OP18 Control of Medication

1. Policy Statement

1.1 In line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12, the intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. It is the policy of Shared Lives South West to recognise the importance of safe and effective medication management and its role in the wider content of meeting the health needs of those it supports.

1.2 Shared Lives South West will ensure that Shared Lives carers understand the principles behind the safe handling of medication and follow the procedures laid down by Shared Lives South West for the control, administration, recording, safe keeping, handling and disposal of medicines.

1.3 SLSW will ensure best practice is observed in consultation with current guidance provided by the National Institute for Health and Care Excellence (NICE) guidelines and will maintain effective arrangements for monitoring medication management, ensuring records are accurate, responsibilities are clear and any concerns are identified and addressed promptly.

2. General Guidance

2.1 People living or staying with Shared Lives carers should, wherever possible be encouraged and supported to take responsibility for their own medication if they are able to do so safely in relation to the Mental Capacity Act.

2.2 Shared Lives South West must ensure that its carers have the knowledge and skills needed to handle and administer medication safely. All carers are required to complete training at a level proportionate to their role. Training will be refreshed every three years or sooner if needed. In addition, competency is monitored and assessed annually.

2.3 Annual competency assessments will include a review of medication recording practices, including completed MAR sheets where applicable, and an assessment of the Carer's practical knowledge and skills. This may include demonstration, simulation and explanation of medication procedures. Any deficiencies identified, and the action taken to address them, must be documented.

2.4 Shared Lives carers must not administer any non-prescribed externally applied medication or dressing without obtaining guidance from a health professional. The only exception to this would be the application of emergency aid for which the carer has received appropriate training.

2.5 Shared Lives carers should consult with a health professional/pharmacist wherever possible for information about any known allergies or contraindications in relation to their prescribed medications, before giving any non-prescribed remedies (also referred to as homely remedies) to a individual they support e.g. medication for pain. A record should be kept of any remedies given. Shared Lives carers should ensure this information is recorded in the individuals' Shared Lives Plan.

2.6 All forms of medication are potentially harmful if misused and care needs to be taken in obtaining, administering, recording, disposing and controlling them. Shared Lives Carers will seek specialist advice and work in partnership with other health professionals around the storage, administration and disposal of medications considered as 'hazardous substances' for example cytotoxic drugs.

2.7 Medication, whether self-administered or given with assistance, should be stored safely. Suitable storage should not be affected by moisture or extreme temperatures. Where medication require refrigeration, they should be stored in clearly marked containers on the top shelf of the refrigerator. Medicines dispensed by carers should be kept in their original boxes or containers with the pharmacy label attached and legible. If an individual chooses to store their medication in a different way, a risk assessment should be completed and their reasons documented in their Shared Lives Plan. Best practice requires the account of a medical professional in relation to the risk assessment to be recorded.

2.8 Controlled medication must be stored in a lockable space.

2.9 Patient information leaflets should be kept for every medication that the patient is prescribed.

2.10 Where a person requires medication support, their Shared Lives Plan must clearly describe their level of independence, the support provided, individual preferences, responsibilities for managing medicines and any associated risks. Medication arrangements must be consistent with current prescribing instructions and MAR records, with any relevant clinical protocols, risk assessments or specialist guidance clearly referenced and accessible to the Carer.

3. Medication Administration Records (MAR)

3.1 Where Shared Lives Carers administer or provide support with medication, including prompting, assistance and PRN medication, an appropriate Medication Administration Record (MAR) must be maintained. A MAR is not

required where a person manages their medication entirely independently, without support.

3.2 MAR sheets should be obtained from the dispensing pharmacy wherever possible. Where these are unavailable, the SLSW MAR template must be used. Records must contain accurate and complete information, including the person's details, known allergies, medication name, formulation, strength, dose, route, frequency and administration instructions.

3.3 Carers must complete MAR records immediately after medication is taken or administered, including appropriate recording of refusals, omissions, errors and other exceptions. Medication changes and discrepancies must be clarified, documented and communicated appropriately. Detailed requirements for completing MAR sheets are contained in SLSW's Carer MAR Guidance.

3.4 Carers must submit completed MAR records to SLSW at the end of each 28-day medication cycle. Where this is not practicable, alternative arrangements must be agreed with their Shared Lives Coordinator (SLC), with records checked during monitoring visits at least every three months.

3.5 SLCs must check MAR records as they are submitted, considering the completeness and accuracy of recording and any potential concerns about medication practice. Checks must be documented, with any discrepancies identified, addressed and followed up. Significant or recurring concerns must be escalated appropriately, and further checks undertaken where necessary to confirm improvement.

3.6 Original MAR records must be stored safely until SLSW has received and verified complete and legible copies. SLSW will securely retain MAR records for at least eight years after the person's care ends, with arrangements for the subsequent retention or secure disposal of originals.

3.7 Where medication accompanies a person during short breaks or other temporary arrangements, it must remain appropriately labelled and be accompanied by the necessary MAR records and medication instructions. Responsibilities for administration, recording and communicating changes must be clear.

4. Covert Medication

4.1 Covert medication must only be considered where necessary and in accordance with the Mental Capacity Act 2005. It must not take place unless the person has been assessed as lacking capacity to make the specific decision, and a documented best interests decision has been made involving relevant healthcare professionals and others involved in the

person's support. Any such assessments conducted by third parties should be retained by SLSW.

4.2 A person-specific covert medication plan must identify the medicines authorised for covert administration, the reasons for the decision, professional advice on safe administration, responsibilities, associated risks and arrangements for regular review. Appropriate written authorisation and instructions must be obtained from the prescriber and pharmacist, as relevant, and clearly recorded within or referenced by the Shared Lives Plan. Carers must receive appropriate guidance and competency assessment before administering medication covertly.

4.3 Medications should not be crushed for administration unless this has been authorised by the prescriber. In all cases the prescriber must confirm this in writing.

5. PRN or 'As Required' Medication

5.1 People supported, carers, SLSW and any supporting professionals must clearly record and communicate all PRN arrangements, including proportionate risk assessment.

5.2 'As Required' medications are prescribed and intended to be taken when needed, rather than at specific times, for example pain relief or indigestion remedies. Some prescribed medications may have a variable rather than a fixed dose, for example 1 or 2 tablets.

5.3 Shared Lives carers should not administer any 'As required' medications which may have a sedative or other behaviour controlling effect unless:

- Agreed by Shared Lives South West AND
- The supporting health professional has provided a written protocol specific to the person for whom the medication is prescribed. The protocol must detail the circumstances in which the 'As Required' medication should be used.

5.4 Clear person-specific instructions must be available for PRN medication, including the circumstances in which it should be administered, prescribed dosage, minimum intervals, maximum doses and any relevant monitoring requirements. Each administration must be recorded on the MAR, including the reason, actual dose and outcome. Unusual or increasing use must be identified and reviewed appropriately.

5.5 If any PRN medication that intentionally effects behaviour or is considered a rescue medication is given then the carer must submit an incident form to Shared Lives South West.

5.6 Carers will contact the individual's GP, prescribing pharmacy or NHS 111 helpline for advice if they are unsure about:

- When to give 'As Required' medication
- What the dose should be
- The effects of the medication

6. Consent

6.1 A patient has the right under common law to give or withhold their consent to medical examination or treatment. They are entitled to receive sufficient information in a way they can understand about proposed treatments, possible alternatives and any substantial risks to them so that they can make a balanced judgement.

6.2 The law states that no medical treatment may be given to any person without valid consent. Whilst not a legal requirement this should be recorded in writing wherever possible. Non-consent to medical treatments can include advance directives and DNARs. These should be updated when significant changes occur or, at a minimum, on an annual basis.

6.3 Where consent is given a copy should be placed on the individuals' file. In cases where consent is refused the matter must be recorded, Shared Lives South West must be informed as well as the GP.

6.4 Where there is reason to doubt a person's capacity to make a particular decision about medication or treatment, a decision-specific capacity assessment must be undertaken. Where the person lacks capacity, decisions must be made in their best interests in accordance with the Mental Capacity Act 2005.

6.5 A Shared Lives Carer cannot give consent to medical treatment on behalf of the people they support.

6.6 A doctor can lawfully operate on or give other treatment to adult patients who are incapable, for one reason or another, of giving consent, provided that the operation or treatment concerned is in the best interests of the patient e.g. the treatment is carried out to save their life, or to ensure improvement or prevent deterioration in their physical or mental health. A 'best interest' decision making process as described in the Mental Capacity Act must precede any medical intervention where the individual has been assessed as lacking the capacity to consent to the procedure.

6.7 In situations where a legal decision is made by a Court overruling an individual's decision to withhold consent, the procedures to be followed should be clearly recorded in their Shared Lives Plan.

6.8 Where it is considered that refusal of consent is not made of an individual's own free will, the carer should refer to the Safeguarding guidelines and discuss with their Shared Lives Coordinator.

7. Medical Emergencies

7.1 In any incident that appears to be life threatening, normal emergency aid procedures should be followed and appropriate medical assistance summoned as a matter of urgency.

8. Confidentiality

8.1 Shared Lives Carers should ensure that the health details and arrangements relating to the administration of medication should only be discussed with those who need to know i.e. SLCs, health and social care professionals.

8.2 Relatives should only be informed with the agreement of the individual receiving medication or treatment. Where they are unable to give informed consent then consideration should be given to the use of an independent advocate and 'best interest' guidance inline with the Mental Capacity Act.

9. Review

9.1 This policy will be reviewed every two years, or earlier if required.

10. Responsibilities

10.1 The Registered Manager has overall responsibility for the implementation of this policy.

10.2 Shared Lives Carers are responsible for following agreed medication arrangements, maintaining accurate records, reporting changes or concerns and participating in appropriate training and competency assessments.

10.3 Shared Lives Coordinators are responsible for ensuring medication arrangements are accurately reflected in support plans, reviewing MAR records, identifying and addressing discrepancies, and escalating concerns where necessary.

10.4 Registered Managers are responsible for overseeing the implementation of this policy, ensuring medication monitoring and competency assessments are completed, and undertaking appropriate quality assurance. Significant concerns and findings from quality assurance will be reported through SLSW's organisational governance arrangements.