



# BEYOND LIMITS

Beyond the limits of conventional support

## MEDICATION POLICY

**This is an essential policy with clear mandatory requirements for all employees. This policy seeks to ensure that individuals accessing our support are safeguarded, empowered, and informed.**

**Furthermore, that the administration of medication and diligence applied to record keeping is robust, compliant, and effective.**

**February 2025**

Review: February 2026

## IMPORTANT

This is an essential policy which must be read and signed by all employees. You will be required to do this during your probationary period and annually when this Medication Policy is reviewed.

The NICE (National Institute for Health and Care Excellence) provides the [‘Managing medicines for adults receiving social care in the community’](#) guidance, which is recommended reading for all colleagues.



## INTRODUCTION

### **MEDICATION POLICY: WHAT THIS MEANS TO BEYOND LIMITS**

As part of the support delivered by Beyond Limits, we assist the people we support to be healthy.

The aim we should always have for everyone we support is to enable them to be as independent as they are able in the administration of their medication.

Many of the people we support take medication regularly as part of maintaining their physical and mental health and it may be part of our role to assist them with this.

The term ‘medication’ includes all drugs prescribed by a doctor and all drugs, creams, and treatments available for purchase ‘over the counter’. The person’s GP (General Practitioner) or Consultant will normally prescribe all medication to be taken.

This policy describes the standards within which we should work when we assist people with their medication.

We must always start with the presumption of capacity. Any prescribing/treatment decisions led by doctors, that vary from our policy will be agreed via a Multi-Disciplinary process and will be detailed within the working policy.

Each person we support that takes medication will have a Self-Medication assessment on their ability to administer and manage their own medication. It is used to consider additional ways in which we can support a person to be more independent around managing their own medication.

## MANDATORY PROCEDURE

The NICE guidelines list six rights of administering medication. We have expanded this to seven to ensure that the right documentation is being completed to record and monitor medication.

All colleagues administering medication must ensure the following process is followed, without exception:

### RIGHT PERSON

- a) Check the name on the prescription and the person.

### RIGHT MEDICATION

- a) Check the name of the medication.
- b) Check the expiry date.
- c) Check the prescription.

### RIGHT DOSE

- a) Check the prescription.

### RIGHT ROUTE

- a) Check the order and appropriateness of the route prescribed.
- b) Confirm that the person can take or receive the medication by the ordered route.

### RIGHT TIME

- a) Check the frequency of the prescribed medication.
- b) Double-check that you are giving the prescribed at the correct time.
- c) Confirm when the last (previous) dose was given.

### RIGHT DOCUMENTATION

- a) Ensure you have signed for the medication AFTER it has been administered.
- b) Ensure medication is prescribed correctly with a start and end date if appropriate.

### RIGHT TO REFUSE

- a) Ensure you have the persons' consent to administer medications.
- b) Be aware that people do have the right to refuse medication if they have the capacity to do so.

**RELEVANT GUIDANCE: MEDICATION ADMINISTRATION**

**THE WORKING POLICY** must detail the role the support team has regarding Medication. It must clearly describe the level of support the person needs, as agreed with the person themselves as appropriate, relevant family members and multi-disciplinary team members. The working policy should describe ways in which we may be able to support the person to become more independent with their medication. It is important to agree what to do if the person refuses their medication and record this in the working policy too. The working policy should also detail the agreed arrangements for the use of ‘as required’ medication – commonly known as PRN an abbreviation of the Latin ‘Pro Re Nata’.

**AS AND WHEN REQUIRED MEDICATION (PRN)** may be prescribed to someone we support and there must be clear guidelines around how and when this medication is to be given. This will be detailed within their working policy. As required medication used to control someone’s behaviour is a restrictive practice, therefore an agreement should be reached through a multi-disciplinary best interest meeting that it is the least restrictive way to support the person. This medication **MUST** be reviewed annually to ensure that the prescription is valid for the person supported and the least restrictive way of helping them manage the symptoms for which it is prescribed.

**MEDICATION REVIEWS** should be available to the people we support approximately every year. CCG’s (Clinical Commissioning Group), who are the responsible authority for GP’s set annual reviews as a benchmark performance indicator for each practice. We may need to support the person to ask for this or arrange for it to happen with their GP or Consultant. Medication reviews should always be completed in conjunction with STOMP (Stopping the Over Medication of People with a learning disability or autism or both)

**CONSENT TO TAKE MEDICATION** should be sought from the person, or if they are unable to consent, by the prescriber (the decision-maker under the Mental Capacity Act 2005) who is usually the GP. No one we support can be given any medication hidden in food/drink without the prescribing GP agreeing that this is the least restrictive way and details about consent or covert medication will be recorded within the working policy. We will work with everyone we support to identify if independence around medication can be increased, details of this will be recorded within the working policy and with the medication self-assessment tool.

**MEDICATION TASKS:** colleagues should not administer the following medications:

- Injections.
- Suppositories.
- Pessaries.
- Dressings involving wound care.
- Medication onto broken skin.

These tasks (re: Above; page 3) are to be carried out by an appropriately qualified Medical Professional. Other related tasks may be carried out by support staff to ensure they have received appropriate training, and this must be documented in the working policy.

**IMPORTANT:** Medications must never be crushed unless it specifically says on the administration information that they can be.

Crushing medication can alter the way in which the active drug enters the bloodstream and could cause harm.

**CAPACITY TO SELF-ADMINISTER** medication should not be under-estimated. Looking after and administering medication consists of a number of tasks that should be broken down and discussed during the working policy process, i.e. from collecting a prescription, checking correct medication has been delivered to popping pills from a blister pack. It should never be assumed that because a person cannot do one task, they could not do another.

The Mental Capacity Act 2005 says we must always assume capacity unless we have reasons to doubt and importantly, we must do all we can to help a person gain the skills or be given the support to make decisions about medication themselves.

The use of assistive technology is advanced with regard to aides for self-administration and this should be considered when supporting someone – and when writing the working policy. We should also make sure that if we are looking after and administering medication for a person, we review this as part of their working policy. Wherever possible, we should be supporting people to gain the skills they need to be more independent.

**OVER THE COUNTER TREATMENTS** – if the person you are supporting lacks capacity, then the team must get the advice of a pharmacist before over the counter medications or treatments are purchased and used. The Pharmacist will need to know all of the current medications and allergy history.

If the person is a frequent user of over-the-counter treatments then you should ensure that they are reviewed by their GP/Consultant, as their symptoms/usage may be masking an underlying condition. Frequent use would be over 4 days.

**A MEDICAL PROFESSIONAL CAN ONLY DECIDE THE DOSAGE AT WHICH A MEDICATION MUST BE GIVEN.** We must follow what they instruct us to do in the prescription. Any change to a prescribing instruction can only be made by the GP.

If a verbal instruction of a change is given by a GP, we should request written confirmation to be provided as soon as possible.

If in doubt, phone on-call or NHS Direct on 111. Any verbal instruction must be recorded on the medical professional feedback form, copies of which are held in the person's medication folder.

**THE TIME** a medication should be given is stated clearly on the prescription/containers the medication is dispensed in. Occasionally giving a medication up to a maximum of an hour after the prescribed time is acceptable (but this must be confirmed by a doctor). If you cannot give a medication within an hour of the prescribed time, it should be treated as a missed dose. However, you must always follow the guidance in the working policy as there may be certain circumstances, for some individuals when it is acceptable to administer medication later than the prescribed time. This will be clearly recorded, if in any doubt you must seek assistance from a senior manager. If medication is missed, a double dose **must not** be given. Advice should be taken from the GP/NHS 111 and then followed and recorded in the Daily Notes. The Team Leader/Service Leader/On-call should be informed as appropriate.

## REFUSING MEDICATION

- If the person we support refuses their medication, then we must record this on the medication administration records.
- Check the working policy for guidance around this as it may be appropriate to offer the medication again a short time later.
- It will be detailed within the working policy at which point, following a refusal medical advice should be obtained.
- Before administering medication check first to ensure the person is ready and willing to accept it. This can help reduce the unnecessary disposal of medication.
- Only dispose of medication that has been soiled, damaged, had seals broken, been removed from its original packaging or is out of date. See below for further details.
- It will be detailed within the working policy at which point, following a refusal medical advice should be obtained.

## KEEPING MEDICATION SAFE

Medications must be kept in the labelled containers in which it is dispensed in e.g. bottles, tubes, or blister packs. Medication **must not** be changed into another container e.g. dosette box, different bottle. This is known as 'double dispensing' and is prohibited by the Medication Policy issued by Adult Social Care, and regulatory guidance issued by the Care Quality Commission.

Medication should be kept in a locked drawer or cupboard, but we recognise the person may wish to keep their medication elsewhere. This should be described in the working policy. If any medication is to be kept in the fridge, we must make sure it cannot be taken by accident or deliberately other than prescribed. It should be kept in a Tupperware style box and clearly labelled.

Refrigerated medication will have a short shelf life, so it is vital that a date that the medication was opened is added to the label. This medication should be returned to a pharmacy for disposal once the course is complete.

People should be encouraged to order and collect their medications, details of how to do this will be within the working policy. The person receiving support may require assistance with stock control, as it is not good practice for surplus medications to be accrued and can make storing safely more difficult.

## MEDICATION ERRORS

**In the instance of a medication error support staff must seek immediate medical advice – contacting 111.** They should record the error, who they have spoken to, and the advice given. They must also inform On-Call.

In the event that the person has been over/under medicated from our part, a debrief will be arranged within 48 hours. The debrief will establish if further training or a further protocol is needed. If there is a medication error an accident and incident form must be submitted within 24 hours.

## ORDERING & RECEIVING MEDICATION

If repeat medications/prescriptions are in place, the dispensing pharmacist will tell us how to record/collect/arrange delivery etc. This should be described in the working policy, noting also to include what the person can do for themselves.

All staff have a responsibility to be able to visually identify the medication that a person is prescribed. They must read the patient information leaflets, so that they understand the presentation of the medication, what it is for and common side effects. If the person receiving support does not have capacity to manage their medication, then their team must check that all medication received is correct.

## DISPOSAL OF MEDICATION

Medication due for disposal must be stored securely in the appropriate medication cabinet, drawer, or cupboard ready to be returned to the Pharmacy. It must not be placed in general waste disposal systems unless it has been significantly damaged and needs to be cleaned up to avoid contamination such as a spilt liquid or a tablet crushed into a carpet.

**A drug disposal sheet must be completed for all medication that needs to be disposed of regardless of the method of disposal.** There can be separate sheets for items to be returned and items that have been cleaned up.

Damaged or spoilt medication that can be returned to the Pharmacy should be put into a sealed envelope, zip bag or suitable container with the name of medication, dose and quantity recorded on it. Medication that is out of date or has been stopped should be kept in its original packaging.

A record must be made on the drug disposal sheet for any spoilt or lost medication as detailed above. Where there is medication to return to the pharmacy the completed sheet and medication must then be taken to the Pharmacy for them to sign/date/stamp to confirm they have received it. This completed sheet must then be kept in the Medication folder ready for auditing and archiving.

## **MEDICATION RECORDING PROCEDURE**

Make sure there is always a good stock of recording sheets in the person's medication file.

**MEDICAL PROFESSIONAL APPOINTMENT FEEDBACK FORM:** This should be completed following any medical or health appointment such as GP, dentist, optometrist, neurologist, pharmacist, or any other specialist concerning a medical or health need. It must be completed to record the reason for the appointment and any outcomes which can then be discussed with team members, other specialists involved in their care and support as appropriate.

**CHANGE OF MEDICATION FORM:** This form will typically need to be completed following any medical review or appointment where a change is made to the persons medication. Any amendments required should be made to other medication record sheets immediately.

**IMPORTANT:** Always ensure you record and communicate any changes to a person's medication following a doctor's appointment to the person and their team.

**CURRENT MEDICATION INFORMATION SHEETS:** This should always show a current record of all medications the person is taking with the name, dosage, what it is prescribed for, side effects and date medications have been started. This includes any short terms medications such as Antibiotics, any 'As Required Medications' and any 'Over the Counter' treatments such as herbal remedies.

These provide an overview of a person's medication for quick reference and will also help staff identify medications that may contain the same active ingredients such as paracetamol which can be included in a range of medications, such as pain relief and cold/flu remedies, to avoid overdosing incidents.



With any change to medication, these sheets must be updated, or a new sheet completed so these are clearly documented for anyone who will need to use them and for records showing where a change has occurred.

**THE MEDICATION ADMINISTRATION RECORDING SHEET: (MAR Sheet)** this is the formal record of medication given by the employee and must always be signed by the person who gives the medication as soon as possible after giving. The time they took the medication must also be recorded. If the person administers their own medication, this sheet does not need to be completed. However, there should be a record within the working policy demonstrating that risks and capacity has been considered and that they are able to self-administer their medication.

- A new sheet should be used at the start of each month.
- The name of person receiving the medication must be recorded at the top of the MAR sheet, along with any additional information or allergies.
- The name, strength, dose, and route of the medication must be entered individually in the relevant boxes.
- The medication must be initialled by the employee administering the medication after they have **given** it to the person.
- The time the medication is **observed being taken** must be recorded in the time box.
- Sample signatures, initials and printed names of all employees administering medication must be recorded on the Staff Signature and Initial List within the medication file.
- As and when required (Pro Re Nata –PRN) medications should be listed along with the other medications, it should be within the working policy why the medication is prescribed and when to use it; when it is used then it must be entered in as specified. For days not given, it can be left blank.
- If PRN prescribed for anxiety or behaviours of concern requires authorisation from a Team Leader or Senior on-call this must be clearly stated on the MAR sheet and a note made on the reverse of the MAR sheet confirming who authorised and when.
- Homely remedies or PRN that are not for anxiety or behaviour can be administered without checking with the team leader or senior on call, unless it is specifically agreed for the person within the working policy. However, staff should record why it was given, within the person's supported daily notes.
- Over the counter medicines must be checked to see if they contain active ingredients such as Paracetamol or Ibuprofen and that they are safe for the person to take alongside any other medication or conditions. This must also be recorded on a MAR sheet if staff are responsible for administering.
- If the person we support refuses their medication, then please record, and dispose of the medication in line with the Recording Policy, details of which can be found below. It will be detailed within the working policy at which point, following a refusal medical advice should be obtained.

- Any changes to the prescription or any medication within it, must be made as a new entry, with the previous entry clearly marked as discontinued and a cross put through the area where signatures would have been recorded.
- **No entries** on the Recording Sheet can be crossed out.
- There should be no gaps in the MAR sheet (except for PRN), there are codes for different situations.
- Whenever a code is used the person who entered the code must also initial the entry and then explain why the code was used by writing on the rear of the MAR sheet ensuring they record the date and sign it. See chart below for additional information.

## MEDICATION RECORDING CODES

| REASON   | CODE |
|--|------|
| <b>REFUSED:</b> Person refused to take their medication.<br>Follow guidance in Working Policy and seek advice from 111 | 3    |
| <b>OMITTED:</b> Not administered under professional instruction.<br>Only a GP, Dr or 111 can authorise this.           | 4    |
| <b>MISSED:</b> Person fell asleep, forgot to take etc.<br>Follow guidance in Working Policy and seek advice from 111.  | 5    |
| <b>MADE AVAILABLE BUT NOT WITNESSED TAKING:</b><br>Follow Working Policy guidance.                                     | 6    |
| <b>ADMINISTERED BY FAMILY:</b> Confirm with family how this is reported.<br>Follow Working Policy guidance.            | 7    |
| <b>OTHER:</b> Fully explain what happened.<br>Follow Working Policy or advice from 111, 999 as appropriate.            | 8    |

Please check the working policy to ensure that the appropriate guidance for the person supported is followed when they have refused their medication.

If appropriate, family members can sign on the MAR sheet and their details must also be on the sample signature list.

**BRAND AND GENERIC MEDICATION NAMES:** Please be aware of Brand names (names created by a pharmaceutical company) and Generic names (the name of the active ingredient). Generic versions will be the same as the branded medicine because they contain the same active ingredients.

Generic versions can often be supplied by different manufactures. Here are some examples of Brand names and Generic names:

| <u>BRAND</u> | <u>GENERIC</u> |
|--------------|----------------|
| Panadol      | Paracetamol    |
| Nurofen      | Ibuprofen      |

This list is not exhaustive and there are many different examples of this. If the name of prescription medicine keeps changing, it might be because you're being given the generic version rather than the branded one. Ensure the Current Medication Information Sheet is updated with any potential variants. When writing medication onto the MAR sheet you must take this information from the prescribing label, patient information leaflet and check against the current prescription list.

**MEDICATION BALANCE SHEET:** Medication stock should be checked and recorded every week, ideally on the same day at the same time. This check can be completed by any team member. Any discrepancies must be notified to the Team/Service Leader, who will commission an investigation.

**SELF-MEDICATION ASSESSMENT TOOL:** This should be carried out with the person you support to highlight areas that either they can do for themselves or other areas you can start to work with them on to increase their skills in self-medication. This must be reviewed regularly to take account of any changes or progress towards enhancing the person's independence.

## QUALITY ASSURANCE

**TRAINING:** All staff must have completed the Induction Medication training. Prior to staff administering medication to the person supported, their competency and confidence to complete these tasks must be assessed by the Team Leader as part of the person specific induction, their probation and may also form part of the employee's care certificate. Competency will be assessed during shadow shifts with extra support offered if required.

**AUDITS:** Medication stock balances must be checked weekly. All relevant Medication records are audited quarterly. This is completed by a third party within Beyond Limits to ensure practice is consistent with policy and procedure.

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