



Medication Policy

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A stringent and effective medication system is essential within all Fair Deal services. It is the responsibility of all staff within services to adhere to the following policy. Team Leaders will monitor and evaluate this process on a regular basis to ensure that it is working and being applied effectively. All staff who are responsible for supporting people with medication will receive training in administration of medication. The national regular, Care Inspectorate, have updated their guidance Prompt, Assisting and administration of medication in a care setting: guidance for professionals in September 2024, originally published in 2018 – see further reference links at end of policy.

Medication and Health

When a new service is being planned, at the information gathering stage, an interim personal details record should be completed by the lead worker developing the service – this includes clear and current information about health and medication. This will be then transferred to the persons support plan in the section about how to keep the person safe. Any specific health requirements should be fully detailed in this section including the nature of the person's condition, how best to manage this, any associated risks, medication, and any training required by support staff. This information should then form an essential part of the person's support plan. Similarly, if an existing person we support develops a health condition, then an assessment must be carried out of how to manage this condition, any associated risks, medication, and any training required by staff. It is the Team Leaders responsibility to ensure people's support needs in relation to any health conditions and medication are fully recorded and relevant action taken on an ongoing basis.

Team Leaders must ensure staff record any important points which are relevant to medication on the people we support medication records and in their support plan and ensure all staff are aware of issues and monitor accordingly. i.e., for people we support prescribed Priadel they must have regular blood tests to check for toxicity, a note of medication a person may be allergic to or a specific health issue. **There must be a clear, uptodate and concise record within the support plan about how the person is supported with their medication.**

When a service commences with Fair Deal there should be a clear handover, from the previous provider/family and any medication prescribed double checked to ensure we have the correct up to date information. Any medication prescribed and required must be organised prior to the person's service commencing and a system set up with the GP/Pharmacy for repeat medication/prescriptions.

Certificate of Incapacity under section 47 of the Adults with Incapacity (Scotland) Act 2000

If a person is deemed not to have capacity, then a section 47 will be required to support them with their medication and any medical or dental procedures, a copy of this documentation must be accessed prior to support starting and a copy held in the person's support plan and by the Team Leader at the office base. If someone we currently support health changes and they are no longer able to make decisions about their health, then a Section 47 must be in place. Section 47s can be for a set period or can be stated as indefinite; staff must ensure that the person's section 47 is up to date and reviewed by medical professionals in adequate timescales.

When a section 47 is not required, but staff administer medication

The Mental Capacity Act 2005 (MCA) in the UK provides the legal framework for supporting care staff to administer medication to the person supported who cannot self-administer due to a disability, even if they can verbally consent. The MCA protects and empowers individuals who may lack capacity for certain decisions, including those related to their health

and treatment. All records within the person's support plan will detail the assessment, the pws wishes/consent with clear instructions for staff to follow and a review date recorded.

Ongoing Medication

For people we support receiving ongoing medication a managed dosage system should be established with the health centre or local pharmacy. A record should be kept of the medication, time to be given and the dosage (see appendix 1). The original and repeat prescription should be held with medication records. Medication should be given to the person as prescribed. All staff should follow the standard procedure as set out below:

- Medication must only be administered to the person for whom it is prescribed
- Written directions for administration must be followed

All medication prescribed for people we support must be recorded in their Person- Centred Support Plan and records maintained in their Systems Folder which include:

- Name of Drug
- Dosage
- Route Administered
- Date and Time
- Signature

If unsure of drug or dosage contact the GP or person's pharmacy for clarification

- Personal Protective Equipment (PPE) must be provided for staff to use when administering medication, applying creams, gels or ointments, for example, gloves, aprons, masks
- PPE can be collected from the office
- Personal Protective Equipment (PPE) is a requirement of the Health and Safety at Work Act 1974

A further daily record (**see Appendix 2**) should be kept of when the medication was administered and signed by the worker, where possible the person supported should double sign the entry. Any medication that we support people with must be stored in a locked cupboard or cabinet.

If someone is having difficulty taking medication or does not want to take it, then this must be fully discussed with relevant people and appropriate action taken (i.e., Person, Social Work, Consultant, GP, Family, Team Leader). If person declines to take their medication, this should be fully recorded and reported to Fair Deal duty worker or on call if out of hours, staff should check with NHS 24 if there is any risk to the person due to missing their medication, any discussions must be fully documented.

Covert Medication – Taken from Good Practice Guide from Mental Welfare Commission for Scotland and reviewed May 2022

The practitioner with primary responsibility for the individual's medical treatments (i.e. GP), will have the ultimate responsibility to decide whether to authorise covert administration of medication. This decision would only be taken by the primary practitioner following consultation with multi-disciplinary team. Staff should not crush up or disguise medication in food/drink, unless this has been agreed at a multi-disciplinary meeting with relevant people, i.e. the person being supported, family carers or Guardian and GP, CPN and the decision around the necessity to treatment is clearly detailed in the person's Person-Centred Support Plan. If this process is not followed, then this constitutes harm to the person.

If a person supported by Fair Deal requires covert medication to be administered, a covert medication care pathway should be created and detailed as appropriate – with the Multi-Disciplinary Team.

Further information and guidance on covert medication pathway can be found Mental Welfare Commission www.mwcscot.org.uk

PRN Medication

There may be occasions when people we support are prescribed PRN (per required need) medication. This is medication, which is not used on a daily specific basis, but which is used depending on circumstances or when specific symptoms are present. For example, the use of medication for hay fever can be used as PRN, this is only used when the person suffers from the condition. Painkillers can be prescribed on a PRN basis with certain conditions. PRN medication can be used to help people we support deal with situations in which they may become anxious which may lead to them experiencing stress or distress. These medications should only be used as prescribed and as directed by medical staff and only when necessary. It should be noted that medications used for this purpose are viewed as a form of chemical restraint. The use of any medication as a PRN must be clearly recorded in the person's medication records. Please note PRN medication should not be used daily, if this does show signs of becoming routine then the person's medication should then be reviewed by their GP or health team.

If a person is administered a PRN medication, we should check with health professionals to establish if a PRN protocol is required, for example if a person requires PRN medication to manage periods of anxiety there should be a protocol and guidance for staff to follow kept in the person's support plan. PRN protocols can be for a set period or indefinite and staff must ensure that the person's PRN protocol is up to date and reviewed by the prescribing medical professionals in adequate timescales.

Staff should always log with duty manager or on call when PRN is administered, stating time, dosage and why it was required.

People who self-medicate

Where the person supported and their GP have agreed that the person can self-medicate, this should be encouraged, prior to this being established, a risk assessment should be carried out to ensure any potential risks have been overcome. Following the risk assessment, the most practical and suitable system should be set up with the person receiving support. For example, that the pharmacy makes their medication up in a dosset box or blister pack and the person will pick this up, or it is delivered to person at home. Some medication is put in a pivotal pill dispenser which alerts the person when their medication is due. These situations should be monitored to ensure that the person is medicating appropriately. With the person's permission, it may be agreed that a daily or weekly audit will be put in place.

Over the Counter Medication

For the people that Fair Deal supports with their medication, staff must not buy over the counter medication. Staff should first check with the person's GP that it is acceptable to buy the over-the-counter medication, e.g. a cough bottle, hay fever tablets. The query and the advice given must then be recorded in the person's support plan. Furthermore, even if there is an agreement from the GP to use over the counter medication, this should not be done routinely, staff should support the person to visit their GP to discuss regular use of over-the-counter medication. Any medication which is bought "over the counter" or which is not used as a managed dosage system must be clearly recorded and amount counted and signed off as they are used, with a running total of the balance kept (**see Appendix 3**). When we

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support people with their medication, we must always check any concerns with the GP. Medication prescribed by the GP must be adhered to and a date for medication stopping must be recorded on the relevant record (**see Appendix 1**) Medication must not be stopped or changed without consultation with the person's GP. Any unused medication should be disposed of by returning to the pharmacy where it was issued, this should be clearly dated and recorded on the medication record or audit sheet. Some pharmacies will issue a return receipt for unused medication. This can be filed in the systems folder.

Review of Medication

The people we support who are on long term medication should request a review of their medication on a yearly basis with the relevant clinician. A copy of "Mosby's Drug Guide for Nurses" is available from your service as a reference book on medication and contraindications. Please contact your line manager for information on where this book is held for your service. All systems relating to a person's health and medication will be audited monthly at service level and checked by the senior or team leader. Cross audits will also be carried out by another manager.

Medication Errors

Medication errors are very serious as they may impact negatively on the person, and we have a duty of care to the people we support to ensure their medication is administered as prescribed. A medication error is when the person's medication is not administered correctly for example medication has been missed, given at the wrong time, etc. If a medication error occurs this should be reported immediately to the duty or on call manager, staff should contact the person's GP practice for advice or NHS 24 if it is out of hours (111). An incident report must be completed by the person discovering the error and brought to the office within 24 hours. The on call or duty person receiving the call must ensure that they follow Fair Deal's notifications guidance for reporting a medication error.

Medication Error Notifications

There is a process in place for the duty or on call manager when a medication error occurs.

- An AP1 is always required when there is a medication error and submitted to Social Care Direct
- An incident notification should be generated on the Care Inspectorate portal within 24 hours and a copy of the AP1 uploaded
- An email should be sent to the link commissioner at HSCP
- An email should be sent to both operations manager and quality and development manager
- The notifications tracker should be updated with the relevant information and actions to be taken
- A further closedown update should be generated in the CI portal and notifications tracker

There will be an enquiry into the circumstances around any medication errors, and this may lead to disciplinary action depending on the outcome of any investigation.

Further reading and guidance links

<https://www.gov.scot/publications/adults-with-incapacity-act-principles/>

[https://www.careinspectorate.com/images/documents/2786/Prompt%20assist%20administer%20medication%20in%20a%20care%20setting%20guidance%20Oct%202018%20\(updated%20Sept%2024\).pdf](https://www.careinspectorate.com/images/documents/2786/Prompt%20assist%20administer%20medication%20in%20a%20care%20setting%20guidance%20Oct%202018%20(updated%20Sept%2024).pdf)

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Amendment History

Date	Version	Created By	Description of Change
01/06/2016	1	Margaret Fenton	Initial Release
09/07/2018	2	Anne Marie Borthwick	Reviewed – no changes made other than front cover with logo
16/05/2019	3	Elaine Davidson	Added Front Cover and amended Footer
10/12/2019	4	Anne Marie Borthwick	Updated paragraph on Covert Medication
03/05/2023	5	Morgan Cochrane	Updated document with new policy template
12/05/2025	6	Anne Marie Borthwick	<ul style="list-style-type: none"> - Review of best practice update - Link to Care Inspectorate updated guidance (September 2024) – Prompting, assisting and administration of medication in a care setting: guidance for professionals - Additional guidance re medication error - Additional notification guidance re AP1 - Change to Appendices - Additional information for when a Section 47 is not required

Appendix 1: Fair Deal Medication Codes

Name: _____

Code	Medication	Dosage	Admin Times					Date Prescribed	Date Discontinued	Route Administered
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
K										
L										
M										
N										
O										
P										
Q										
R										
S										
T										
U										
V										
W										
X										
Y										
Z										

Appendix 2: Medication Recording Sheet

Name: _____

Month and Year: _____

Admin Time	Code	Initial	Code	Initial	Code	Initial	Code	Initial	PRN Code	Comments
1 st										
2 nd										
3 rd										
4 th										
5 th										
6 th										
7 th										
8 th										
9 th										
10 th										
11 th										
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