



Medication Policy

1.0 Purpose and scope

This policy sets out our commitments to ensure staff understand how to support a resident who self-administers medication. The policy ensures that staff are clear about what is expected of them and know how to raise concerns with third party services in instances of misadministration of medication or where there is increased risk.

This Policy applies to the Care and Support only, where we manage or own Supported and Sheltered housing services.

The Policy should be read in conjunction with [Safeguarding](#), Data protection and information governance Policy and [ED&I Policy](#).

2.0 Policy statement

We take a person-centred approach to support residents who self-administer their medication and respect the dignity and independence of residents.

We ensure that when staff are aware of residents who self-administer their medication, we assist residents to reach out for support, when required.

We will not administer or manage someone's medication unless it's necessary to avoid immediate harm, and we will always seek alternative means to do that.

3.0 Responsibilities for medicines

We acknowledge that medication issues are included in any overall assessment of the resident's needs, and that appropriate support with medication is described in any individual support plans created.

Prescribed medicines are the property of the person to whom they have been prescribed and dispensed to. Under no circumstances will staff take away a resident's medication.

The primary responsibility for the prescribing and management of medication rests with the resident's doctor in consultation with other members of the primary health care team and the resident.

In all cases, residents are responsible for obtaining, holding, and taking their own medication, unless otherwise agreed with involved health professionals.

We recognise that residents may be able to self-administer some type of medication but not others, which must be administered by the health service provider or other third parties involved in medication management plan (care worker, pharmacy, district nurse, doctors, CPN). Where we become aware that a resident's ability to self-administer is altered, we will work with the resident and other parties, as appropriate, to ensure this changed need is safely addressed.

3.1 Residents who self-administer

We assume that a resident can self-administer unless we identify or are told that this is not the case.

Where a resident self-administers medication, they will order and receive their own medication.

Where necessary we may discuss medication arrangements and potential side effects as part of wellbeing checks, however this will be subject to individual risk assessment.

3.2 Residents who need assistance with administration

Where there is no other reasonable alternative, and in the immediate to short-term only, we may provide physical assistance to those residents who self-medicate, assuming there is informed consent with the resident. This would be a temporary arrangement whilst there is action being taken to put in place alternative arrangements for the mid-to-long term. This may include:

- A prompt to take a medication
- Discussion and monitoring of side effects, which could lead to contacting emergency services or primary health
- Passing medication to residents
- Opening bottles, packaging, or blister packs.

Where this is required, all reasonable steps will be taken to ensure the individual is protected from medication errors. This will include the receipt of a written medication protocol from the medical practitioner (prescriber), which must be in place. Any actions related to medication must be accurately documented and updated in our case management system. This will include detail of what is being done to handover this responsibility to a more appropriate arrangement.

The resident retains responsibility for the administration of their own medication.

We seek to maximise residents' independence in relation to self-administering of their medication. This includes planned positive risk management to increase independence, where residents may be able to self-medicate in the future, but do not currently do so. Strategies for positive risk taking are detailed in the resident's risk assessment and a support plan or are set by the medical professionals.

When involved in support residents with administration of medication, we do not:

- Decide which medicine(s) needs to be taken or applied, and when this should be done
- Give a person medicine 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

- Give medicines (even at the request of the person receiving support), where a degree of skill is required to be exercised by the support worker to ensure it is given in the correct way
- Put anything inside anyone.

4.0 Consent and capacity

We respect the right of residents to refuse medication, but we also have a duty of care to ensure we understand residents' needs.

4.1 Lack of capacity

We always assume that a resident has the capacity to self-administer or manage their own medication unless evidence can demonstrate otherwise.

If we are in doubt about a resident's capacity to manage their medication, or there are signs of self-neglect, we consult with social services and medical professionals to ensure the resident gets the support they need. Staff must follow the Mental Capacity Act Guidance and where relevant, Deprivation of Liberty Safeguard (DoLS) guidance.

We recognise that overmedication or medication to control people (use of medication as a chemical restraint) is never acceptable. If staff believe that this is happening, they should speak to their line manager in the first instance, as this may need to be raised as a safeguarding concern.

We will not support with the physical process of administering medication (as outlined in section 3.2), where there are concerns around capacity.

4.2 Safeguarding concerns

We recognise that there may be instances where a resident has care and support needs and who may not take their medication as prescribed, which could be a safeguarding concern (for example, self-neglect). In such instances, staff should follow the Safeguarding Policy and raise their concerns with their line manager.

4.3 Medication errors

In the exceptional cases where staff are assisting with medication (as per s.3.2), where there has been an error physically assisting a resident with medication, this will be reported to appropriate health services and recorded on our internal systems. We recognise that not all medication errors will be a safeguarding concern, and we provide guidance on the handling of medication errors and determining when a safeguarding concern should be raised (that is, generally, where the resident experiences harm or there is potential for significant harm).

5.0 Storage of medication

Medication should be stored safely and securely in the resident's home. This is the responsibility of the resident, but where we are aware that a resident is facing barriers to this (for example, they have no working fridge, and lack financial resource to replace it), we will explore signposting to external agencies to explore available support and risk assess options with the resident to maintain safety and prevent harm.

6.0 Record keeping and risk management

We record all incidents related to medication, to ensure good record keeping and compliance.

Where we identify risks in relation to a resident's management of their medication, these risks are subject to regular assessment, management, and ongoing monitoring until they have been safely mitigated, e.g., a referral to the Adult Social Care or Primary Care Mental Health Team, leading to a change to the resident's care plan.

7.0 Confidentiality

When supporting residents, we work in partnership with third party services (GP, Primary Care, Social Services and specialist services), to ensure information is not withheld unnecessarily and staff follow our Data Protection and Information Governance Policy.

Where possible, staff seek residents' consent before sharing necessary information with third parties e.g., ambulance service, unless it refers to safeguarding, where consent may not be required.

8.0 Equality and Diversity

When working with external agencies, and third-party services, we ensure that they are committed to equality, diversity, and inclusion, which is further explored in our ED&I Policy.

Residents' social identity and culture may affect their understanding of medical systems, treatment options, medications, and choices. Staff will work with residents to identify any issues and reflect these in the risk assessments, as required.

9.0 Our approach

In writing this policy we have carried out assessments to ensure that we are considering equality, diversity and inclusion. If you'd like a copy of the assessment, please email your request to policy@nhg.org.uk

10.0 Reference

Related key legislation:

- Data Protection Act 2018
- Equality Act 2010
- Health and Social Care Act 2012
- Care Act 2014
- Mental Capacity Act 2007
- NHS and Community Care Act 1990
- NICE guidance

Document control

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