

Angels Homecare and Community Services

Medication Management Policy

Policy Statement

Most home care clients are prescribed multiple medications. While many manage their medicines independently or with help from informal carers, some need extra support as outlined in care plans and local guidelines—from reminders to direct administration. When administering “controlled” drugs, care workers must understand safe storage and handling. At Angels Homecare, only trained and competent staff provide medication assistance, following each care plan. Angels Homecare also supports the NHS STOMP initiative, assessing prescriptions for psychotropic and behavior-control drugs, especially for those with learning disabilities or autism, consulting prescribers if overprescribing is suspected.

This policy coordinates with related policies, including:

- Drug/Medicines Errors
- PRN Medication (As Required)
- Medication Non-compliance
- Prescription Collection
- Oxygen Use
- Warfarin and Anticoagulant Therapy

The policy applies to all agreed medication support, whether prescribed or OTC, including as-needed doses. Only qualified care staff provide support defined by each care plan.

Legislation and Guidance

Angels Homecare follows laws and best practice guidelines for medication management in adult social care, including:

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- NICE NG67, QS171, NG11, NG21
- Royal Pharmaceutical Society guidance for secure handling of medicines

CQC Fundamental Standards Compliance

Medication policies comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 12 requires proper and safe medicine management to meet people's needs and ensure safety. Key points include:

- Safe medication management, aligned with risk assessments and personal preferences
- Timely response to changing needs
- Mental Capacity Act compliance when appropriate
- Regular medication reviews
- Adherence to Patient Safety Alerts, recalls, MHRA, and CAS reports
- Emergency procedures in place
- Prompt administration to prevent risks from non-adherence
- Covert administration only per Mental Capacity Act guidelines
- Staff must be trained, qualified, and act within their competence, particularly for controlled drug administration

The CQC provides resources such as *Medicines Information for Adult Social Care Services*, *Medicines Administration Records*, and *Multi-compartment Compliance Aids*.

Procedures

Principles of Safe Medicines Management

Care staff follow the NICE "6 R's": right person, medicine, route, dose, time, and right to refuse.

Medication Management Principles

Person-Centred Principles

Clients may self-administer medication if desired and able, promoting independence and dignity. Staff respect choices and assess capacity per the Mental Capacity Act 2005. Support is provided where needed, and medication is only given with explicit consent or a "best interests" decision.

Agreements Made

All new clients have health and medication needs assessed, often with healthcare professionals. Any request for staff medication support is reviewed to ensure appropriateness and competence. Staff collaborate with health services and authorities, particularly for safeguarding. Medication is administered only with individual and nurse consultant/manager agreement, documented in care plans. Staff consult supervisors if unsure and always require clear consent.

Staff verify the appropriateness of medicines, follow the "6 R's", and ensure proper storage.

Medication Reconciliation

To manage medicines safely, Angels Homecare conducts reconciliation with other professionals before involvement, particularly for controlled drugs or “best interest” decisions. Up-to-date details include:

- Personal information and GP contacts
- Contacts relevant to medication
- Allergies and drug reactions
- Current prescribed medicines and recent changes
- Timing of last doses for PRN/infrequent medication
- Other relevant info: review dates, storage instructions, support needs
- Confirmation of shared information with client/family/carers
- Details of professionals coordinating medication management

Medicines-Related Safeguarding

At Angels Homecare, the safety and protection of individuals receiving care is paramount, including safeguarding against medication misuse or administration errors. The organisation integrates robust medicine management safeguards within its comprehensive adult safeguarding protocols.

Care staff involved with medications are required to report and document all incidents—such as errors, near misses, and potential safeguarding risks—to management. Incidents are reported to regulatory bodies and local safeguarding authorities when appropriate. Following any medicines-related safeguarding incident, the service promptly consults an appropriate healthcare professional, typically the GP, to ensure that necessary actions are taken to protect the health and wellbeing of affected individuals.

All medicine-related incidents are investigated under the service’s wider safeguarding and governance procedures to identify root causes and monitor trends. Insights inform ongoing reviews of policies, procedures, and staff training programs. Service users and their families or carers are kept fully informed about any medicines-related safeguarding incidents attributable to the service, as well as the progress of investigations. Where necessary, the agency fulfills its duty of candour by issuing formal apologies.

Comprehensive information is provided to service users and their families or carers on how to raise complaints or concerns regarding medication safety or procedures.

(Refer also to the separate policy on Drug/Medicines Errors—Identifying, Reporting, and Reviewing Medicines-Related Problems.)

Support for Medication Management

When it is identified that an individual may be experiencing difficulty managing or taking their own medicines, the initial step is a comprehensive medication review conducted by a

pharmacist or another suitable health professional from the multidisciplinary team. This review may result in rationalisation or optimisation of their medication regimen.

Should difficulties persist following the review, consideration is given to providing or recommending aids to assist with medication adherence. Such aids may include:

- reminder charts
- winged bottle caps
- large print labels
- alarms (e.g., mobile phone notifications)
- tablet splitters
- eye drop aids
- inhaler devices
- audible alarms
- monitored dosage systems (MDS) or multi-compartment compliance aids (MCAs)
- telehealth aids

Multi-compartment Compliance Aids (MCAs) in Adult Social Care, published May 2022 by the CQC, states that the best system for supplying medicines is one that meets the individual's health and care needs. Interventions should aim to maintain independence wherever possible.

CQC guidance advises that monitored dosage systems (MDS) or MCAs should only be used in accordance with current guidelines from NICE and the Royal Pharmaceutical Society. These systems can benefit individuals assessed as having practical difficulties managing their medicines. NICE guidance (NG67) instructs that MDS should only be considered after professional assessment and where a specific need supporting medicine adherence has been identified, compliant with the Equality Act 2010.

Decisions must reflect the person's needs and preferences, involving the individual, their family or carers, and the social care provider. If an MDS or MCA is implemented, care staff must administer medicine solely from aids prepared by a pharmacy or dispensing practice; under no circumstances should care workers fill dosette boxes or similar aids for supported individuals.

Care Worker Responsibilities in Medication Support

Angels Homecare recognises the various forms of support that may be required by individuals who need assistance with medication.

General Support

General support can include:

- requesting repeat prescriptions
- collecting medicines from pharmacies or GP surgeries

- safe disposal of unwanted medicines
- offering reminders or prompts to take medication
- manipulating containers (e.g., opening bottles or blister packs at the individual's request, without selecting medication)

Such support is always provided with the individual's consent, documented in the needs assessment and care plan, recorded in the medication administration record (MAR), regularly reviewed, and checked for effectiveness.

Assistance with Administration

If medication administration by staff is necessary, it is identified at assessment and documented in the care plan. Consent from the individual is obtained and recorded; if the individual cannot provide informed consent, the prescriber must formally indicate that treatment is in their best interests and comply with the Mental Capacity Act.

Only designated, appropriately trained staff are permitted to administer medication. When doing so, staff must:

- confirm the medication is listed in the care records
- understand its therapeutic use, normal dose, side effects, precautions, and contraindications, particularly for controlled drugs
- verify the identity of the recipient
- check prescriptions/labels for accuracy and relevance
- confirm expiration dates
- ensure the individual has no allergies to the medication
- keep clear, accurate, signed records of medication administered, withheld, or refused
- adhere to established protocols for controlled substances

A Home Care Medicines Record (MAR) is maintained for anyone assisted with medication. Any error must be immediately reported to the relevant party (parent, manager, supervisor, or medical practitioner). Staff must never administer unprescribed medication, force medication against wishes, give medicine prescribed for another person, or alter prescribed timing/dosage. Staff who feel unqualified must notify their line manager; only those trained and confident in their competence may administer medication.

Specialised Administration

In exceptional circumstances and following evaluation by a healthcare professional, domiciliary care workers may administer medication via specialist techniques (e.g., rectal administration, insulin injection, PEG). Workers must agree to and be properly trained and supervised for such procedures, which must be documented in MAR.

Medicine Records

In line with NICE guidelines (NG67), the agency maintains detailed records within each care plan for all medicine support provided. Regular audits ensure records remain accurate, up-to-date, and confidential. All instances of medicine support—whether reminders, assistance, or administration—must be recorded in the appropriate section of the care plan or MAR.

Medication administration records include:

- Person's name, date of birth, NHS number (if available)
- Medication name, formulation, and strength
- Dosage schedule
- Administration method
- GP practice name
- Stop/review dates
- Additional instructions (administration specifics, timing, known allergies)

CQC requires that paper or electronic records are:

- Legible
- Signed by relevant staff
- Clear and precise
- Dated and timed accurately
- Completed promptly post-administration
- Free from jargon and abbreviations

Angels Homecare collaborates with families and informal carers to maintain thorough records. Staff must check for correct medication administration, even outside direct assistance times, and promptly report any concerns.

Monitoring of Medication

Staff must remain informed about individuals' medications and report changes or adverse effects to the appropriate parties immediately. Angels Homecare works with community pharmacy services and GPs to deliver coordinated medication support, sharing information in strict confidence when necessary.

Right to Refuse Medication

At Angels Homecare, every individual has the right to make informed choices about their care, including the right to refuse medication. This principle is central to person-centred care and is supported by the Mental Capacity Act 2005 and relevant best practice guidelines.

Respecting Individual Choice

- Staff must always respect a person's decision to refuse medication, provided they have the capacity to make that decision. The right to refuse applies to all medicines, whether prescribed or over-the-counter, and regardless of the reason for refusal.
- If a person refuses medication, staff should not attempt to coerce, force, or administer medication against their wishes under any circumstances.

Assessing Capacity

- If there are concerns about an individual's capacity to make decisions about their medication, staff must follow the procedures outlined in the Mental Capacity Act 2005. This may involve a formal assessment and, if necessary, making a "best interests" decision in consultation with healthcare professionals, the individual's family, or advocates.

Recording and Reporting Refusals

- All instances of medication refusal must be clearly documented in the Medication Administration Record (MAR) or care plan, including the date, time, medication involved, and any reasons given by the individual.
- Staff must promptly inform the relevant healthcare professional (such as the prescriber, GP, or nurse) of repeated or significant refusals, so that the individual's care plan and treatment can be reviewed as appropriate.

Supporting Individuals

- Staff should offer support and information to help individuals understand the purpose and potential benefits or risks of their medication, but must always respect their final decision.
- Where appropriate, staff may explore alternative approaches or adjustments to the medication regimen in collaboration with healthcare professionals.

High-Risk Medication, Controlled Drugs, and Covert Administration

High-Risk Medication

High-risk medications—such as anticoagulants, insulin, controlled drugs, and medicines with a narrow therapeutic index—require special attention due to their potential for harm if mismanaged. Staff must be fully aware of the risks associated with these medicines and follow all protocols for safe handling, administration, and monitoring. Only staff who have completed relevant training and demonstrated competence are authorised to support or administer high-risk medicines.

Controlled Drugs

Controlled drugs are subject to strict legal and organisational controls. At Angels Homecare, only staff who are specifically trained and assessed as competent are permitted to administer controlled drugs. Staff must understand the requirements for secure storage, accurate record-keeping, and safe administration. All handling of controlled drugs must be documented in the Medication Administration Record (MAR) and comply with the Misuse of Drugs Act 1971 and associated regulations. Staff who do not feel confident or have not received the appropriate training must not administer controlled drugs under any circumstances.

Covert Administration of Medication

Covert administration—hiding medication in food or drink without the person's knowledge—may only be considered in exceptional circumstances. Angels Homecare respects every individual's right to refuse medication. Medication will never be administered covertly unless:

- It has been prescribed and authorised for covert administration by a medical professional.
- A formal best interests decision has been made, following the procedures outlined in the Mental Capacity Act 2005.
- The decision has been discussed and agreed with the manager, social services, and the individual's family or advocates.
- All steps and decisions are clearly documented in the care plan and MAR.

Covert administration is only used when all other options have been exhausted and it is deemed necessary to protect the individual's health and wellbeing. Staff must never hide medication unless these conditions are met and must always respect a person's right to refuse up until a medical professional confirms that covert administration is the appropriate course of action.

Medication Storage

Proper storage of medicines is a critical aspect of safe medication management at Angels Homecare. All staff involved in medication support must ensure that medicines are stored securely, in accordance with both legal requirements and the specific instructions provided by the manufacturer, pharmacist, or prescriber. This includes maintaining appropriate temperature, humidity, and light conditions as indicated on the medication label or accompanying documentation.

Staff Training and Competence

Only staff who have completed comprehensive medication management training and demonstrated competence are authorised to handle and store medicines. Training covers the principles of safe storage, including the segregation of medicines, secure storage of controlled drugs, and the importance of preventing unauthorised access. Staff must be familiar with the NICE “7 R’s” (right person, medicine, route, dose, time, and right to refuse) and understand how these principles apply to storage as well as administration.

Reading the Label

Every member of staff is responsible for carefully reading and understanding the medication label before storing any medicine. The label provides essential information about storage requirements, expiry dates, and any special precautions. Staff must check for instructions such as “store in a refrigerator,” “keep out of direct sunlight,” or “protect from moisture,” and ensure these are strictly followed. If there is any ambiguity or the label is unclear, staff must not guess or make assumptions.

Seeking Guidance

If a staff member is ever unsure about how to store a particular medicine, they must immediately seek guidance from a pharmacist or the prescribing doctor. This is especially important for medicines with complex storage needs, controlled drugs, or when the label is missing or damaged. Staff should document any advice received and update the care plan or medication administration record (MAR) accordingly. Consulting with healthcare professionals ensures that medicines remain effective and safe for use, and that the organisation remains compliant with CQC and NICE guidelines.

Accountability and Record-Keeping

All actions related to medication storage must be clearly recorded in the MAR or relevant section of the care plan. Staff are required to sign and date these records, ensuring traceability and accountability. Regular audits are conducted to verify that medicines are stored correctly and that staff are adhering to policy and training requirements.

Medication Disposal

Safe and effective disposal of medicines is essential to protect individuals, staff, and the wider community from harm. At Angels Homecare, all staff involved in medication support must follow strict procedures for disposing of unwanted, expired, or discontinued medicines.

Staff Training and Competence

Only staff who have completed relevant medication management training and demonstrated competence are authorised to handle and dispose of medicines. Training

covers the principles of safe disposal, including the identification of medicines that require special handling (such as controlled drugs) and the correct use of disposal containers.

Procedures for Disposal

- **Identifying Medicines for Disposal:** Staff must regularly check medicines for expiry dates, changes in prescription, or signs of damage. Any medicine that is no longer required, has expired, or is damaged must be set aside for disposal.
- **Disposal Process:** Unwanted medicines must never be disposed of in household waste, sinks, or toilets. Instead, staff should return them to a pharmacy or follow local authority guidelines for safe disposal. Controlled drugs require additional documentation and must be returned to a pharmacy with a record kept in the Medication Administration Record (MAR).
- **Documentation:** All disposals must be clearly recorded in the MAR or care plan, including the name of the medicine, quantity, reason for disposal, date, and the staff member responsible. This ensures accountability and traceability.

Seeking Guidance

If staff are ever unsure about how to dispose of a particular medicine, especially controlled drugs or medicines with special instructions, they must consult a pharmacist or the prescribing doctor. Staff should never guess or make assumptions about disposal methods. Advice received should be documented and followed precisely.

Informing Service Users and Families

Service users and their families or carers are provided with information on how to raise concerns or complaints regarding medication disposal. Staff must communicate clearly about the disposal process and ensure that all parties understand the reasons and procedures involved.

Medication Errors

At Angels Homecare, the safety and wellbeing of individuals receiving care is paramount. The organisation recognises that, despite robust procedures, medication errors can occasionally occur. When they do, a clear and comprehensive process is followed to ensure transparency, accountability, and continuous improvement.

Reporting and Investigation

All medication errors, near misses, and potential safeguarding risks must be reported and documented by care staff to management without delay. Each incident is thoroughly investigated under the service's wider safeguarding and governance procedures to identify root causes and monitor trends. Where appropriate, incidents are also reported to regulatory bodies and local safeguarding authorities. Following any medicines-related

safeguarding incident, the service promptly consults an appropriate healthcare professional, typically the GP, to ensure that necessary actions are taken to protect the health and wellbeing of affected individuals.

Audits and Spot Checks

To minimise the risk of medication errors, Angels Homecare conducts regular audits of Medication Administration Records (MAR charts) and undertakes spot checks. These proactive measures help to identify discrepancies, ensure compliance with policy, and reinforce best practice. Findings from audits and spot checks are used to inform ongoing reviews of policies, procedures, and staff training programmes.

Training and Continuous Improvement

If an investigation or audit identifies gaps in knowledge or practice, staff training is revised accordingly. This may include refresher courses, supplementary training, or targeted support for individuals or teams. Only staff who have completed relevant training and demonstrated competence are authorised to administer medication. Staff who feel unqualified or lack confidence in their competence must notify their line manager and are excluded from medicine administration until they are deemed competent.

Lessons Learnt

Lessons learnt from medication errors and safeguarding incidents are shared with staff to prevent recurrence. Angels Homecare is committed to a culture of openness and learning, ensuring that service users and their families or carers are kept fully informed about any medicines-related incidents attributable to the service, as well as the progress of investigations. Where necessary, the Angels Homecare fulfils its duty of candour by issuing formal apologies and updating policies and procedures to reflect new insights.

Training

Angels Homecare ensures staff receive comprehensive training, including:

- Induction education covering common medications
- Ongoing updates on medication management
- Role-specific training for those administering medicines
- Evidence-based content in all training
- Authorisation only for staff deemed competent
- Mandatory completion of training and competence assessments; staff lacking proficiency are excluded from medicine administration
- Refresher and supplementary courses as needed
- Advanced training for enhanced roles
- Maintenance of detailed training records and lists of qualified staff

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- Restriction of duties to those for which staff are appropriately trained and confident

Review

Please Sign to state you understand Angels Homecare Policy

Staff Name: _____

Date: _____

Staff review date: _____