Cyngor Bwrdeistref Sirol
Pen-y-bont ar Ogwr
BRIDGEND
County Borough Council

SOCIAL SERVICES AND WELLBEING DIRECTORATE

Medication Policy

May 2026

DEFINITION OF TERMS

Administering medication

Administering medication is where the care/support worker is responsible for selecting, preparing and giving (by applying, or placing in the person's hand or mouth as appropriate) where the person is not aware of and is unable to understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment.

Residential Home

Covers the provision of 24-hour accommodation with non-nursing care or nursing care, such as in a residential home or a care home with nursing. This term applies to accommodation provided to both Adults and Children.

Domiciliary Services

Care and support services provided to individuals in their own homes or supported living services.

Day Services

Day Services provided to individuals in Bridgend Resource Centre and community hubs across the borough

Controlled Drugs (CD)

A Controlled Drug (CD) is a medicine which is controlled under the Misuse of Drugs legislation. CDs have additional safety and legal requirements for their prescribing, supply, receipt, storage, administration, and disposal.

Covert Medication

Covert is the term used when medicines are administered without the knowledge or consent of the person receiving them.

Medication Administration Record (MAR) Chart

A Medication Administration Record (either printed or in electronic format) used by workers in health and social care that serves as a legal record of the drugs administered to an individual and where a medicine that was supposed to be given was refused or missed. The MAR is a part of an individual's permanent record on their medical chart.

Medicine

All prescription and non-prescription (over the counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances, and vaccines.

Medicines Review

A structured, critical examination of an individual's medicines with the objective of reaching an agreement with the individual about treatment, optimising the impact of medicines, minimising the number of medicines related problems and reducing waste.

Medicines Support

Any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

Monitored Dosage System (MDS)

A system for packing medicines supplied by community pharmacies. Medication is repackaged from their original containers into a storage device to assist the person take their medication.

Original Packaging

The packaging in which the medicine is supplied by the supplying pharmacy.

Over The Counter Medicine (OTC)

Also known as a 'homely remedy', over-the-counter medicine is a non-prescription medicine that a care home can purchase over the counter for the use of its residents to assist with common ailments such as colds etc.

Individual Information Leaflet (PIL)

A legally required document included in the package of a medication that provides information about that drug and its use.

Care and Support Plan

A written plan prepared by the Regulated Service Provider in accordance with Regulation 15 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017, that sets out the actions required to meet the individual's well-being, care and support needs on a day-to-day basis, including those actions relating to medication.

Personal Protective Equipment (PPE)

Personal Protective Equipment, which may include latex gloves, disposable apron, disposable face mask etc.

Person We Support / Individual

Adults or children under the age of 18 who are in receipt of social care services either in their own home, a residential care service or foster service.

Self-Administration

When an individual can look after and take their own medicines, this is referred to as 'self-administration'.

Social Care Staff

Staff who are employed to provide care and support to people in receipt of regulated services.

1. INTRODUCTION

1.1 People supported by regulated care services such as residential homes, domiciliary care services and foster care services are among the most vulnerable members of our society and are more likely to require some level of assistance from social care staff to manage their medication appropriately. This includes both children and adults who are supported for a wide range of reasons. Support that may be required to manage medication may range from verbal prompting, through to assistance with the safe administration of oral and topical medicines.

1.2 This policy seeks to direct the management of medicines within regulated care settings and services and ensure that best practice is adhered to in line with current legislation.

1.3 This policy replaces all previously published policies and guidance and has been comprehensively revised by officers in Adult Social Care; Children's Social Care and the Clinical Lead Pharmacist Cwm Taf Morgannwg University Health Board (CTM UHB) Integrated Services.

1.4 A professional duty of openness and honesty is promoted and staff are supported to raise concerns that may impact on an individual or public safety and to take the necessary action to address these concerns where appropriate. However, a breach of the policy and procedures may result in action being taken within the terms of the Council's Disciplinary Policy.

1.5 In accordance with current guidance laid down in national standards, legislation and statutory requirements, this document must be readily available to all staff providing support with medication in all Bridgend County Borough Council (BCBC) regulated care settings.

2. KEY PRINCIPLES

2.1 Bridgend County Borough Council (BCBC) is committed to the wellbeing and safeguarding of the people we support. The overall aim of this policy is to ensure that the people we support have the opportunity to make informed decisions about their care and treatment and are supported safely and effectively by trained and competent social care staff to take their medicines safely.

2.2 The wider aims and objectives of this policy are to:

1. Ensure legal compliance and best practice in the management of medication by social care staff.
2. Provide a safe framework for social care staff to work within when supporting individuals to manage their medication.
3. Ensure that the people we support are treated equitably, maintaining dignity, privacy, choice and respect.
4. Reinforce the principle of consent in relation to the management and administration of medication.
5. Support risk reduction systems in relation to the management and administration of medication.
6. Ensure accurate and comprehensive documentation of all procedures.

3. LEGAL AND REGULATORY FRAMEWORK

3.1 In the formulation of this policy, the Council has considered the applicable legislation and guidance including:

- Health Act 2006
- Misuse of Drugs Act 1971
- Regulation and Inspection of Social Care (Wales) Act 2016
- Social Services and Well-being (Wales) Act 2014
- Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017
- National Institute for Health and Care Excellence (NICE) Quality Standards and Guidelines
- Control of Substances Hazardous to Health Regulations 2002
- Local Authority Fostering Services (Wales) Regulations 2018
- Local Authority Fostering Services code of practice relating to the Local Authority Fostering Services (Wales) Regulations 2018 as amended
- Care Planning, Placement and Case Review (Wales) Regulations 2015
- Health and Safety at Work etc Act 1974
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Controlled Waste (England and Wales) Regulations 2012
- All Wales Guidance to Support Integrated Medicines Management in Community Settings 2025

3.2 Other legislation such as the Data Protection Act 2018, the Mental Capacity Act 2005, the Mental Health Act 2007, the UK General Data Protection Regulation, and the Equality Act 2010 may also be relevant to specific circumstances, such as providing accessible information or explanations about medicines that can be

understood by people we support with various disabilities.

4. CONTEXT

4.1 This policy, and the associated service specific procedures as referenced below, provides guidance and a framework for safe practice for social care staff to operate within when providing medication-related support to people receiving support from regulated services. These services include people residing in Adults and Children's residential home settings, being provided care from domiciliary services such as Support at Home and Supported Living, as well as Respite, Short Break and Fostering Services. This enables the people we support to feel involved, informed and in control of their medicines. The following service specific procedures should be read in conjunction with this policy: .

- Childrens Residential Medication Procedures
- Operational Procedure - Medicines administration in Learning Disability, Mental Health and Specialist Services
- Operational Procedure- Medicines administration in the Community
- Residential Home Medication Procedure

4.2 These detailed service specific procedures define how medication support is to be provided and encompass most medication issues that are likely to arise in that regulated setting, but they cannot predict every situation. **If in doubt about the right course of action to take, staff must always consult their line manager and/or an appropriate health care professional.**

5. SCOPE

5.1 This policy and its associated procedures should be adhered to by all social care staff involved in the assessment and delivery of medicines support to people receiving care and support from Bridgend County Borough Council's regulated services.

5.2 Primary responsibility for prescribed medication rests with the individual's clinician i.e. GP, consultant, nurse or pharmacist and the dispensary that has supplied/dispensed the medication.

5.3 Community pharmacies are expected to support individuals to manage their medication where possible in accordance with the Equality Act 2010. This could be through the provision of compliance aids like blister packs. However social care

staff may be expected to assist people with medication that is provided in its original dispensed packaging.

5.4 Social care staff will only provide medication support with the informed consent of the individual, or their relative or representative who may give consent on the individual's behalf and in accordance with the individual's care and support plan. If a person is unable to give consent due to their physical and cognitive needs, a Best Interests meeting in accordance with the Mental Capacity Act 2005 would need to be considered.

5.5 Typical Medication-Related Tasks

5.5.1 Only staff who have been appropriately trained and assessed as competent will administer or assist people with:

1. Taking medicines by mouth, in liquid or solid dosage form i.e. tablets including sub-lingual and capsules and including controlled drugs.
2. Inserting drops/sprays to ear, nose, or eye.
3. Administering common inhaler devices, including spacers and nebulisers. Social care staff will need further instruction from a qualified healthcare professional on any devices outside of those discussed in standard training. It is the responsibility of the Registered Manager or their delegated individual to ensure all staff are familiar with the inhaler device and its use.
4. Application of any ointment, cream, lotion, or patches e.g HRT, opioid *(painkiller)* to skin that is unbroken.
5. Use or administration of adrenaline (e.g Epipen) in the event of emergency treatment of severe allergic reactions *(anaphylaxis)* to insect bites or stings, medicines, foods, or other substances. Staff should have a clear awareness and training on how to administer the Epipen and a clear risk assessment/protocol must be in place setting out when staff should administer adrenaline and what the outcome is. Please note, untrained staff may, in emergency situations, administer an Epipen if under the guidance of a 999 operator or other medical professional.
6. Emptying/changing urine bags following instructions and/or training given by a health care professional.
7. Use of over-the-counter medication as required. See section 5.10.
8. Use of thickeners should only be used when recommended by a Speech and Language Therapist (SALT) after a diagnosis of dysphagia has been made, or by a GP if there is an immediate need. The choice of thickener and directions must be documented in the individual's Care and Support Plan.

9. Medicines that require specialist techniques/enhanced support as described at 5.7 but **ONLY where the arrangements set out at 5.7.3 to 5.7.4 are in place.**

5.6 Under this policy, social care staff must not carry out any invasive or other clinical procedures which require the skills, knowledge and competence of a registered nurse, or other healthcare professional **unless the arrangements set out at 5.7.1 to 5.7.4 apply**. This includes:

- The administering of insulin injections, or other injections other than Adrenaline (Epipen) (please see 5.5 above).
- Bladder washouts and other medicines administered via urinary catheters.
- Insertion of rectal or vaginal suppository, pessary or enema.
- Administering pain relief medication via syringe pump or driver.
- Administering medication via naso-gastric / PEG feeding tubes.
- Creams prescribed where application requires an invasive procedure.
- Changing wound dressings (however, it is acceptable to apply a dry dressing over a wound to protect the wound until a registered nurse is available).
- The insertion of catheters.
- Managing oxygen therapy (including regulating oxygen therapy).
- Treatment for certain conditions, for example skin lesions, pressure sores, leg ulcers, open wounds, etc. which must be undertaken by a registered nurse, not by social care staff.
- Giving specific advice about medication or making judgements about their use.
- Administering medicines from containers supplied by anyone other than the supplying pharmacist, dispensing doctor, or hospital pharmacy.
- Administering medication not included on the MAR chart.
- Covertly administering medication *(unless the need to do so has been fully documented in the person's care and support plan/care and treatment plan following a decision made by a multi-disciplinary team/GP and the person's representative)*.
- Undertaking any task not included in the Care and Support Plan.

5.7 **Specialised techniques/enhanced medicines support**

5.7.1 This policy does **not routinely** include medication support that requires specialised techniques or enhanced support. For example, social care staff would not routinely be expected to support with: internal medicines

(suppositories and pessaries that are invasive), injections of any type, medicines delivered down tubes or via alternate methods (e.g., crushing tablets, opening capsules, cutting medication or using medication cutters), nebulised therapy, or regulating oxygen therapy. This may also include the provision of Warfarin administration. However, these actions may be permissible where specific Care and Support Plans have been completed alongside advice from SALT and GP/Pharmacists. This will be completed on an individual case-to-case basis and in accordance with any service specific procedure that relates to the specific medications or process.

5.7.2 Certain care processes and procedures do not involve the use of medication but require varying degrees of precaution and training, such as the changing of stoma bags, assistance with prostheses or gastronomy tube peg feeding.

5.7.3 Under this policy, such specialised techniques/enhanced support described above at 5.7.1 and 5.7.2 can **only** be permitted in exceptional circumstances where this has been jointly agreed between the Health Board and Registered Manager or their delegated individual and is reflected in the care plan, with appropriate training for staff and where a jointly agreed risk assessment between the Health Board and the Registered Manager or their delegated individual is in place, which is signed, dated and subject to regular review. This is to ensure that where social care staff are undertaking administration of medicines via an authorised, specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the individual and the social care staff.

5.7.4 Warfarin support and administration may be permissible under this policy in accordance with the service specific protocol relating to Warfarin Administration. Where individuals require support with Warfarin administration in services where staff are lone working, a risk assessment will be implemented as per the Warfarin Protocol and in accordance with lone working principles.

5.7.5 Social care staff are permitted to support with the modification of medication such as crushing of medication, if this has been deemed a requirement as set out by a Speech and Language Therapist, or other relevant medical professional, to provide support to individuals who require levels 1 or 2 medication administration support. All details for this must be

clearly documented within the individual's care and support plan and kept under regular review as set out in the All Wales guidance.

5.7.6 Where any individual is identified as requiring tablet splitting or crushing requirements, authorisation must also be confirmed from the pharmacy and prescribing practitioner that the medication is appropriate for this purpose. This authorisation and confirmation, along with the identification of need, must be documented and recorded in the individual's care and support plan before any medication alteration is completed.

5.8 Social care staff should not administer medicines to any individual who are acutely unwell or present a change in their overall health and wellbeing without seeking advice from a healthcare professional. Any advice sought must be clearly documented.

5.9 Covert administration of medicines

5.9.1 Social care staff must not administer medicines to an individual they support without their knowledge if the individual has capacity in accordance with the Mental Capacity Act 2005 to make decisions about their treatment and care.

5.9.2 To protect the individual and social care staff, covert administration must only take place within the context of existing legal and good practice frameworks. Social care staff must not give, or make the decision to give, medicines covertly without clear authorisation and documented instructions to do so.

5.9.3 All practices relating to covert administration must follow the guidance set out in section 5.5 of the All Wales Guidance.

5.9.4 The Registered Manager or their delegated individual should ensure that the process for covert administration of medication is implemented and includes:

- Assessing mental capacity in accordance with the Mental Capacity Act 2005.
- Holding a Best Interests meeting involving social care staff, the manager or Team Leader, relevant health and social care professionals, family member or advocate to agree whether administering medication covertly is in the individual's best interests.

- MDT and prescriber authorisation must be sought before the implementation of Covert Administration, pharmacy confirmation must also be confirmed, and ensure relevant reviews and processes in accordance with the Mental Health Act 1985 and / or Deprivation of Liberty Safeguards are also in place.
- MAR chart documentation must be appropriately in place for all covert administration
- Covert administration may involve the splitting or crushing of tablets and so processes relating to this must be followed.
- Appropriate safeguarding plans must be put in place to ensure only the named individual is able to consume the medicated food or drink with appropriate oversight and governance in place.
- Recording the reasons for mental incapacity and the proposed management plan.
- Planning how medication will be administered without the individual knowing.
- Regularly reviewing whether covert administration is still needed.

5.10 Use of non-prescription and over-the-counter (OTC) products (homely remedies)

5.10.1 Services must follow the requirements for supporting individuals with OTC products as set out in the All Wales Guidance. Services should assess and implement an appropriate self-care framework to support individuals in accessing OTC products.

5.10.2 Services should incorporate and implement a risk-based approach towards supporting the individual with accessing OTC products and ensure that any required support is provided in line with the level of support the individual requires. A risk assessment must be given to assess the potential impacts of the OTC medication on the individual's prescribed medication and additional advice should be sought as and when required. If appropriate and dependent on the individual's relevant required level of support, this medication is to be added to the MAR chart following approval.

5.10.3 Where services purchase OTC products on behalf of the person or are provided by an individual's family or friend, these should not be prompted or administered by social care staff unless a medical professional has agreed it is safe to do so with the prescribed medication in line with the

services Risk Management approach. If this is the case the OTC should be:

- Checked to make sure they are suitable for use.
- In date.
- Stored in accordance with the manufacturer's instructions.
- Recorded.

5.10.4 When administering OTC products, only staff members that have received training and been assessed as competent in administering medication, will administer over-the-counter products in line with their normal training procedures.

5.10.5 Consideration must also be given as to how long the OTC medicine or product should be used before referring the individual to a GP.

5.11 Self-administration of controlled drugs

5.11.1 Individuals who can self-administer their own medicines, can self-administer controlled medication if they wish to. The Care and Support Plan must reflect this and be regularly reviewed. It is not necessary for a MAR to be completed by the resident, or social care staff, as staff are not administering the medication.

5.11.2 Individuals who self-administer in a residential or supported living setting, will be required to store and lock their prescribed controlled medication in a lockable, non-portable receptacle in their individual bedroom.

5.11.3 A risk assessment must be in place and reviewed regularly in the event of an individual's circumstances changing. The risk assessment should include whether the resident understands:

- Why the medicine is prescribed
- How much and how often to take it
- What may happen if they do not take the medicine or take too much

5.11.4 If the residential home or supported living setting is ordering and receiving prescribed controlled medication on behalf of the individual, it must be noted on the MAR chart and administered and audited in the same way as any other prescribed medication.

5.12 Emergency prescriptions over the telephone

5.12.1 Verbal instruction should only be received via the telephone for emergency situations such as to provide an emergency prescription or medication amendments. An immediate record of the telephone conversation must be recorded in the individual's daily recordings, clearly stating date, time, who the staff member spoke to, and what the instruction given was. Staff must also complete a record on the reverse of the MAR chart.

5.12.2 If a GP prescribes new or makes amendments to an individual's existing medication during a telephone call, this must be followed up via an email from that GP received within 24 hours of the telephone call. This provides the evidence for the instruction that was received, and an audit trail. The specific staff member with Key Holder responsibilities will be responsible during out of hours to check the email has arrived in the regulated service or relevant manager's email account. Managers/Team Leaders are responsible for checking receipt of email when on duty.

5.13 Ordering and receiving medication

5.13.1 Where regulated services are responsible for ordering medicines on behalf of individuals, they should retain the responsibility for ordering medicines from the GP practice. The individual's Care and Support Plan details at what frequency and how early medication should be ordered prior to an individual running out.

5.13.2 A minimum of one member of staff will have the training and skills to order medicines and staff must be given protected time to order and check medicines when delivered.

5.13.3 The detailed procedure for ordering and receiving medication is included in an individual's care and support plan.

5.13.4 Where an individual's medication is received by the service, and they receive administration support requiring a MAR chart, the original MAR chart must be checked and confirmed against the new MAR chart. Where any inconsistencies are found, these must be raised with both the prescribing and dispensing practitioner, in line with the All Wales Guidance.

5.14 When Required Medication (PRN)

5.14.1 Supported individuals may require the use and support with the use of when required or PRN medication. This may be in the form of an OTC medication where staff must follow the process as set out in section 5.10.

5.14.2 If the PRN medication is a prescribed medication all instructions from the prescribing professional must be followed and included in the individual's Care and Support Plan and recorded on the MAR chart.

5.14.3 Staff must be aware of and have recorded the individual's known non-verbal cues for the need for their PRN medication.

5.14.4 Where PRN medications are included on the MAR chart staff must only sign where and when the medications are actually administered. All other information relating to the use of PRN medication, such as when it was offered and refused, must be recorded in the individual's daily notes, as set out by the All Wales guidance.

6. CONSENT

6.1 The individual's consent and any additional requirements to support safe medication administration will form part of the initial assessment (see 7.1).

6.2 The individual must:

- be made fully aware of the medication tasks that will be undertaken
- be made fully aware that social care staff must have access to their prescribed medicines and any information, which will enable them to carry out their duties safely
- be made fully aware of the implications of refusing the service
- consent to social care staff assisting with their medicines in accordance with the Care and Support Plan/service delivery plan and be provided with enough information to enable them to make that decision.

6.3 All persons unable to give consent who require ongoing treatment under the terms of the Mental Capacity Act 2005 must have a documented 'Best Interests Decision' available on file and recorded within their care and support plan.

7. ASSESSMENT FOR MEDICINES SUPPORT

7.1 On admission to the regulated service, all individuals should have their support needs assessed, including the support they will require with their medicines and an accurate listing of all the individual's medicines. This assessment will be completed by an appropriate staff member who has received training and been assessed as competent in assessing support needs. All individuals supported should have the same opportunity to be involved in decisions about their treatment and care.

7.2 The Mental Capacity Act 2005 requires that all people we support are presumed to have the capacity to make decisions on their own behalf about all aspects of their life unless proven otherwise. Where there is reason to question an individual's capacity to make decisions on their own behalf, e.g., where the individual has a learning disability, an assessment of capacity must be undertaken.

7.3 Where the individual is self-sufficient to manage their own medicine, an agreement should be reached at their planning meeting about the level of assistance and support required, if any.

7.4 The following assessment scale provides guidance for staff that are responsible for, and that have received training in and been assessed as competent at assessing medication support requirements. The Registered Manager or delegated persons will identify the level of support that an individual will need with their medication. The level of need should be documented in the individual's Care and Support Plan.

Level 0 – Self administration (Independent) Independent – no medicines support is required; the individual is able to manage their own medicines with no support.
Level 1– General support or Assistance (Assist) The individual person is aware of and understands their medicines regime and retains responsibility for their medicines but may have difficulties with undertaking the task. **Remind/prompt** – the responsibility of social care staff is to remind/prompt the person to take their medicines and they are able to self-administer without

physical assistance. If it is found that the person does not take their medicines following this reminder, it should be recorded, and if happening with regularity the level of medicines support required should be reviewed.

AND/OR

Physical assistance – the individual manages their own medicines but has difficulty with dexterity and/or mobility and may ask staff to help carry out certain tasks.

Social care staff are responsible for assisting the person in taking their medicines (opening packaging and/or containers etc). The person is still responsible for their own medicines and should be directing social care staff in this activity regarding what they need, how often and how this medication is to be taken. Assistance provided by social care staff must be completed within the sight of the individual at all times.

Although it would be considered an exceptional circumstance, where the individual is competent and retains responsibility for their medication additional support can be given. Support by placing the medicines directly in the person's mouth/hand would still be classed as Level 1 if the individual felt it necessary and the action remains under the direction of the individual. The individual must be able to demonstrate they are aware of what medication they need, how often and how this medication is to be taken. This ensures that the independence of people who lack manual dexterity (such as those with Parkinson's disease or arthritis) is not compromised when they otherwise would be able to self-administer. i.e. People with a physical impairment should not be disadvantaged and elevated to level 2 when they are competent.

Level 2– Administering medicines (Administer)

The individual is not aware of and is unable understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment.

Social care staff will have the responsibility of selecting the right medicine at the right time from packets and preparing the medicines for administration by the person after gaining consent (including placing in the person's hand or mouth if appropriate). This includes oral, topical, inhaled medicines, buccal and transdermal patches.

Social care staff will administer medicines from original packs, although there may be occasions where administration from a pharmacy filled Monitored Dosage Systems (MDS) may be appropriate to reduce waste during a transition period from MDS to MAR chart. Such circumstances should be risk assessed by an appropriate healthcare professional. Social care staff will document administration/non-administration fully using a printed/electronic MAR chart. Full training and the competency assessment of care worker providing this level of support will be required.

N.B. Social care staff, NOT the individual, are responsible for the medicines management and administration.

7.5 Although it is acknowledged that most individuals will likely fall into one of these categories, services must be mindful of the need for flexibility to be incorporated into any assessment for support needs. Support plans for medication can be tailored to meet the needs of the individual and must be clearly set out and recorded in their care and support plan.

8. REVIEW OF MEDICINES

8.1 All individuals in receipt of medicines management support provided by internal services for Adult's Social Care, will be subject to a medicines review on an annual basis, or when required if sooner and circumstances necessitate this, by a relevant and qualified medical professional.

8.2 Medication reviews in domiciliary services will be based in the individual's home or appropriate alternative healthcare setting, and will take place as a part of the overall annual care review, or as required.

8.3 Medicines reviews for children and young people supported by Children and Family Services will take place on an individualised basis depending on different factors including the age and needs of the child/young person.

9. RISK MANAGEMENT

9.1 The Health and Safety at Work etc. Act 1974 imposes a general duty on employers to ensure, as far as is reasonably practicable, the health, safety and welfare of employees and others which includes people we support, and any others affected by what is done. Therefore, prior to the start of support the Registered Manager

or their delegated individual must undertake a risk assessment and risk management plan, particularly where medications contain flammable substances, or require the use of PPE.

9.2 As part of an individual's care and support and to minimise the potential for harm and guide future care, social care staff are encouraged to report any concerns they have to their line manager about medicines management, including a deterioration in the individual's health, or a reduction in their ability to manage medicines. In such cases, the Registered Manager or their delegated individual will arrange for a medication review to be undertaken by the appropriate health professional.

9.3 Where the Registered Manager or their delegated individual is unable to answer queries from their staff, they are responsible for seeking advice from the relevant healthcare professional as needed.

9.4 Individuals are entitled to decline to take their medication, but this is to be documented on the MAR chart. If the individual is declining with regularity this will also be discussed with an appropriate health care professional to decide further action. Agreement should be reached with the individual's medical practitioner on what to do when medication is refused, and this should be clearly set out in the individual's care and/or support plan.

9.5 Services may need to consider the need to provide individualised person-centred and flexible timing in line with the individuals choices and wishes, where this is possible and applicable in that setting. Services must implement risk assessments along with setting out all processes to be followed where continued refusal of medications occur.

9.6 This policy, in line with the All Wales Guidance, does allow for medication to be left out for later if the individual requires this. There must be a risk assessment put in place with regular reviews undertaken to ensure this practice is done safely and appropriately. This process must be clearly set out in the individual's care and support plan and kept under regular review.

9.7 Storage of medication in Residential Settings

9.7.1 Medicines must be stored in a way that means they are safe and will be effective when administered. The Registered Manager or their delegated individual should ensure that there is suitable and sufficient storage space for all medicines held. The temperature of the medication room must be

maintained between 0-25˚c. Where medicines are stored in a locked trolley, this must be securely fastened to a wall when not in use or stored securely in a locked medicines room. Medicines cupboards and storage areas must be kept locked and secure.

9.7.2 If the individual self-administers their medicine, this must be stored in a locked, non-portable cabinet or drawer in the individual's room if they reside in a residential setting.

9.7.3 In the case of controlled drugs, the CD safe or cabinet must comply with the requirements specified in the Misuse of Drugs (Safe Custody) Regulations 1973. It must be made of steel, have a specified locking mechanism and be permanently fixed to a solid wall or floor with rag or rawl bolts. The CD cupboard must only be used for the storage of controlled drugs and no other medicine. Access to the CD cabinet must be restricted. The CD cupboard keys must be kept under the control of a designated person and there should be a clear audit trail of the holders of the key. The keys to the CD cupboard should be kept on a separate fob.

9.7.4 Where an individual is in receipt of Level 2 administration of medication, Schedule 2 controlled drugs (as listed in Schedule 2 of the Misuse of Controlled Drugs Act) must be stored in a controlled drugs cupboard and records kept in a controlled drug register. Common examples of Schedule 2 controlled drugs include: morphine, diamorphine, methadone, fentanyl, alfentanil, oxycodone, methylphenidate, dexamphetamine, ketamine and tapentadol. Where an individual is self-administering a risk assessment must be completed, and the medicines stored in a suitable, lockable container.

9.7.5 Some Schedule 3 controlled drugs must be stored in the controlled drugs cupboard, however a record of these does not need to be kept in the CD register. Examples of Schedule 3 drugs include buprenorphine and temazepam.

9.7.6 Other Schedule 3 controlled drugs do not need to be stored in the controlled drugs cupboard, although the Registered Manager or their delegated individual's preference may be to do so. Common examples include midazolam, tramadol, and barbiturates (phenobarbitone).

9.7.7 Schedule 4 and 5 controlled drugs are not required to be stored in the controlled drugs cupboard, although the registered manager or their delegated individual may prefer to do so. Examples include morphine sulfate solution (Oramorph), zopiclone, codeine and benzodiazepines.

9.7.8 Thickeners must be stored securely in a cupboard to prevent untrained members of staff or the individual's relatives giving food or fluids inappropriately. If thickeners are not stored securely or are left in areas which are readily available to individuals, this must be following the completion of a risk assessment which assesses the risk of accidental ingestion by any resident.

9.7.9 A fridge to store medicines must be kept at a low temperature. All medicines must be isolated if non-medicines are also stored in a fridge. To ensure that correct temperatures (between 2° to 8°C) are maintained, the fridge should be cleaned and defrosted regularly, with its temperature recorded daily using a min/max thermometer; records should be kept of this. The temperature probe must be reset following each daily reading.

9.7.10 In the case of controlled drugs that need to be refrigerated, these can be stored separately within the fridge within a separate lockable box.

9.8 Storage of medication in domiciliary services

9.8.1 The arrangements for storing medicines and MAR charts will be documented in the Care and Support Plan and associated care notes.

9.8.2 The initial medicines risk assessment completed will highlight all issues relating to safe storage of medicines.

9.8.3 The safe storage of medicines is the responsibility of the individual unless their competency assessment states otherwise. Social care staff will assist this where required and will raise any concerns with their service supervisor who may then contact the pharmacist or other appropriate health care professional or the individual's family.

9.8.4 Medicines must be stored as documented in their original container as provided by the pharmacy unless alternative dispensing methods have been provided for the individual such as blister packs.

9.8.5 More guidance for storing medication in domiciliary services can be found in the service specific procedures (see 4.1).

9.9 Administration of Medication

9.9.1 Staff must follow their training provided to them regarding the administration of medication support they provide to an individual.

9.9.2 Staff must also be aware and follow the individual's personal medication plan which has set out what level of support they require, as set out in section 7.

9.9.3 In care home settings, and services where multiple staff are on shift, when completing medication related tasks, staff should complete these in pairs to provide an independent double checking practice to ensure accuracy and the correct medicines are being administered to the correct individual.

9.9.4 This must be done in line with the requirements as set out in the All Wales Guidance.

9.10 Disposal of medication

9.10.1 It is a legal requirement that all waste is disposed of correctly. The disposal of medicines is regulated by The Controlled Waste (England and Wales) Regulations 2012. Under these regulations medicines fall under the category of 'clinical waste'. Controlled drugs must be destroyed in such a way that the medicine is denatured or rendered irretrievable so that it cannot be reconstituted or reused. Regulated services must ensure that medicines are not disposed of unnecessarily each month and any medicines which can be used the following month are carried forward.

9.10.2 The regulated service must keep records of medicines (including controlled drugs) that have been disposed of or are waiting for disposal where appropriate. Controlled drugs should be returned to the relevant pharmacist or dispensing doctor at the earliest opportunity for appropriate destruction.

9.10.3 The Registered Manager or their delegated individual or their delegate, who is trained and competent should record the forms and quantities of

controlled drugs they are returning, and the pharmacist/dispensing doctor should sign for them on receipt. If pharmacy staff collect the controlled drugs, they should sign for them in the controlled drugs register at the time of collection. Relevant details of any such transfer for disposal should be entered into the controlled drugs register and signed by the delegate, returning the drug.

9.10.4 In a residential setting, medicines for disposal should be stored securely in a tamper-proof container where possible within a locked cupboard until collected and must not be used for other individuals. Medicines awaiting disposal must also be clearly identified and separate from usable current medicines.

9.10.5 Homely remedies must be disposed of when they are no longer fit for purpose and/or are out of date, in accordance with the regulated service's disposal of medicines procedure.

9.10.6 In the event of an individual's death, their medicines must be stored securely and separated from other medicines in the regulated service for at least 7 days in the event of a Coroner's investigations into the death. The medicines can be disposed of when the death certificate has been signed.

9.10.7 In Support at Home domiciliary settings, it is expected that the individual or representatives will hold responsibility for disposal of medicines or return to the pharmacy as appropriate. Where this is not possible, and it is safe to leave medication in the individual's home for the community pharmacy to collect, social care staff must bag the medication up and contact the Team Leader to collect and return to the community pharmacy.

9.10.8 In Supported Living domiciliary settings, medicines must be stored securely and separated from other medicines until a representative from the service can return them. In the event of an individual's death, the medicines must be stored securely and separated from other medicines in the regulated service for at least 7 days in the event of a Coroner's investigation into the death. The medicines can be disposed of when the death certificate has been signed.

9.11 Medication errors

9.11.1 All staff must immediately report all incidents, however minor. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence.

9.11.2 Social care staff must contact a healthcare professional to ensure that appropriate action is taken to safeguard any individual involved in a medicines-related incident.

9.11.3 All medication errors must be immediately reported to the line manager, or if the line manager is not available, the Registered Manager or their delegated individual for information to be gathered in an effective and timely manner and for corrective action to be taken in accordance with agreed procedure. Safeguarding referrals may also be made for investigative processes to take place. In these instances, the safeguarding team will investigate cases where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. In these cases consultation will take place with the Registered Manager or their delegated individual.

9.11.4 In Children's services all medication errors require the completion of a safeguarding referral and submission to the safeguarding team. The safeguarding team will investigate cases where there was a genuine mistake, where the error resulted due to pressure of work or where reckless practice was undertaken and concealed. In all cases consultation must take place with the Registered Manager or their delegated individual.

9.11.5 Health and safety incident report forms must be used to report all incidents of error in the management, control and administration of medication and medical processes, including near misses.

9.11.6 Medication errors are defined as:

- Failure to administer a medicine (unless where the individual has expressed their right to refuse).
- Administration of the wrong medicine
- Administration of the wrong dose of medicine (greater or less than the amount prescribed).
- Administration by the wrong route (administering a medicine by a route other than that prescribed or taken by the correct route but at the wrong site e.g., left eye instead of right eye).

- Failure to administer a medicine at the prescribed time (within an hour either side of the prescribed time).
- Failure to make an accurate, up to date record of the administration or omission of a medicine.
- Failure to have prescribed medication readily available.

9.11.7 The Registered Manager or their delegated individual must ensure that medication-related incidents are analysed to identify trends and minimise re-occurrence. Evidence to show that appropriate action has been taken must be documented.

9.12 Medicines Reconciliation

9.12.1 Medicines Reconciliation is a core aspect of medicines management and support provided by residential staff. The purpose of this is, through comparison with the accurate list of an individual's medication held on their MAR chart, to allow for an accurate count of the medicine held by the service for that individual to ensure no medication errors have occurred or medication has gone missing. It allows for discrepancies to be identified and rectified, where possible, ensuring an individual receives the correct medication, correct dose and at the correct time, if necessary.

9.12.2 Services must identify the frequency at which Medicines Reconciliation and Medicines Counts take place, but this must not be done on a less than weekly basis. Service and individual requirements and risk assessments may require this to be done on a more frequent basis, for example daily or even every shift handover. Where this is the requirement identified by the service, risk assessments must be in place and stored with the individual's files detailing the relevant information. Mandatory Medicines Reconciliation must be completed following any and all hospital discharges and all care transitions to different services, settings and providers.

9.12.3 In Residential Services, a weekly stock take of medication will be completed by the service. Daily medication counts will take place of the medication that is contained and held in the medicines trolley in order to ensure accuracy of medicines administration and support, along with ensuring there have been no medication errors or near misses.

9.12.4 If an individual has been discharged from hospital following an admission, or there is a change of care provider, service or provision, a mandatory medicines reconciliation process must take place.

9.13 Incident and Yellow Card Reporting

9.13.1 Where adverse reactions to medicines are found, this must be reported to safeguarding and to the MHRA in line with pharmacovigilance and Yellow Card guidance procedures.

9.13.2 This must also be escalated to safeguarding in line with the requirements set out in the All Wales Guidance.

9.13.3 Where an incident occurs services must follow regulatory requirements set out in RISCA relating to the requirement to notify the appropriate authority following incidents, as well as the Responsible Individual's requirement to assess monitor and improve the service following incidents or near misses relating to medication.

9.13.4 All services must implement a lessons learnt approach following all incidents and near misses in order to learn from events and improve to aim to avoid these from happening in the future.

10. SAFEGUARDING

10.1 In the event of a medication safeguarding issue arising that has resulted in: a death; an injury; hospital admission; abuse or an allegation of abuse; an incident reported to or investigated by the police, this must be immediately reported to the Director of Social Services, Care Inspectorate Wales (CIW) and the submission of a safeguarding referral.

10.2 National Institute for Health and Care Excellence (NICE) - Managing medicines in care homes guidance (NICE Guidance SC1) indicates that a safeguarding issue in relation to the above could include:

- The deliberate withholding of a medicine without a valid reason.
- Incorrect use of a medicine for reasons other than the benefit of an individual.

- Deliberate attempt to harm through use of a medicine.

10.3 Any medication safeguarding issue will require the Registered Manager or their delegated individual to carry out a risk assessment to eliminate or minimise the risk in future.

10.4 Where adverse reactions to medicines are found in an individual, this must be reported to safeguarding and to the MHRA in line with pharmacovigilance and Yellow Card guidance procedures.

11. RECORD KEEPING

11.1 The Medicines Administration Record (MAR)

11.1.1 The Medicines administration record (MAR) is a legal document for recording the administration and non-administration of prescribed and purchased medicines in regulated settings. Social care staff must sign each time a medicine or device is administered to an individual and records should be complete, legible, up-to-date, non-erasable, dated and signed to show who has made the record. Changes to the MAR must only be made and checked by people who have been trained, assessed and competent to do so.

11.1.2 If the instructions or information on a MAR are not clear, the Registered Manager or their delegated individual must immediately contact the pharmacy or GP Practice for further clarification. Social care staff must not administer the medicine until clarification has been sought.

11.1.3 The Registered Manager or their delegated individual must keep a record of signatures/initials of staff involved with administering medication to individuals and completed MAR charts must be returned to the regulated service office for auditing and archiving and kept with the person's file.

11.1.4 In the event of an individual being admitted to hospital this must be recorded on the MAR and a copy of the MAR must be sent to the hospital with the individual, or provided as soon as practically possible. The original MAR must stay with the service.

11.1.5 It is the Local Health Board's responsibility to identify how the MAR is presented and in what form it is provided. This is currently a paper-based

process as set out by the CTM Health Board. However, this policy does allow for the development, implementation and use of electronic e-MAR systems across care services, as directed and identified by the Health Board. All use of e-MAR systems must be approved by health colleagues, and for community based services conducted in accordance with section 6.1.3 of the All Wales guidance to support integrated medicines management in community settings. Services must ensure they have appropriate and formal e-MAR chart governance, transcription controls, audit trails, and must also develop service specific e-MAR guidance created.

11.1.6 **Distinction between MAR chart and prescription label**

The following has been adopted from the All Wales Guidance to set out the differences between a prescription label and MAR chart.

	Prescription Label	**MAR Chart**
Primary purpose	Provides instructions to the individual or caregiver on how to administer the medicines. Also serves as the authority for support workers to administer medicines, as it mirrors the prescriber's intention.	Part of the care record documenting the administration or non-administration of medicines by support workers. Does not grant authority; it is a record of what has been administered.
Intended audience	Individual or caregiver.	Care staff, used to record support provided.
Content focus	Dosage instructions, frequency, and administration route per the prescriber's directions.	Records each dose given, time administered, the administering staff's signature, and reasoning for any non-administration.
Legal requirement	Must follow strict legal guidelines for labelling, as per prescriber instructions. There may be a dispensing signature on the label, but no prescriber signature is required on	Must be accurately maintained as a legal document for care provided and compliance audits. Signatures of the person administering the medicines will be

	the label itself (the prescriber signature is recorded on the original prescription).	recorded, but no prescriber signature is required.
Format	Typically printed directly on a medicines bottle or packaging.	A form or chart, paper-based or electronic.

11.2 The Controlled Drugs Register

11.2.1 The CD register is a legal document and must be a bound book with pages clearly numbered. It is used to record the receipt, administration, transfer (e.g., when an individual goes into hospital) and disposal of CDs by the regulated service where appropriate. Entries must be written in black indelible ink and a running balance must be kept. Errors must not be crossed out and under no circumstances should correction fluid be used.

11.2.2 It is a legal requirement to keep the CD register for a minimum of two years from the last entry or seven years if it contains records of destruction.

11.3 Records relating to an individuals medication must be retained for the minimum durations as set out in the RISCA and the All Wales Guidance, specifically 8 years for adults services, and 15 years post last entry for children's services.

12. TRAINING AND COMPETENCY

12.1 Social care staff involved in providing medicines support must receive appropriate information, training, supervision, and support to enable them to competently carry out their duties. No member of staff will be permitted to administer medication unsupervised unless they are fully aware of this policy and have been trained in the relevant procedures and are assessed as competent and work within the limitations of their competence.

12.2 All staff will be required to complete an online e-learning module which provides a base level of understanding of the principles of medication administration. Staff that are then required to administer medication as part of their daily practice will be registered for face-to-face training where they will be required to pass a classroom-based assessment on completion. This face-to-face training

is then followed up by a competency-based workplace assessment conducted by a supervisor or manager who has been trained to assess competency.

12.3 Staff competency in the administration of medication will be evaluated at a minimum of twelve-monthly intervals, or sooner if circumstances indicate, for example, if there has been a medication error. This policy, its associated procedures and subsequent training will be clearly specified in Training and Staff Development Plans.

12.4 Where a need for specialised techniques/enhanced support has been identified and agreed between all parties (see 5.10), approved training will firstly be required. This is to ensure that where social care staff are undertaking administration of medicines via an authorised, specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the individual and the social care staff.

12.5 The registered practitioner with the occupational competency to delegate the task is responsible for the decision to delegate and cannot delegate that accountability. They must provide training or arrange for the provision of training, competency sign-off, review and ongoing support, which should be funded by the NHS.

12.6 Following training, the Registered Manager should know who to contact if they have any queries or concerns regarding the delegated task. There should also be an agreed review process. If the task needs daily supervision – either because of the task itself, or the lack of competency of the social care staff, the task should not be delegated.

12.7 All Social care staff are entitled to refuse to administer medication if they do not feel confident in their ability to do so. If a care worker does not feel confident, or competent in administering medication, they must inform their line manager accordingly and ask for additional support and training before they undertake such a task.

13. CONFIDENTIALITY AND SHARING INFORMATION

13.1 Information regarding an individual's medication and health **must** be treated confidentially and respectfully. Information about an individual should only be disclosed with their consent unless the service is legally obliged to share the information in accordance with the Data Protection Act 2018 and any

information shared must be relevant, necessary, and proportionate.

13.2 Information should be shared with health and social care professionals involved in the direct care of the individual where it is needed for safe and effective care unless they have refused to share the information. The individual's refusal should be documented in their assessment/care and support and social care staff should ensure that the individual is aware that such a refusal may compromise their safety if relevant information is not shared.

13.3 If it is unclear whether information can be shared or not in a specific circumstance the advice of the line manager must be sought. The line manager (or deputy) will need to make the decision in conjunction with the individual concerned and may seek further advice from legal services

13.4 Medication arrangements during temporary absence from receipt of service

13.4.1 There may be instances where a person we support by regulated services is absent from receipt of medication administration support from the service for a short period of time such as admission to hospital or for social leave. The following processes are to be followed.

13.4.2 In the event of admission to hospital, an accurate and 'up to date' copy of the individual's current MAR must be sent into the hospital with the individual along with their medication, if possible. The appropriate admissions to hospital forms from residential services are to be completed by the Registered Manager or their delegated individual.

13.4.3 In the event an individual has social leave from a residential or supported living service, medication will be given as normal in the morning. Social leave will be recorded on the MAR chart at the time when the medication would be due. The medication administration would be the family's responsibility whilst the individual is on social leave. A comment is to be included at the back of the MAR chart with a date and signature about the social leave to provide more detail about where and who the individual is with.

14. QUALITY ASSURANCE

14.1 There will be suitable arrangements in place to assess, monitor and improve the quality and safety of medicines management. This will include:

- Issues and lessons learned from the analysis of complaints and safeguarding matters
- Patterns and trends identified through the analysis of incidents or near misses in terms of medication errors.

14.2 Services must also implement service specific medicines audits and medicines optimisation review processes, including relevant optimisation tools.

14.3 **Pharmacy Audit Inspection**
The identified Community Pharmacy that has been commissioned by Cwm Taf Morgannwg University Health Board (CTM UHB) will provide a range of medicines management support services in relevant settings, this includes an annual audit and inspection

15. AGENCY SOCIAL CARE WORKERS AND MEDICINES ADMINISTRATION

15.1 This policy recognises that, due to the nature of direct care services, it is from time to time a necessity to use agency staff to ensure that services do not operate under minimum operating staff levels. Agency Staff should be procured through the Council's procured Agency staff provider, following the appropriate process.

15.2 Service Managers must ensure that they follow the required process regarding the engagement of Agency worker in order to ensure the appropriateness of the agency staff that have been provided. This includes gaining knowledge of the medication training that the Agency worker has undertaken in order to ensure that practical application of medication administration has been covered. A theory based e-learning is not suitable or substantial enough for an Agency worker to support with medication administration tasks in BCBC direct care services.

15.3 Agency social care staff that have provided evidence of their medication training that has contained practical application of medication administration, may only undertake medication related tasks following confirmation of observed competency by a service manager. Service managers should use the Competency Checklist set out in Appendix B to ensure the competency of all

social care staff who administer medication as well as agency workers.

15.4 As set out above, and in accordance with legislation, staff must be trained and competent prior to the delivery of any medication related task. It is the responsibility of the service manager, or their delegated individual, to ensure this training and competency is in place prior to the agency worker administering and/or supporting with medication related tasks.

15.5 The RISCA statutory guidance states “Where agency staff are deployed service providers ensure that they are subject to the same checks as permanently employed staff and have evidence to demonstrate that the checks have been undertaken. This may include confirmation and checklists supplied by any agency, where sufficiently reliable and robust. In addition to this, guidance states “Where agency staff are deployed an introduction to the service is provided which includes, but is not limited to, the statement of purpose; core policies and procedures; and management and supervision arrangements”.

16. POLICY IMPLEMENTATION

16.1 Bridgend County Borough Council will:

1. Ensure the effective application of this policy and its associated procedures through regular support and monitoring.
2. Provide social care staff with documented training to equip them with the necessary skills, knowledge and understanding to manage medication.
3. Monitor the effectiveness of training.
4. Monitor and update the procedures as required.
5. Liaise with appropriate external agencies from time to time to ensure that the policy and procedures are kept up to date.

17. COMMISSIONED PROVIDERS

17.1 All contracts that are put in place with commissioned services and providers, set out BCBC’s expectation to provide a service in line with all current national, regional and local legislation, guidance and frameworks.

18. POLICY REVIEW

18.1 This policy will be reviewed at no longer than a 3-year timeframe unless there are changes to relevant legislation, guidelines, and policies. The Council is

committed to the continuing development of the policy and procedures and will endeavour to maintain their accuracy and relevance in response to any proposed additions or changes to best practice.