was administered. They must record with the appropriate code to leave a note overleaf detailing findings and confirming the completion of an incident report. For example “MAR not signed, medication given and incident report completed”.

Medication errors may not always result in disciplinary procedures. This aims to encourage reporting and learning from errors. The outcome for the Care & Support staff member responsible for the error will be dependent on the outcome of the CSM/OM’s investigation. See: **HR18 Disciplinary**.

First error: the CSM/OM will have ad-hoc supervision (see: **HR05 Performance Management, s.11.2**) with the Care & Support staff member and offer further support or training as required.

Second error: the CSM/OM and the Care & Support staff member will have a counselling session (see: **HR18 Disciplinary, s.3.4**), with any further support or training identified and provided.

Third error: this is likely to result in disciplinary procedures. Note this may be dependent on the type of medication, its use, and the impact on the supported person.

If a supported person is responsible for their own medication, Care & Support staff must still report any instances they note of medication not taken as prescribed, as per **section.5.13 – Missed doses and overdoses** of this procedure as soon as staff become aware of a missed/over dose. Note the supported person may need a re-assessment of their capability to manage their own medication as a result of this.

8.0 Storing medication

If the supported person is unable to manage their own medication, it is the responsibility of the service to ensure the safety and security of their medication. This means it should be locked in a secure container, for example; an electronic safe or locked drawer in a discreet location in the individual’s home.

For supported people living in a care home, the individual’s medication should be stored in a locked container or drawer in their bedroom.

If a supported person self-medicates, or receives some support with medication but has capacity, Care & Support staff should encourage the individual to store their medication as described above (note that this may involve providing information about this in an accessible format), however, this remains the individual’s choice which must be respected.

A supported person living in a care home who does not wish to store their medication as described above should be encouraged to keep their bedroom door locked. Care & Support

staff must explain to the individual the risks of their medication being accessible to others in the care home should they not choose to store it securely.

Medication must be stored under the conditions that ensure their quality. The storage instructions are found either on the product itself, or the patient information leaflet accompanying it. Care & Support staff must comply with these instructions.

Storage conditions for most medication can be met by domestic fridges (between 2 and 8 degrees centigrade), or storage that is not above 25 degrees centigrade.

In care homes where there is a regular need for medications to be refrigerated, it is acceptable to have a separate and secure fridge for this purpose. In smaller services, medicines may be stored in the domestic fridge. It must be in a lidded container, easily recognisable to staff and/or supported person and on a separate shelf. There must be a fridge thermometer present to ensure that the correct temperature is maintained.

9.0 Controlled drugs

If an individual is prescribed 'as required' medication that is a controlled drug, the exact circumstances of administration must be detailed in their Good Life documentation. It must also clearly state who must be informed of the administration.

There is no statutory requirement for all controlled drugs to be locked away; this depends on the class and schedule specification. Controlled drugs will be kept in a secure, locked cupboard with appropriate record-keeping to ensure the safety of staff and supported people. A list of controlled drugs, their class and schedule can be found in **Appendix 2 – A guide to good practice in the management of controlled drugs in primary care (NHS Scotland, 2014)**.

A controlled drug register is required for Class 1 and 2 controlled drugs. These can be provided by the prescribing pharmacy to care home residents; other supported people will need to buy these.

At the end of every shift, stock checks of specific controlled drugs should be recorded in the controlled drug register where applicable and countersigned by a 2nd member of staff (or the next staff member providing support to the supported person, depending on service model). Where there is no requirement for a controlled drugs register then the medication stock audit form will be completed as per **section.6 - Auditing** above.

The CSM/OM should audit controlled drugs held in the service every week. Any discrepancies in the administration or auditing of controlled drugs must be reported to the

Care Inspectorate within 24 hours, and to the police if suspected lost or stolen. **HS04 Incident Reporting** must be followed.

Any missed or overdose of controlled drugs is subject to **section.5.13 - Missed or overdoses** above. The Health & Social Care Partnership and any welfare proxy must also be advised.

10.0 Invasive procedures

'Invasive procedures' means items or activities like:

- PEG feeding
- Injections (insulin, for example)
- Rectal diazepam
- enemas

Each service will decide whether or not Care & Support staff will be involved in any type of invasive procedure. If the decision is not to provide support with invasive procedures, this will be following agreement that such medication will be administered by the GP, district nurse, or other appropriate health professional.

Care & Support staff members may only be involved in administering invasive procedures if:

- The proposal has been discussed fully with the supported person (or welfare proxy), relevant family members, carers and the GP
- The outcome of the discussion above recorded fully in the individual's Good Life documentation
- A Risk & Vulnerability Assessment has been completed
- The required training has been provided, using specialist external trainers where required (for example, NHS)
- The CSM/OM and the trainers are satisfied that the required level of competency has been reached
- Ongoing refresher training is agreed and provided, as required by current regulations or relevant best practice
- A written protocol is developed and agreed by Ark and any relevant stakeholder. It must clearly state each stakeholder's responsibilities

Regular invasive medications will usually be ordered as part of the main medication order and details recorded in the individual's Good Life documentation.

The CSM/OM must ensure that appropriate sharps disposal equipment is provided, and staff members are trained in its use, if they administer injections. See: **HS10 Control of Infection** for further guidance on sharps and sharps incidents.

The CSM/OM must liaise with their Regional Manager and Ark's Quality & Compliance Officer to ensure that the necessary level of insurance cover is in place to administer a

particular invasive procedure. The CSM/OM must also advise the Quality & Compliance Officer when the service no longer administers a particular invasive procedure to ensure that Ark's insurance cover is adjusted if required.

11.0 Oxygen

If an individual requires use of an oxygen cylinder, for example with a sleep apnoea machine, this will only be provided if:

- The proposal has been discussed fully with the supported person (or welfare proxy), relevant family members, carers and the GP
- The outcome of the discussion above recorded fully in the individual's Good Life documentation
- A Risk & Vulnerability Assessment has been completed
- The required training has been provided, using specialist external trainers where required (for example, NHS)
- The CSM/OM and the trainers are satisfied that the required level of competency has been reached
- Ongoing refresher training is agreed and provided, as required by current regulations or relevant best practice

The CSM/OM will check with the Compliance & Improvement Business Partner regarding insurance cover.

In care homes, The CSM/OM will liaise with the local fire brigade to ensure:

- A designated storage area is identified on the building's floor plan
- Signage is on the individual's bedroom door and oxygen storage area door to advise firefighters of the presence of an oxygen cylinder in the event of a fire

The usage of disposable items must be accurately logged so they made re-ordered promptly from NHS suppliers.

The CSM/OM must ensure local procedures are in place regarding washing filters, mask-wearing, use of dressings, and so forth.

12.0 Emergencies

If an individual has a condition that may require action in an emergency; for example, epileptic seizure or a diabetic coma, this should be identified in the initial Risk & Vulnerability Assessment, fully detailed in their Good Life documentation and any required protocols from relevant health professionals in place.

Should a supported person develop a condition that may require action in an emergency, a Risk & Vulnerability Assessment must be carried out. Relevant health professionals and

other stakeholders (for example, the individual themselves and any legal proxy) should be involved in the assessment, with resultant decisions and actions clearly recorded in the Good Life documentation.

If it is agreed that this is part of the support from Ark provided to the individual, designated staff members will be trained to deal with the emergency situation and will receive regular refresher training as required. This may involve assessment of the staff members to ensure continued competence.

The CSM/OM must ensure that Care & Support staff members understand the types of emergency situation in which they can and cannot become involved.

13.0 Personal purchases

If a supported person has responsibility for their own money, they may buy OTC medicine while also receiving prescription medication. This may not pose any risk, but Care & Support staff should be aware of the possibility of an adverse reaction to combining medications. If necessary, Care & Support staff should seek guidance from the individual's GP or NHS24 and record this on health monitoring documentation.

Care & Support staff should discuss the risks of combining prescriptions with OTC medicine with the supported person, and monitor its usage if possible (in line with the medical advice given).

If a Care & Support staff member has any concerns about the individual's ability to understand the risks involved, they must advise the relevant CSM/OM. The CSM/OM must then contact the Health & Social Care Partnership to raise this concern as this may require the individual's capacity to be re-assessed.

14.0 Training

Care & Support staff will be trained in the safe administration of medication by a CSM/OM or other suitably qualified trainer. Training will be delivered with standardised materials, although specific subjects may differ depending on the needs of the Care & Support service.

Training in the medication systems in use in a service will be part of new staff members' induction process.

In order to be competent, Care & Support staff members must:

- attend the medication training session
- pass the assessment

- be observed and deemed competent within a 6-week period, by the CSM/OM using Ark's medication competency assessment

The CSM/OM will ensure that all staff members receive the necessary training in:

- ordering, receipt, administration and recording of routine and 'as required' medications
- undertaking invasive procedures (where required)
- managing specific conditions, for example; epilepsy and refresher training (where required)
- handling emergency situations (where required)

Care & Support staff must complete medication training before providing any level of medication support independently.

15.0 Confidentiality and record retention

Medical information – including diagnoses of long-term or enduring conditions – is private to the individual and may not be shared by Care & Support staff without consent, see: **s.2 Consent and capacity** above.

All information will be held and processed in accordance with **G13 Openness & Confidentiality** and **G24 Privacy & Data Protection**.

All records, forms and so forth relating to a supported person's medical information will be held for the duration of the service, and at least 3 years after its termination, see: **G17 Retention of Documents**.

16.0 Implementation and Review

16.1 Implementation

Care & Support Managers/Operations Managers are responsible for the implementation of these procedures by their Care & Support staff.

16.2 Review

Ark Regional Managers' group is responsible for the review of these procedures, at least every 3 years. Any changes to the associated policy (**CS08 Medication**) as a result must be submitted to the Board of Management for approval.

MEDICATION STOCK AUDIT SHEET

Supported Person's Name:.....

Medication:.....

Dosage:.....

Controlled Drug? Yes/No:.....

(if yes, to be counted after each administration or at the end of each shift if "as required")

Date	Time	Previous Balance	Medication Received/delivered	Sub Total	Medication administered	Medication returned/spoiled	Actual Medication Count	Errors identified? (if yes – contact GP/NHS 24 & complete incident report)	Re-order Yes/No	Signature

Medication to be counted and checked following every administration for medication administered more than three times daily or for as required medication

