



Medication Support Policy and Procedure

Author: Operations
Valid From: January 2015
Review due: April 2018

King's Building
16 Smith Square
London SW1P 3HQ

T: 020 7368 4600
E: policyresponse@lookahead.org.uk



Look Ahead
CARE, SUPPORT AND HOUSING

Our mission

Working with people to make choices, achieve goals and take control of their lives through high quality care, support and housing.

Our values

Excellence

Aspiration

Partnership

Trust

lookahead.org.uk

Contents

1	Scope.....	7
2	Look Ahead’s Medication Principles	7
3	What is Medication?	7
	Legal Position	8
	Regulation and Inspection	8
4	Policy.....	9
	Duty of Care	9
	Partnership Working	9
	Competency	9
	Accountability	9
	Mental Capacity.....	10
5	Support Planning	10
	Deciding the level of support required	10
	Reviewing the level of support that is provided	11
	Where there is no care team involved	11
6	Nature of Medication Support.....	11
	Staff Administration	11
	Assisted Administration	11
	Prompted Administration	12
7	Self-Medication	12
8	Local Medication Procedure and Forms.....	12
	Local Procedure.....	12
	MAR Sheet	13
	Other Forms	13
9	Safeguarding Adults	13
10	Data Protection.....	13
11	Internal Governance.....	13
	Local Monitoring and Reporting.....	13
	Senior Management.....	14
	Board.....	14
	Organisational Monitoring and Reporting.....	14
	PROCEDURE	15
12	COMPETENCY AND TRAINING	15
	Introduction	15
	Staff Training (Training Courses).....	15
	Service Induction	15
	Competency Assessment.....	16

Signing Off Competency.....	16
Capability and Disciplinary Action	16
13 ROLES AND RESPONSIBILITIES	17
14 SUPPORT AND RISK MANAGEMENT PLANNING	19
Consent.....	19
15 Medication Reviews	19
16 RECORD KEEPING	20
Supply of Medication	20
Monitored Dosage Systems or Blister Packs.....	20
Paperwork used to record medication support	20
17 Medication Profile.....	21
Page 1: Front Page.....	21
Page 2: Medication Details.....	21
Page 3: How I like to take my medication	21
Page 4: Medication Changes.....	22
Clozapine	22
Warfarin	22
Medication Administration Records (MAR Sheets)	22
Recording Loose Medication.....	23
Recording Blister Packed or Dosed Medication	24
Recording PRN Medication in MAR Sheets.....	24
PRN Protocol for all Customers.....	24
PRN Protocol for Non – Verbal Customers.....	24
Booking in and booking out forms	25
18 Recording Side Effects and Adverse Drug Reactions	25
19 Recording Medication Errors.....	26
20 Sharing Records Following Hospital Admission or Discharge	26
21 ADMINISTRATION	28
How is Medication Administered?.....	28
22 Procedures for Administering Medication	28
Personal Protective Equipment.....	29
Covert Administration	30
Assisted administration.....	30
Self-administration and Prompted Administration	30
23 Removing Medication from Original Packaging to be taken later	31
Going on Holiday/Overnight Stays	31
Respite Care	31
24 WHEN REQUIRED, PRN MEDICATIONS AND HOMELEY REMEDIES	33

Non-Verbal Customers.....	33
Communication Difficulties	33
25 Homely Remedies	33
Buying Over the Counter medication	34
26 MEDICATION COMPLIANCE	35
Refusing Medication	35
Spoiled, Dropped or Spat out Medication.....	35
Alcohol and Drugs.....	35
27 STORAGE OF MEDICATION	36
Medication Cabinets	36
Staff Office	36
28 CONTROLLED DRUGS.....	37
Service Possession of controlled drugs (Storage)	37
Customer Storage of Controlled Drugs	38
Records around Controlled Drugs.....	38
Dispensing and Administering Controlled Drugs	38
Disposing of Controlled Drugs	39
Auditing Controlled Drugs.....	39
Reporting Error or Missing Controlled Drugs	39
Finding Controlled Drugs on our premises	39
29 DISPOSAL OF MEDICATION.....	41
30 AUDIT.....	42
Spot Checking	42
31 Monitoring and Safe Medication Support	42
Glossary	43
Legislation.....	47
Appendix 1: The Abbey Pain Scale	48
Related documents.....	50
Version Control	50

Policy

1 Scope

- 1.1 This policy applies to all Look Ahead's services where they have an agreed, planned and recorded role to support any persons with their prescribed medication.
- 1.2 However, it is most applicable to our services registered with the Care Quality Commission (CQC).
- 1.3 We have a duty of care to all our customers to ensure they are well supported. This may include additional support relating to how they take their medication.
- 1.4 This policy is closely connected to [End of Life Care; Support Planning and Risk Management; Safeguarding Adults; Safeguarding Children; Capability and Disciplinary](#).
- 1.5 All services which provide support around medication administration must have a local procedure setting out how this will be done.

2 Look Ahead's Medication Principles

- 2.1 Look Ahead's principles around medication centre on supporting our customers to develop independence and ensure that any risks are acceptably managed.
- 2.2 We believe that customers must be involved in all discussions about the level of support they will receive around their medication and be encouraged to make choices about the support they receive.
- 2.3 We use the Royal Pharmaceutical Society of Great Britain eight core principles relating to the safe and appropriate handling of medicines within a social care. These best practice principles within the social care sector set out that:
 - People who use our services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
 - Staff know which medicines each person has and service keeps a complete account of medicines.
 - Staff who help people with their medicine are competent.
 - Medicines are given safely and correctly, and staff preserve the dignity and privacy of the individual when they give medicines to them.
 - Medicines are available when the individual needs them and the service makes sure that unwanted medicines are disposed of safely.
 - Medicines are stored safely.
 - The service has access to advice from a pharmacist.
 - Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

3 What is Medication?

- 3.1 This policy uses the terms *medicine* and *medication* interchangeably to mean the same thing, as defined by the CQC in its *Essential Standards of Quality & Safety* (2010):

“A substance or substances administered for the purpose of modifying, controlling, treating or diagnosing a medical condition, disease or illness.”

3.2 A medicine can then be categorised as:

- **Prescription Only medicines (POM):** obtained only with a prescription
- **Pharmacy Medicines (PM):** obtained only from pharmacists with guidance, without a prescription
- **General Sales List Medicine:** obtained from any shop or pharmacist without prescription
- **Controlled Drug (CD):** Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. See the [Controlled Drugs](#) section for more information.
- Pharmacy and General Sales List medicines are also known as ‘Over the Counter’ medicines (OTC).

Legal Position

- 3.3 Anyone can legally administer medicines to another person as long as a qualified healthcare prescriber has prescribed those medicines for that person. At Look Ahead only competent staff will support customers with medicines that are prescribed for that person, at the times that the person needs them, and in a safe way.
- 3.4 This may include Prescription Only Medication (POM) and Controlled Drugs. The administration must be in accordance with the prescriber’s instructions, usually printed on the box or given by the healthcare professional. There are additional safeguards in place around Controlled Drugs. See section on [Controlled Drugs](#) for more information.
- 3.5 Everyone has the right to refuse to take medication that is prescribed for them, whether they are self-administering or it is being administered to them. Where medication is being administered to someone consent must be sought on every occasion.

Regulation and Inspection

- 3.6 The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. In our services where we administer, physically assist or prompt customers with their medication in a routine and planned way, this is by CQC.
- 3.7 CQC look at the quality and safety of the care provided looking at whether the service is:
- [Safe](#)
 - [Effective](#)
 - [Caring](#)
 - [Responsive to people's needs](#)
 - [Well-led.](#)

4 Policy

- 4.1 The aim of this policy is to provide guidance about the safe administration of medication within our services including standardised actions and responsibilities connected to storage, administration, control and disposal of drugs.
- 4.2 We recognise that the appropriate use of the right medicines can play a vital part in supporting someone's physical and mental health and improving their quality of life. Many people take medication on a regular basis to treat and manage conditions, to help them to live their lives in the way they want to.
- 4.3 Our overall aim is that all our customers should be able to exercise maximum personal responsibility over their own lives and decisions, as appropriate to their capacity. We will promote a person's independence and support self-administration. We will not assume that a person needs medication support.

Duty of Care

- 4.4 The Social Care Institute of Excellence (SCIE) define duty of care as a legal obligation to:
- Always act in the best interest of individuals and others
 - Not act or fail to act in a way that results in harm
 - Act within your competence and not take on anything you do not believe you can safely do.
- 4.5 We have a duty of care towards all our customers surrounding all aspects of our customer's support to enable them to achieve their goals.

Partnership Working

- 4.6 We are committed to working in partnership with all relevant people and organisations, including but not limited to our customers, families, carers, the NHS including the GP and Primary care Trust, Social Services, commissioners and our regulators.

Competency

- 4.7 Only competent staff will support a person with their prescribed medication when it is needed and in a safe way. Competency will be regularly assessed and all relevant records kept relating to the competency assessment. See the [Competency and Training Section](#) for more information.

Accountability

- 4.8 Medication management is a very important and high risk element of our business. Where we are supporting our customers to manage their medication we have a responsibility to get this right first time to support customers to get the most out of their lives and meet their goals.
- 4.9 We are accountable to customers, their families, carers, commissioners and regulators to ensure this is carried out professionally and proficiently.

Mental Capacity

- 4.10 Mental capacity is the ability a person has to make a decision which could include when or what medication to take, or even refusing to take medication. This includes:
- The ability to make a decision that affects their daily life, such as when to get up, what to wear or whether to go to the doctor when feeling ill – as well as more serious or significant decisions.
 - The person's ability to make a decision that may have legal consequences either for them and others. This may include agreeing to have medical treatment, buying goods or making a will.
- 4.11 Assessing whether someone has mental capacity or not is based on the following principles:
- **Presuming someone has capacity:** the starting assumption must always be that a person has the capacity to make a decision, unless it has been established that they lack capacity.
 - **Understanding what is meant by capacity and lack of capacity:** a person's capacity (or lack of capacity) refers specifically to their capacity to make a particular decision at the time it needs to be made.
 - **Treating everyone equally:** a person's capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour.
 - **Supporting the person to make the decision themselves:** it is important to take all possible steps to try to help people make a decision for themselves.

(The Mental Capacity Act Code of Practice, 2005)

5 Support Planning

- 5.1 All customers who need medication support must have this documented within their support and risk management plan, with a personalised plan set out in their Medication Profile.
- 5.2 This plan must be reviewed at a minimum of every six months or more frequently if required. A customer can request their Medication Profile to be reviewed at any time.

Deciding the level of support required

- 5.3 As part of the referral and assessment process, the level of support required for a customer should be considered in discussion with the relevant Care Team.
- 5.4 When a customer first starts receiving support from us it is likely that this support will be at a higher level, which may decrease when they feel more comfortable. E.g. when customers first move in, their medication is kept in the staff office medication cupboard for three weeks whilst customers get to know the service and staff and vice versa.
- 5.5 After this time, the customer may begin on whichever stage of self-medication is deemed appropriate by the Care Team.

Reviewing the level of support that is provided

- 5.6 Customers must be supported and encouraged to discuss their medication on a regular basis and encouraged to raise any concerns with care teams. This should be considered in detail at each stage of the support planning process.
- 5.7 Care Coordinators should be involved in regular discussions and reviews of each customer's level of self-medicating ability; decisions regarding the stage of self-medication should be mutually agreed and clearly documented.

Where there is no care team involved

- 5.8 Not all services will have the involvement of a Care Team. In these circumstances any reviews and changes to medication must be carefully managed and detailed within a services local procedure.

6 Nature of Medication Support

- 6.1 We are committed to supporting customers to continually work towards independence and self-management of their medication; however we recognise this not always possible straight away.
- 6.2 Where applicable, services may wish to specify a numbered level of medication support. However this must always include the type of support e.g. Staff Administration

Staff Administration

- 6.3 Staff manage all elements of support with medication. This includes collection, storage, administration of each instance of prescribed medication, disposal as well as full and complete records of compliance.
- 6.4 Medication will be administered according to the relevant risk assessment arrangements. Staff may not administer any injections and the application of creams will only be undertaken subject to risk assessment.
- 6.5 The specific details of these arrangements must be recorded on the Medication Profiles including how support delivery will be recorded.

Assisted Administration

- 6.6 It is up to the manager and commissioner of the service to decide whether the service administers medication or whether only prompting and supervising is available.
- 6.7 Staff physically help the customer to take their medication. This could be by taking it out of blister packs, shaking bottles, removing lids and so on.
- 6.8 Customers will have some responsibility for managing their medication although this will vary from person to person.
- 6.9 Medication may still be stored in the staff office (in accommodation based services) and support to observe compliance may still be provided with every time medicines are taken. It may also be stored in customer's rooms. Medication will be recorded the MAR Sheet.

- 6.10 The specific details of these arrangements must be recorded on the Medication Profiles including how support delivery will be recorded.

Prompted Administration

- 6.11 This includes when support staff remind customers to take their medication or ask them if they have remembered to take it.
- 6.12 Customers will have some responsibility for managing their medication although this will vary from person to person.
- 6.13 Medication may still be stored in the staff office (in accommodation based and support to observe compliance may still be provided with every time medicines are taken. Medication may also be stored in customer's rooms. Support may be scaled up and down dependent on risk and customer's wellbeing.
- 6.14 Spot checking and the arrangements that govern periods of unsupervised self-administration are managed at this level. The specific details of these arrangements must be recorded on the Medication Profiles including how support delivery will be recorded.

7 Self-Medication

- 7.1 Whenever possible we encourage customers to take responsibility for their own medication. This preserves independence regardless of the social care environment and it is an important feature of the service we provide because it prepares people to look after their own medicines.
- 7.2 Self-administration of medicines is not an 'all or nothing' situation and may go operate alongside more prescriptive types of medication support. For example, some people might keep and use their own inhalers but not their other medicines.
- 7.3 The level of support and resulting responsibility of the support worker should be written in the support and risk management plan and medication profile for each person. This should also include how to monitor whether the person is still able to self-administer medicines in the least invasive way possible.
- 7.4 The assessment is a continuing process. Monitoring how the person manages to take their medicines and regular review form part of the person's support. The medicine records will help the review and monitoring process.

8 Local Medication Procedure and Forms

Local Procedure

- 8.1 All services should produce a local medication protocol using either the template for CQC or non-CQC regulated services on the templates page of the Intranet.
- 8.2 This must comply with any commissioned Service Specification detailing what medication support is and is not to be provided. This includes what staff training may be required for this.
- 8.3 All local procedures must be approved by the relevant Operations Manager.

MAR Sheet

- 8.4 We encourage all services to use a pharmacy produced MAR Sheet.
- 8.5 Where this is not possible then the Look Ahead template MAR Sheet (Loose Medication and Blister Packs) should be used.
- 8.6 All amendments and alternatives to the template MAR Sheet/forms must be approved by the relevant Operations Manager.

Other Forms

- 8.7 Look Ahead have template forms for:
 - Medication Profile
 - Booking In and Booking Out
 - Medication Audit
 - Medication Disposal
- 8.8 All amendments to the template forms must be approved by the relevant Operations Manager.

9 Safeguarding Adults

- 9.1 We recognise that the misuse of medication can cause significant harm to an adult at risk. This may be 'physical abuse' and that any systematic failure to give prescribed medication may be 'neglect'.
- 9.2 We have a zero tolerance approach of any kind of abuse or neglect. All staff have a responsibility to prevent, recognise and act on abuse and neglect in a timely manner. See [Safeguarding Adults policy](#) for more information.

10 Data Protection

- 10.1 Under the Data Protection Act 1998, we all have the responsibility to ensure that personal information is processed lawfully and fairly.
- 10.2 All customers have a right to view any information held about them by us, including copies of their Support Plans and records. See our [Confidentiality and Data Protection policy](#). Staff should consider this when documenting information to ensure it is recorded in a neutral way.

11 Internal Governance

- 11.1 Supporting customers with their medication must be carried out in a planned, professional and safe manner based upon the needs of the individual customer.

Local Monitoring and Reporting

- 11.2 Managers are responsible for monitoring safe medication support practices across their services. This monitoring should include:
 - Regularly checking all records are up to date and of good quality.
 - Conducting regular medication stock checks where the service is responsible for managing this.
 - Ensuring that staff complete the right medication training.

- Reporting and analysing information on errors, incidents and near misses.

11.3 See Audit Section of the procedures for more information.

Senior Management

11.4 Final sign off on the organisational policy and ensuring its implementation.

11.5 Investigating serious errors and complaints relating to medication, and co-ordinating learning from errors.

Board

11.6 Overarching responsibility for delivering safe and effective services, and having an awareness of any serious incidents.

Organisational Monitoring and Reporting

11.7 Look Ahead have a range of organisational systems in place for monitoring and reporting on medication including:

- Quality Management System inspections.
- The Quality Assurance Group.
- Health and Safety – Accident and incident reporting.

PROCEDURE

12 COMPETENCY AND TRAINING

Introduction

- 12.1 Staff competency will be regularly assessed. All staff training must be documented for each Support Worker. This includes training records and local competency assessments.
- 12.2 If a staff member is deemed not to be competent then they will not administer medication until they have undergone further training and assessment. Only when satisfied that they are now competent will they re-commence administering medication.
- 12.3 All Support Workers involved in medication support must be appropriately trained in the handling and use of medication, and have their competence assessed.

Staff Training (Training Courses)

- 12.4 All training will cover:
- The supply, storage and disposal of medicines
 - Safe administration of medicines
 - Quality assurance and record-keeping
 - Accountability, responsibility and confidentiality.
- 12.5 All staff who administer medication must complete the one day **Medication Administration** training and medication e-learning.
- 12.6 Staff who administer medication in mental health services must complete the one day **Medication Administration for Mental Health** training.
- 12.7 Staff who administer Buccal and Rectal Diazepam must complete the one day **Buccal and Rectal Diazepam** training.

Service Induction

- 12.8 As well as completing all the relevant training courses on medication administration it is essential that everyone involved in medication administration support (at all levels of support) is comprehensively inducted at their local service.
- 12.9 To ensure that all training is properly embedded the local induction will also cover:
- The supply, storage and disposal of medicines
 - Safe administration of medicines
 - Quality assurance and record-keeping
 - Accountability, responsibility and confidentiality.
- 12.10 This will be provided within the local context to ensure all staff have a strong working knowledge of local protocol.

Competency Assessment

- 12.11 There will be a formal competency assessment on when the induction is completed to ensure the medicines prescribed for customers are competently supported.
- 12.12 This will be achieved in part by observing Support Workers when they administer and support customers with their medication. This is not the same as a test or attendance certificate issued as part of a training course.

Signing Off Competency

- 12.13 Medication is an important and high risk area to get right. Accountability and safety is at the core of this.
- 12.14 Individuals should only sign these records if they feel they are safe and competent.
- 12.15 Managers should sign off that someone is competent and can safely support a customer with their medication when they are completely confident they can do this.
- 12.16 It is always possible to undertake more training but errors cannot be undone.

Capability and Disciplinary Action

- 12.17 Medication is a high risk area. Failure to follow the correct procedures, including not reporting errors, any attempt to cover up errors and any deliberate act that places people at harm, may be regarded as a disciplinary matter.
- 12.18 If a member of staff makes errors with medication, managers will initially support them with targeted coaching, supervision re-training and competency re-assessment.
- 12.19 However, continued errors could lead to formal proceedings, including capability or disciplinary action.

13 ROLES AND RESPONSIBILITIES

	All Services	Additional Actions for CQC Registered Services
Contract Managers and Team Leaders	<ul style="list-style-type: none"> • Ensuring the Medication policy and procedures are available and all staff have read them as part of their induction. • Managing and maintaining good relationships with relevant healthcare professionals. e.g. GP, Pharmacist • Where a nurse works on site – ensuring all notes are correctly filed • Updating any visiting external healthcare professionals on any risks • Co-ordinating local learning from errors. 	<ul style="list-style-type: none"> • Ensuring the Medication policy and procedures are available and all staff have read them as part of their induction. • Ensuring staff are suitably trained (See Training Section for more information) • Ensuring the staff and service have capacity and training to support customers with their medication in a safe way. • Checking all staff have completed the relevant training by checking the Look Ahead Academy for this information. • Developing local relationships with relevant healthcare professionals. e.g. GP, Pharmacist • Overseeing medication audits • Managing and reporting any medication errors • Co-ordinating local learning from errors. • Monitoring of the MARS Chart and ensure this is always signed. • Developing, maintaining and reviewing a local protocol to effectively manage to meet the customers’ needs.
Support Staff	<ul style="list-style-type: none"> • Reading the policy and procedure to ensure it is understood. • Managing the risk of customers not taking their medication, taking too many of their medication and borrowing other residents’ medication. • Reporting any concerns of risks • Maintaining a good relationship with the relevant discharge team. 	<ul style="list-style-type: none"> • Reading the policy and procedure to ensure it is understood. • Undertaking suitable training including shadowing of staff and a competency test (See Training Section for more information) • Taking responsibility for administering medication including the context of getting it wrong • Taking time to manage all aspects of medication management • Reporting any errors, concerns or risks

	<ul style="list-style-type: none"> • Passing on relevant information to colleagues, managers and external healthcare professionals. 	
Personal Support Assistants and Agencies	<ul style="list-style-type: none"> • PSAs or agency staff should not touch medication unless they have been fully trained and passed the competency test. • Reporting any concerns or risks. 	
Operations Managers	<ul style="list-style-type: none"> • Overall responsibility for services including signing off any local protocols. • Spot checking that all staff have completed the relevant training by checking the Look Ahead Academy for this information. • Co-ordinating patch wide learning from any errors. 	<ul style="list-style-type: none"> • Overall responsibility for services including signing off any local protocols. • Spot checking that all staff have completed the relevant training by checking the Look Ahead Academy for this information. • Overarching awareness of medication protocols at the service • Reporting and investigating serious errors • Co-ordinating patch wide learning from any errors.

14 SUPPORT AND RISK MANAGEMENT PLANNING

14.1 Wherever possible, all customers who are supported with medication, and especially those self-administering, should understand:

- What the medication is for
- Why it is important to take the medication
- When and how they should take it
- How long they should take it for
- What they should be aware of when taking the medication (e.g. possible risks and side effects)
- Where they can go for more information

14.2 Staff should report any concerns regarding a customer's capacity to a manager and record this in their risk management plan.

Consent

14.3 We must get a customer's consent every time we support them with medication.

14.4 We must get customer's consent at the assessment and/ or support planning stage and then whenever they are being supported with their medication.

14.5 Where we are looking after medication on behalf of a customer they must sign a consent to hold form.

14.6 Where a person is not able to communicate their consent, it is the responsibility of the staff working with that person to enable them to communicate consent, and for staff to learn to recognise consent. This information should be recorded in the Support Plan and on the Medication Profile.

15 Medication Reviews

15.1 Staff should discuss medication with customers including about their feelings towards taking it, what it is and so on. Guidance and advice can be sought from the relevant manager, pharmacist or GP at any time.

15.2 Customers must be encouraged to make informed choices around their medication.

15.3 It is expected that customers will have their Medication Reviewed at least once per year by their GP. Pharmacists can facilitate medication reviews with staff and customers on request.

15.4 Staff can also facilitate more frequent meetings with the Care Coordinator if required.

16 RECORD KEEPING

Supply of Medication

- 16.1 Collecting prescriptions and arranging repeat prescriptions is a support need and should be specified on the Medication Profile. It is essential we have written consent from the customer that we are doing this on their behalf. This is important because all medicines belong to the customer.
- 16.2 Documentation relating to orders and copies of prescriptions must be filed at the service.
- 16.3 When staff receive medication for a customer it must be booked in on the Booking in form. This form is used to monitor stock levels and record dates the medication is received.
- 16.4 When dispensing a prescription, the pharmacist must include the following information on the printed medicine label. The information on the medicine label must be the same as on the MAR Sheet.
 - Name of the medicine and strength
 - Dose, that is the number of capsules, tablets or volume of liquid
 - Date the medicine was dispensed
 - Name of the person the medicine was prescribed for
 - Frequency, that is how often to take the dose
 - Any special instruction, i.e. take with food
 - Medication information leaflet (To be kept with the customer's folder for staff and customer to access.)

Monitored Dosage Systems or Blister Packs

- 16.5 Monitored Dosage Systems (MDS) are sealed, tamper proof medication storage devices that only the pharmacist or dispensing GP can fill with prescribed medication.
- 16.6 Some MDS provide weekly supplies of medication, some provide 28 days worth, for administration time at a particular time each day as prescribed.
- 16.7 MDS are most suited to customers that have regular prescribed medication that does not change frequently.

Paperwork used to record medication support

- 16.8 Medication is a high risk area. It is very important that we get this right first time and evidence all actions.
- 16.9 The following documents are used to record information about medication:
 - Medication Profile including a photograph of each customer
 - Medication Administration Records (MAR Sheet)
 - Topical Medication Administration Records (TMAR Sheet for creams)
 - PRN Protocol for all customers with specific instruction for Non-Verbal Customers (to be held with MAR Sheet)
 - Booking in and booking out form for Loose Medication or Blister Packs
 - All customer Risk Management Plans to include a section on medication

- Customer Support Plan to include information in the ‘How I like to be supported with medication’ section
- Self-medication consent form (where appropriate)
- Details of any changes in medication
- Disposal documentation

17 Medication Profile

17.1 All customers who we support with medication must have a Medication Profile.

17.2 The Medication Profile that outlines the following information:

Page 1: Front Page

- Customer name
- Customer photo (Photo should be updated yearly.)
- Customer DOB
- GP details
- Pharmacy details
- Date the form was completed
- The level of medication support that the customer receives and what this means to them.
- Any allergies that the customer has

Page 2: Medication Details

- Details of all medication taken by the customer including: the purpose of the medication (e.g. high blood pressure, anti-psychotic); medication name; tablet strength route of administration; medication form; dose; timings; whether the medication is blister packed/ dosetted.
- Date of the last Medication Review
- Any side effects that the customer experiences or may experience
- Staff awareness of signs that the customer is not taking their medication.
- Use of other substances that may affect the effectiveness of prescribed medication.

Page 3: How I like to take my medication

- How the medication is ordered
- How the medication is collected
- Where the medication is stored
- Comments on the customer’s compliance
- The stage of self-medication that the customer is on and any risks directly associated with that stage for the individual.
- The level of customer understanding of the need for medication.
- The customer’s ability to read and understand instructions on the label of medications.
- The customer’s ability to take medication out of its packet.
- The likelihood of the customer accepting support with prompting and monitoring including any risks that may be exacerbated by this activity.

Page 4: Medication Changes

- A history of the customer's compliance/ motivation to take their medication.

Clozapine

- 17.3 If a customer is taking Clozapine then this must be clearly recorded and the following details must be included:
- How often the customer has blood tests and collects their medication.
 - The details of the Clozapine clinic they attend.

Warfarin

- 17.4 If a customer is taking Warfarin this must be clearly recorded and the customer must be observed for bruising due to the risk of bleeding with this medication.
- 17.5 A template Medication Profile is available on the Forms Page of the Intranet.

Medication Administration Records (MAR Sheets)

- 17.6 MAR Sheets is the formal record of the administration of prescribed medicine in a care setting. There should never be any gaps in this record.
- 17.7 Look Ahead recommends using pharmacy produced MAR Sheets wherever possible which will include the prescribed medication they are dispensing. A pharmacy should have a standard operating procedure for this, guided by best practice principles. If the pharmacy does not provide MAR Sheet (and they are not obliged to do so) then template MAR Sheet is available on the Forms Page of the Intranet.
- 17.8 MAR Sheet set out the medication that is prescribed for an individual customer according to five key 'rights'.
- Right person
 - Right route
 - Right time
 - Right dose
 - Right drug.
- 17.9 It can also be used for recording quantities of medication which is useful for monitoring PRN medication and loose medication.
- 17.10 MAR Sheets are always required for customers that receive support through prompting, assisting or administering.
- 17.11 MARs Charts are confidential administration records and should only be shared on a need to know basis with the customer's permission where possible.
- 17.12 All MAR Sheets created by staff must always be checked by another medication competent member of staff and signed by both staff.
- 17.13 All MAR Sheets should at the time support is provided or at least on the shift that the medication interaction takes place and not later. Staff should check all MARs Charts before they finish their shift. MAR Sheets **MUST** always be signed by the person who provides the support.

- 17.14 Any discrepancies must be followed up immediately to ensure that customers have received their medication. If it is established that a customer has not received their prescribed medication then an urgent call should be made to their GP or out of hour's service to check what steps to take to ensure the wellbeing and safety of the customer.
- 17.15 If MAR Sheets are signed at a later date then this could be considered as falsifying documentation and incur disciplinary consequences.
- 17.16 If medication is not administered then the code from the bottom of the MAR should be entered. If code G is used then the reason for the medication not being administered should be explained on the form on the back of the MAR.
- 17.17 If medication has not been administered or the customer has vomited after administration then medical advice should be sought. This must be documented on the back of the MAR and in the daily log.
- 17.18 Changes in medication are a particular point of risk. The Contract Manager must ensure that MAR Sheets are updated when there are changes to a customer's medication; however they are not responsible for making these changes.
- 17.19 Any updates must have authorisation from a GP. This can be evidenced by an email, signed fax or GP's signature on the MAR Sheet. Until this authorisation has been received the MAR Sheet must not be altered. Once authorised if by email, fax or letter two staff must sign any handwritten MAR.
- 17.20 Wherever possible, all MAR Sheets should start and end on the same dates, this minimises confusion and error as it indicates to all staff how many Charts need to be checked during administration.
- 17.21 Two staff must sign any handwritten MAR Sheet and date any alterations they make to a MAR Sheet.
- 17.22 Managers should ensure that staff understand the coding that MAR Sheets use and that the codes used are correct.

Key	Reason
A	Refused
B	Nausea/Vomiting
C	Hospitalised
D	Social Leave
G	See note overleaf

- 17.23 Staff should use the codes indicated on their MAR Sheet or the codes above on the Look Ahead template MAR Sheet.
- 17.24 The manager should arrange for MAR Sheets to be monitored as part of the Medication Audits.

Recording Loose Medication

- 1.1 The following details must be completed on the MAR Sheet in indelible ink (preferably typed on a computer or written in black ink):
 - Name of customer

- Month
- Year
- Name of Medication (do not complete any information in the 'Name of each medication in Blister Pack section')
- Route
- Strength
- Form

17.25 Medication must be counted by two medication competent staff. Both staff should then sign on the MAR Sheet the agreed quantity.

17.26 Dose: This should be the total amount taken at the relevant time of day.

17.27 For any loose medication, including PRN medication, there should be a total number of tablets kept on the MAR Sheet so quantities and dosage can be monitored.

17.28 Medication must be counted by two medication competent staff. Both staff should then sign on the MAR Sheet the agreed quantity.

17.29 Loose medication should have minimal handling. Staff must wear disposable gloves or use a medication counter.

Recording Blister Packed or Dosed Medication

17.30 The following details must be completed on the MAR Sheet in indelible ink (preferably typed on a computer or, if this is not possible, written in black ink):

- Name of customer
- Month
- Year
- Name of Each Medication in Blister Pack: Detail each medication taken at each time of day as per the pack (do not write anything in the 'Name of Medication' section).
- Instructions: As above, please be clear about what is being signed for and state the times of day that medication is taken – e.g. Observe in office. Medication taken in the morning and at night.
- Dose: Put an X next to each time of day the customer takes the medication.

Recording PRN Medication in MAR Sheets

17.31 See the PRN section for more information on recording PRN medication.

PRN Protocol for all Customers

17.32 All customers should have a PRN protocol for their PRN medication. They should be reviewed following the same protocol for other support documentation. See the template form for more information.

PRN Protocol for Non – Verbal Customers

17.33 All non-verbal customers or those who cannot communicate must have a PRN protocol relating to when they need their PRN medications.

- 17.34 We support the use of the Abbey Pain Scale for customers who cannot verbalise. For more information please see information in Appendix 1.
- 17.35 PRN protocols should be held with the customer MAR Sheet for staff administering medicines to refer to. They should be reviewed following the same protocol for other support documentation. See the template form for more information.

Booking in and booking out forms

- 17.36 These forms are for monitoring medication stock levels. All medication that is monitored by the service should be booked in at the office or specified location in order to ensure that the correct medication has been dispensed by the pharmacy.
- 17.37 It is advised that two members of staff book in medication to minimise the risk of error.
- 17.38 The total on the stock chart represents how much medication is stored. Once medication is in use then it is booked out. This means that there is always a running total of how much stock is available.
- 17.39 Where medication is mainly stored in an office but a customer keeps a portion of this (e.g. a week's worth) as part of their medication management, this must be booked out each time.
- 17.40 Medication should not be re-dispensed into other containers (including compliance aids such as dosette boxes) by any staff other than a pharmacy.
- 17.41 A template booking in and booking out form is available on the forms page of the Look Ahead Intranet.

18 Recording Side Effects and Adverse Drug Reactions

- 18.1 Some of our customers take very strong medication which affects the way they act and behave.
- 18.2 At all times, especially when the customer has full responsibility for their medication, staff should continue to observe for side effects and other conditions associated with their medication.
- 18.3 Often the only indication of someone's non-compliance with medication is a change in their behaviour.
- 18.4 Medication information leaflets should be kept with medicines for staff/ and customers to refer to. Services should have access to [MIMs](#) or equivalent where appropriate.
- 18.5 Some medications, such as Clozapine and Warfarin, have particularly prevalent and dangerous side effects. Please see the guidance sheet for more information on these medications. Any concerns should be discussed with a manager and Care Coordinator and a medication review can be requested.
- 18.6 Support staff have an advocacy role to support customers to ensure side effects of medication do not affect their long-term goals.

19 Recording Medication Errors

19.1 The National Prescribing Centre defines a medication error as:

“An error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medication advice, regardless of whether any harm occurred.”

(Reducing Medication Errors, National Prescribing Centre)

19.2 Most errors do not result in harm; some do have the potential to cause harm (near misses) and a small proportion actually cause harm.

19.3 Staff must report all medication errors or incidents/ accidents, ‘near misses’ and refusals promptly according to our Accident and Incident Reporting Policy and Procedure. This provides valuable insight into areas of risk and in need of improvement and is the first step in reducing preventable errors.

19.4 A guideline procedure for dealing with errors is as follows:

- Check if the customer is ok
- Call 999 for emergency help if the customer becomes unwell
- Do not induce vomiting
- Seek advice from a GP, Out of Hours service or appropriate health professional, e.g. NHS Direct
- Report the incident to a manager, record the incident in RIVO and write a DCR
- Monitor the customer’s wellbeing
- Inform others

19.5 Failure to follow the correct procedures, including not reporting errors or any attempt to cover up errors is very serious. This may be regarded as a disciplinary or capability matter.

19.6 Where there are any concerns about competency then this will be reassessed.

19.7 All errors must be reported to the Contract Manager or Team Leader immediately and recorded on the RIVO reporting system. Any errors will also be referred to the Registered Manager who has the ability to report them to the CQC.

19.8 If an error results in harm to a customer then the relevant Safeguarding Team and CQC must be informed.

20 Sharing Records Following Hospital Admission or Discharge

20.1 It is good practice to provide the hospital with the details of a customer’s medication regime when they are admitted to hospital to ensure that consistency is maintained.

20.2 We will ask customers consent to share this information with hospital staff. We can then provide the hospital with a copy of their Medication Profile.

20.3 Most of our customers with learning disabilities have a ‘Hospital Passport’ which should include information on their medication and must be taken if they have to go to hospital.

- 20.4 When a customer is discharged from hospital, the manager must make sure that medicine management arrangements are set up or reviewed.
- 20.5 If the customer is discharged with a labelled supply of medication, this should supersede and previous prescriptions or MAR Sheets. The medication should be administered as per the instructions on the label which represent the authority to administer.
- 20.6 This medication will need to be booked In accordance with the local booking in procedure and disposed of as required.
- 20.7 A handwritten MAR should be completed and signed by two medication competent staff, stock counted and signed in.

21 ADMINISTRATION

- 21.1 We recognise that administering medication to someone can be an invasive process that causes anxiety for both the customer and sometimes staff member.
- 21.2 Staff should only administer medication according to the instructions on the pharmacy label and MAR Sheet.
- 21.3 Medication should never be administered from an unidentified container that has been filled by an unqualified person.
- 21.4 We should encourage the customer to be as involved as possible with their medication regardless of their level of support.

How is Medication Administered?

- 21.5 There are many different ways to administer medication. Some of the more common ways that medicines can be introduced to the body are:
- Ingestion/oral: via the mouth, e.g. tablets or solutions (this includes under the tongue medication)
 - Topical: applied to the skin, e.g. creams, lotions or ointments
 - Inhalation - breathed in through the mouth or nose, e.g. an asthma inhaler
 - Instillation - via drops, e.g. eye or ear drops, nasal sprays
 - Transdermal - via a patch applied to the skin
 - PEG or Gastric tube via a feeding tube into the person's stomach through their abdomen
 - Injection - by piercing the skin, this could be:
 - 'intravenous', into a vein
 - 'intramuscular', into a muscle, e.g. a vaccine
 - 'subcutaneous', under the skin, e.g. insulin
 - Rectal - via the rectum, e.g. a suppository or enema
 - Vaginal - via the vagina, e.g. a pessary or cream
- 21.6 Most staff will only ever use the first four ways during their day to day work supporting customers with oral, topical, inhalation and instillation methods of administration.
- 21.7 Staff must undertake comprehensive training and induction before using any different methods of application.

22 Procedures for Administering Medication

- 22.1 The following is a process for selecting the right medicines, preparing the right dose and giving in the right way to the right person.
- 22.2 Check you are giving the medicines to the right person. The best system is to ask them what their name is. If this is not possible, consider use of recent photographs, cross reference of name and room number on the MAR Sheet, or make sure that the care worker really knows the residents by name.
- 22.3 Select all of the correct medicines for this time of day for that person. Even when medicines are supplied in Monitored Dosage System (MDS), there may be other medicines in the fridge and remember that this person may have different

medicines since the last time you were on duty. This is why it is so important to refer to the MAR Sheet instead of relying on memory.

- 22.4 Ask the person if they want their medicines before you take them out of the pack. People can refuse medicines for different reasons. When this is an important medicine, it may be better to wait a little while and ask them later.
- 22.5 If the person continues to refuse, you must never force the medicine on them and this means that hiding medicine in food or drink. There are some rare circumstances where medication may be administered covertly. Please see the covert administration section.
- 22.6 Some medicines are meant to be taken occasionally when there is a specific need, for example, tablets for pain. If the directions say 'to be taken as required'. Other medicines like this include treatments for constipation, indigestion, and anxiety.
- 22.7 Make sure that there is a glass (tumbler) of water to drink with the tablets or capsules.
- 22.8 Encourage the person to sit upright or to stand.
- 22.9 If the tablets/capsules are in a monitored dosage or compliance pack open the appropriate section and empty the tablets/capsules into a medicine pot and hand it to the person.
- 22.10 If the tablets/capsules are in bottles or strip packs transfer the appropriate number of tablets/ capsules into a medicine pot and hand it to the person.
- 22.11 If the medicine is a syrup or mixture make sure that you use the medicine spoon or measure that the pharmacist provided — do not just guess or use any spoon or allow the person to drink from the bottle.
- 22.12 MAR Sheet If you are applying medicines to the skin it is really important to use gloves both for your own protection and also to prevent cross-infection. These medicines are directly absorbed through the skin. If you do not protect yourself, your body will also absorb the medicine.
- 22.13 Always make a record of exactly what you have done at the time. This includes a record when the person refuses the medicine on the MAR Sheet.

Personal Protective Equipment

- 22.14 Staff should not need to wear gloves when assisting with and administering tablets. All tablets should be given using a 'no touch' technique.
- 22.15 Always wash hands.
- 22.16 Staff should wear gloves when handling the following types of medication:
 - Cytotoxic medication
 - Hormonal preparations
 - Creams and lotions
 - Eye drops
 - Ear drops
 - Nose drops
 - Nebulisers
 - Food medication

- Controlled drugs

Covert Administration

- 22.17 'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink.
- 22.18 Covert medication is sometimes necessary and justified, but should never be given to people who are capable of deciding about their medical treatment.
- 22.19 Giving medication by deception is potentially an assault. The covert administration of medicines should only take place within the context of existing legal and best practice frameworks protect the person receiving the medicines and the care workers involved in giving the medicines.
- Covert medication. Mental Welfare Commission for Scotland. November 2006 : www.mwcscot.org.uk/web/FILES/Publications/covertmedication.pdf
 - Mental Health Law Briefing: The covert administration of medicine Number 101: www.rlb-law.com/Repository/42/files/61_mhlb101_june2006.pdf
 - UKCC position statement on the covert administration of medicines: www.nmc-uk.org.uk/aFrameDisplay.aspx?DocumentID=623

Assisted administration

- 22.20 Assisted administration refers to the act of the staff member physically ensuring that the customer receives the medication, as distinguished from handing over packaging or supervising the process.
- 22.21 If administration is required for a particular customer then this should be detailed in the customer's Risk Management Plan and should be verified by a manager.
- 22.22 Staff should only administer with an instruction from the prescriber. This is usually the label on the medication's original packaging.
- 22.23 In most situations, medication must be given from the original container that it is supplied in. Staff must not administer medicines from an unsealed compliance aid (e.g. envelope) that has been filled by an unqualified person. (e.g. parent)
- 22.24 Regardless of the level of medication support to be provided, always support the person to be involved as much as possible.

Self-administration and Prompted Administration

- 22.25 When the customer is physically able to take the medication out of its packaging and consume it without assistance from staff then they are considered to be self-administering their medicine according to the prescription.
- 22.26 A customer that has been risk assessed as able to self-administer their medication may require input from staff in other areas including, but not limited to, the following:
- Reminding the customer to take their medication
 - Storing the medication and allow the customer access at specified times
 - Observing them taking their medication to ensure that they are compliant
 - Handing over the correct medication
 - Reminding them of the dose they need to take at a particular time

- Reminding about repeat prescriptions/collecting. Reading the policy and procedure to ensure it is understood.

22.27 It is important that the MAR Sheet details exactly what level of support the customer requires to inform the staff member of their responsibility in regards to administration.

23 Removing Medication from Original Packaging to be taken later

23.1 It is acceptable for staff to dispense the medication for a service user to take themselves at a later time on that same day (e.g. a sleeping tablet to be taken in the evening).

23.2 This activity must:

- Be included in the service Medication Procedure
- Be specified in the customer's Risk Management Plan
- Be checked with the pharmacist first (to make sure that the medication is stable enough to be left out)
- Recorded on the MAR Sheet as self-medicating (using the appropriate code)
- Ensure that medications are not left out for longer than 24 hours
- Ensure that medications that are not taken are disposed of safely.

23.3 Staff must not secondary dispense medication for someone else to administer to a customer later.

Going on Holiday/Overnight Stays

23.4 If someone is leaving a residential service for a period of time for example to go on holiday or visit family overnight, we cannot just supply the medication for that period of time. (E.g. in an envelope or container)

23.5 There are different ways of managing this and services should speak to the supplying pharmacist for help and advice in dealing with the specific circumstances. These may include:

23.6 Having a separate container of medicines specific to the time of day that the person takes regular leave, for example, lunch-time medicines for a person attending an adult training centre.

23.7 Having a separate supply of medicines for the full period of a holiday.

23.8 If the person regularly goes to spend weekends with family, there is no reason why all their medicines should not go with them. The medicines are the person's property and do not belong to Look Ahead.

23.9 It is important that the customer is assessed as to whether they can either dispense the medication themselves or if a family member can do it, with permission from the customer, or a qualified health professional including a nurse or a pharmacist can be asked to do it for the customer.

Respite Care

23.10 If the service provides short-term or respite care, they must also consider how they will obtain a supply of medicines for the duration of the stay.

- 23.11 For planned respite for a pre-agreed period of time, the service could consider asking the person's family or carers to arrange for the GP to write prescriptions for a new supply of medicines to cover the period of respite. The service can arrange to have these medicines dispensed in advance by their local pharmacist.
- 23.12 Where a person brings their own medicines into the service to cover the break or respite period, the family and carers should be asked to supply the medicines in the original containers supplied and labelled by the pharmacist or dispensing GP practice.

24 WHEN REQUIRED, PRN MEDICATIONS AND HOMELEY REMEDIES

- 24.1 Some customers may be prescribed medication to take when their symptoms require it. In medical terms, this is sometimes referred to as PRN medication.
- 24.2 The PRN prescription should indicate:
- When the PRN medication should be administered
 - The dose, including when it can be repeated
 - The maximum dosage that can be given over a specified period of time (e.g. 24 hours)
- 24.3 This information should be entered clearly on the MAR Sheet.
- 24.4 A code must always be entered when someone doesn't take their medication. There should never be any gaps in the MAR Sheet.
- 24.5 The MAR Sheet should be used to monitor how much PRN medication is being taken and to aid stock checks and audits.
- 24.6 PRN medication should be given or offered when it is needed and not confined to times when other medication might be administered. This is especially relevant to pain relief medication.
- 24.7 The manager must decide if it is necessary to implement clear and written guidance for when and how the PRN medication is to be administered.

Non-Verbal Customers

- 24.8 The CQC require evidence that staff know when to administer PRN medications for customers who are unable to communicate their needs.
- 24.9 This is achieved through PRN protocols which outline what the medicine is for and when it should be administered by recording how an individual shows signs of pain.

Communication Difficulties

- 24.10 Where someone has challenges communicating their needs because of language barriers this must be clearly recorded on local protocols.

25 Homely Remedies

- 25.1 Some customers may wish to take over the counter (OTC) medications for minor ailments, for example, pain killers, cough medicine, hay fever remedies.
- 25.2 This is the customer's choice (where they have capacity) they should be reminded that there may be an interaction with other OTC and prescription-only medication that they take.
- 25.3 Staff should encourage customers to notify them if they purchase OTC or pharmacy medication, to store it safely and support them to inform their GP.
- 25.4 The use of OTC medications should be considered in the customer's Medication Profile and Risk Management Plan.

- 25.5 If staff administer OTC medication then it should be agreed with the GP, prescriber or pharmacist. A double signed hand written MAR Sheet should be made up and stock signed in and counted as before.
- 25.6 OTC drugs shelf life should be checked periodically as with other medicines.

Buying Over the Counter medication

- 25.7 Support staff should only buy OTC medication for the customer if this is an agreed and recorded task in the person's Medication Profile. If this is the case:
- The customer must request a specific medicine by name (e.g. 'ibuprofen tablets') Support staff are not allowed to choose specific brands.
 - You must get the customer's consent to contact their prescriber to them what OTC the customer has requested (so the prescriber can assess possible interactions).
 - Contact the prescriber and explain the above and gain the prescriber's permission to purchase the medication. If you cannot get this permission, you cannot buy the medication. With the customer's permission, then ask if the OTC medicine can in future be prescribed for the person along with their other prescriptions.
 - Only buy from a pharmacist. You can follow the pharmacist's advice as to meeting the customer's requests (e.g. what the pharmacist may recommend as an 'ibuprofen tablet' or 'ibuprofen cream').
 - Record the purchased OTC on the MAR Sheet. This should include the generic name of the medication, the dosage, the suggested frequency and the number of tablets in the package. This should also be included within the Medication Profile.

26 MEDICATION COMPLIANCE

Refusing Medication

- 26.1 Staff are responsible for monitoring customer compliance with medication.
- 26.2 Customers are entitled to refuse their medication. As part of respecting their choice to do this staff can take the opportunity to discuss the benefits of medication as far as possible and explain why it is important to take it regularly.
- 26.3 If a customer refuses their medication then this should be recorded on the MAR Sheet and discussed with the team at handover. Where it is identified on their Medication Profile that it is critical that they take their medication on all occasions we will alert a health professional of this omission.
- 26.4 Regular refusal must be discussed with the Care Coordinator and included in the Risk Management Plan.
- 26.5 There may be occasions that customers are covertly non-compliant with their medication including spitting it out or hiding it in their hand. If a staff member is concerned about this then it should be reported immediately and discussed with the customer and their Care Team. The GP and out of hours health care services can also advise.

Spoiled, Dropped or Spat out Medication

- 26.6 Spoiled or spat out medication must always be disposed of immediately using gloves.
- 26.7 The customer can decide whether they wish to take medication that they drop in the floor whilst self-administering. If they are happy to take the medication then they are entitled to do so, however advice should be given about risks of contamination.
- 26.8 If a staff member drops medication then this must always be disposed of.
- 26.9 If a customer spits out their medication and refuses to take another dose then this should be marked as a refusal. Consideration will be given depending on the use of the medicines whether the GP or healthcare professional needs to be informed.

Alcohol and Drugs

- 26.10 Some of our customers have a daily relationship with alcohol and/or drugs. Where someone has an established condition (E.g. alcoholism) this must clearly be recorded on medication profile and risk management plan any prescribing decisions should have been made with this in mind.
- 26.11 Where this is not recorded then the staff member should always seek advice from a pharmacist or GP about whether a medication should be administered.

27 STORAGE OF MEDICATION

27.1 Medicines should be stored:

- In a locked cabinet affixed to the wall
- Readily accessible to staff
- Cool and dry (not above radiators)
- Out of reach of children and off the floor
- And cannot be damaged by light, heat or damp
- Cannot be mixed up with other people's medicines or cause a risk to anyone else.

27.2 Where customers are supported to manage their medication, they should be supported to store their medications on an individual basis.

Medication Cabinets

27.3 Medication cabinets should be provided to customers and must be used wherever possible.

27.4 Medication cupboards must be kept clean and tidy at all times.

27.5 Only prescribed medication should be kept to avoid confusion and minimise errors. Medications no longer prescribed or used should be returned to the pharmacist.

Staff Office

27.6 Medication that is stored in the staff office should be in sealed containers that are clearly labelled with the customer's name.

27.7 Only authorised and trained staff should have access to medication cupboard keys.

28 CONTROLLED DRUGS

- 28.1 Controlled drugs are a group of medicines that have the potential to be abused and for this reasons are 'controlled' by The Misuse of Drugs Act 1971.
- 28.2 The Misuse of Drugs Act (1971) created 3 classes of drugs and identified specific offences including possession, possession with intent to supply, production and cultivation, paraphernalia and premises.
- Class A drugs include opium, ecstasy, heroin, cocaine, methadone, dipipanone, phenylcyclidine and pethidine
 - Class B drugs include codeine, amphetamine, barbiturates
 - Class C includes most benzodiazepines, cannabis and GHB.
- 28.3 Importantly for our medication policies and procedures, the MDA also created 5 schedules governing the possession and supply of different controlled drugs.
- Schedule 1 drugs include cannabis, LSD and ecstasy
 - Schedule 2 drugs include heroin, morphine, methadone
 - Schedule 3 drugs include temazepam and barbiturates
 - Schedule 4 includes the other benzodiazepines and anabolic steroids
 - Schedule 5 drugs can be bought over the counter e.g. mild pain relief medicines.
- 28.4 Home office licences are required for production, supply and possession of drugs that fall into schedules 1-3.
- 28.5 Authority (e.g. a prescription) is required for production, supply and possession of the drugs that fall into schedule 3 and 4 and methadone.
- 28.6 Possession and supply of any controlled drugs without authority is an offence. The Misuse of Drugs Regulations 2001 defines this authority by stating who can possess or supply controlled drugs under each schedule and under what conditions.

Service Possession of controlled drugs (Storage)

- 28.7 Schedule 1 drugs such as cannabis are always illegal to possess. We must never store these for customers. See Drugs policy for more information.
- 28.8 Schedule 2 drugs (e.g. methadone) and schedule 3 drugs (e.g. temazepam) are illegal to possess unless authorised under the Regulations. We may want to take possession of schedule 2-4 drugs, for example if this is a condition of prescribing, to prevent loss/theft, or to assist with compliance.
- 28.9 This is called "possession as a patient" and applies to practitioners, pharmacists and "a person or acting person in charge of a hospital or care home which is wholly or mainly maintained by a public authority".
- 28.10 As a place where regulated activity takes place, our services would be seen as a care home under the terms of the regulations. This means that we can store customers controlled drugs for customers securely in our offices.
- 28.11 We must store controlled drugs in a controlled drug Cupboard which complies with the Misuse of Drugs (Safe Custody) Regulations 1973. A controlled drugs cupboard is a metal cupboard of a specified gauge with a specified double locking

mechanism. The cupboard must be fixed to a solid wall (or wall that has a steel plate mounted behind it) with either rag bolts or raw bolts.

28.12 Controlled drug cupboards should **only** be used for the storage of medication, not items of value such as money or jewellery.

Customer Storage of Controlled Drugs

1.2 For customers who self-medicate it is not necessary for them to have a controlled drug cupboard in their bedroom; however they must have a lockable cupboard or drawer.

Records around Controlled Drugs

28.13 All services with controlled drugs must have a Controlled Drugs Register, which must be a bound book with numbered pages.

28.14 The legislation states:

- A separate page must be used for each form and strength of each medicine for each service user
- Controlled drugs must be entered into the controlled drugs register as soon as they are received into the home
- No alterations or crossings out may be made in the controlled drugs register. Any corrections must be made by marginal note or footnote and signed and dated

28.15 In residential setting a record must be made in the controlled drugs register of every dose administered to a customer.

28.16 Controlled drugs in registered services require two staff to sign the MAR Sheet and the controlled drug book held in the service.

28.17 The controlled drug book must be checked prior to administration and the stock counted with the other staff member to ensure the balance is correct.

28.18 The controlled drugs register should include the balance that remains and it is good practice to check stocks regularly e.g. weekly

Dispensing and Administering Controlled Drugs

28.19 There is no legal difference between dispensing and supplying controlled drugs i.e. we are legally supplying if we store a customer's methadone and give it to them to take.

28.20 However, for schedule 2, 3 and 4 drugs, we can lawfully administer if we are following the directions of a doctor or dentist to the person from who we obtained it.

28.21 The law and the regulations do not refer to administering, but a Home Office circular states that if a customer is thought to be under the influence of non-prescribed substances, staff should refuse to administer prescribed medication without first seeking medical advice.

Disposing of Controlled Drugs

- 28.22 When Controlled Drugs are no longer required they should be disposed of safely as 'waste' to the supplier, when the pharmacist or dispensing doctor should be asked to sign the register to acknowledge receipt.
- 28.23 When stock is transferred to another setting, returned to the pharmacy or disposed of via a waste management company this must be recorded in the register and the balance recalculated correctly. Zero balances should be recorded.
- 28.24 A record should be made of who returned them, the quantity and the date in both the Controlled Drugs register and the returns book
- 28.25 We can also legally convey schedule 2-4 controlled drugs "for the purpose of delivering it into the custody of a person lawfully entitled to take possession of it" but only if we deliver it as soon as reasonably possible. For example, if a customer has had an accident and so cannot collect their methadone.
- 28.26 Good practice would require a written agreement from the client, signed by the pharmacist, and a procedure to ensure that this is delivered as soon as possible and that the customer signs on collection.

Auditing Controlled Drugs

- 28.27 The registered manager has responsibility for ensuring that controlled drug stock levels are checked regularly and that the controlled drug book is annotated that stock levels have been checked and are correct.
- 28.28 Further spot checks must be carried out as part of auditing of the service by Operations Managers and Quality Managers.

Reporting Error or Missing Controlled Drugs

- 28.29 Errors with or missing controlled drugs must be reported to the safeguarding team and CQC.

Finding Controlled Drugs on our premises

- 28.30 Under the Misuse of Drugs Act Look Ahead staff can take possession of a controlled drug only if:
- We know or suspect it to be a controlled drug and we take possession in order to prevent someone else from committing an offence or continuing to commit an offence;
 - and we intend to deliver it into the custody of a person lawfully entitled to take possession of it;
 - And as soon as possible afterwards we take all reasonable steps to destroy it or to deliver to a person lawfully entitled to take custody of it.
- 28.31 Whenever we take possession of a controlled drug, it must be witnessed and recorded.
- 28.32 The drug must be destroyed or handed in as soon as reasonably practical. We can only do this if we are confident that the substance is a controlled drug that is unlawfully held.

28.33 Controlled drugs used as medicine must be handed in to a pharmacy. Other controlled drugs must be destroyed or taken to a police station, but we must notify the police before taking it to them.

28.34 The person finding the drug should destroy it or take it to be destroyed themselves (i.e. they must not hand it to another worker).

29 DISPOSAL OF MEDICATION

- 29.1 Medication should be disposed of as a minimum every 28 days.
- 29.2 We encourage customers to be responsible for disposing of their own medicines safely. We will support them to return unused or unwanted medicines to a pharmacy in its container as soon as they are no longer required or are out-of-date.
- 29.3 Pharmacists only have a duty to dispose of medication they have dispensed. Always check what your service's local pharmacy will dispose of. There may be a cost involved if they dispose of medication dispensed from another pharmacy.
- 29.4 Disposal of medicines can only be carried out by the pharmacist or chemist. Medication should be returned for disposal in the following circumstances:
- If the medication prescribed has been discontinued, expired or a dosage has changed.
 - If tablets or capsules are chipped, cracked, discoloured or stuck together.
 - If tablets or capsules have been refused, dropped or otherwise spoiled.
 - Liquids that have thickened discoloured or smell differently.
 - Tubes of ointment or cream that are cracked leaked or have changed colour.
- 29.5 Items for disposal must be kept locked up separately from those still in use.
- 29.6 Where possible, they should be returned to the chemist in their original containers. Where this is not possible, individual tablets or capsules should be placed in a sealed envelope with the date of disposal, strength and name of the drug and the customer's name written on the envelope.
- 29.7 A record should be kept and returned to the chemist with the items for disposal, this must be signed by the chemist. Medication should be disposed of as part of the Manager's Audit on a weekly basis.
- 29.8 It is important to remember that medication belongs to the person for whom it was prescribed and cannot be removed without that person's permission (if they have capacity).
- 29.9 We should only remove medicines for disposal if this is specified in the Medication Profile. This may be required on a regular or ad hoc basis, depending on the individual.
- 29.10 Staff should use a Medication Disposal Form which should record:
- the name of the medication and its strength
 - the amount being returned
 - for whom it was prescribed
 - the date of the disposal
 - a signature from the customer that they agree to the disposal, if possible
 - the name and signature of the staff returning the medication to the pharmacy
- 29.11 We should always request a receipt from the pharmacy which should be stored within the customer's medication file.

30 AUDIT

- 30.1 Audits of customer medication must take place on a regular basis as decided by the Contract Manager or the commissioners of the service. This should be no less than monthly.
- 30.2 An example Medication Audit that can be adapted to the service is available on the Forms page of the Intranet.

Spot Checking

- 30.3 CQC requires us to provide evidence of regular spot checks of medication support.
- 30.4 The frequency of spot checks should be decided by the customer, the Care Coordinator (if there is one available) and the relevant manager.
- 30.5 Spot checks should be recorded on the MAR Sheet with an accompanying DCR.

31 Monitoring and Safe Medication Support

- 31.1 Managers are responsible for monitoring safe medication support practices across their services. This monitoring should include:
 - Regularly checking all records are up to date and of good quality.
 - Conducting regular medication stock checks where the service is responsible for managing this.
 - Ensuring that staff complete and refresh the right medication training.
 - Reporting and analysing information on errors, incidents and near misses.

Glossary

Term	Definition
(Medication) administration	The act of giving medicines to an individual for consumption following the Rights of Administration.
Adverse Drug Reaction (ADR)	Where medicine has caused harm to a patient but no error took place, the incident is judged to be 'non-preventable' and is usually called an adverse drug reaction.
Annual Health Check (for people with a learning disability)	GPs should be offering annual health checks to all people over the age of 18 who have a learning disability.
Assistive Technology	Any item, piece of equipment or system that is used to increase, maintain and improve the functional capabilities and independence of people with cognitive, physical or communication difficulties. <i>Assistive Technology - Independence & Well-being</i> (The Audit Commission, 2004)
Care Quality Commission (CQC)	The independent regulator of all registered health and social care services in England.
Central Alerting System	A web-based system for issuing safety, drug, emergency or medical device alerts, 'Dear Doctor Letters' and urgent patient safety information. These are issued by the Medicines and Healthcare Products Regulatory Agency, the NHS Commissioning Board Special Health Authority and the Department of Health.
Community Mental Health Team (CMHT)	A group of mental health professionals who work together to help people with a wide range of mental health problems. The different professions all have different knowledge and skills which can be used to tackle problems together (Royal College of Psychiatrists). <i>NOTE: as of June 2013, community mental health services are variously undergoing re-structuring - a local NHS Mental Health Trust should provide information on new service teams that might be available locally.</i>
Community Pharmacist	A high street chemist.
Compliance aid	A device that helps someone to manage their medication appropriately or with more independence. The pharmacist or dispensing GP practice should normally fill and label the aid. (See compliance and adherence.)
(Medication) concordance	The medication prescriber and an individual patient working together in an understandable consultation and shared decision-making process. The notion of concordance has evolved from compliance/adherence, to better respect the patient's beliefs about their health and not just the doctor's.
Controlled drug	A prescription medication (such as morphine or methadone) that is subject to stricter legal controls on their supply to prevent them being misused and/or obtained illegally. Controlled drugs are used to treat severe acute / chronic

	<p>pain, drug dependence, induce anaesthesia or assist palliative care. Some can be used in other situations, such as to treat Attention Deficit Hyperactivity Disorders. Controlled medicine is classified into five different groups (or schedules) which are dependant on their therapeutic use. Schedule 1 has the highest level of control (and is rarely used as it does not have any therapeutic effect) whilst schedule 5 has the lowest.</p>
Cytotoxic medication	Medication that prevents cancer cells from dividing and growing.
Dignity	<p>A complex, shifting concept that can depend upon the individual, context and interpretation. Two definitions: "Dignity is concerned with how people feel, think and behave in relation to the worth or value they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respect them as a valued person, taking account of their individual views and beliefs" <i>ESQS</i> (Care Quality Commission, March 2010) "A state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference. Or, as one person receiving care put it more briefly, 'Being treated like I was somebody'." <i>Policy Research Institute on Ageing & Ethnicity/Help the Aged, 2001</i></p>
Dispensing	The preparing and supplying of medicines to individuals or hospital wards, usually by a qualified pharmacist. A GP can dispense medicines to a patient if the patient cannot access NHS Pharmacy services (e.g. is living in a remote rural area).
EpiPen	A brand name for adrenaline medicine, injected to treat anaphylactic reactions in emergency situations.
General Practitioner (GP)	Qualified doctors providing primary healthcare in the community and the first point of contact for most medical services. Most work is carried out via consultations at a surgery or during home visits. The work is regulated by the General Medical Council. (<i>NHS Careers, 2009</i>)
General Sales list medicines (GSLMs)	Medicines that can be brought from a pharmacy, supermarket, shop etc without pharmacist guidance.
Health Action Plan	A guide to a person's health that may be developed in any healthcare setting. It describes the person's health and the best ways to support them to get the right treatment and healthcare.
(Medication Administration Record) MAR	A formal record of the administration of medicine in a care setting. It is usually designed to show the dose given, who it was given to/refused by, the time when given and the identity of the person who gave it.
Medication Use Review	'A structured concordance-centred review with patients receiving medicines for long-term conditions, to establish a picture of their use of the medicines – both prescribed and non-prescribed. The review will help patients

	understand their therapy and it will identify any problems they are experiencing along with possible solutions.’
Medicines Management Team	Specialist teams located in local health trusts that provide clinical expertise and guidance on medication management to Clinical Commissioning Groups, prescribers, patients and others.
Mental Capacity	<p>‘Mental capacity is the ability to make a decision. This includes the ability to make a decision that affects daily life</p> <p style="padding-left: 40px;">such as when to get up, what to wear or whether to go to the doctor when feeling ill</p> <p style="padding-left: 40px;">As well as more serious or significant decisions.</p> <p>It also refers to a person’s ability to make a decision that may have legal consequences – for them or others. Examples include agreeing to have medical treatment, buying goods or making a will.’</p>
Mental Health ‘crisis’	<p>When a person is in a mental/emotional state where they need urgent help. This may take a number of forms, such as:</p> <p style="padding-left: 40px;">suicidal behaviour or intention</p> <p style="padding-left: 40px;">panic attacks/extreme anxiety</p> <p style="padding-left: 40px;">psychotic episodes (loss of sense of reality, hallucinations, hearing voices)</p> <p style="padding-left: 40px;">other behaviour that seems out of control or irrational and that is likely to endanger self or others</p>
Monitored Dosage System (MDS)	Medication storage devices that are filled with prescribed oral medication by a pharmacist at the time of dispensing. They are usually used for staff administering medication to a service user.
NHS number	<p>A 10 digit number that is unique to everyone registered with the NHS in England. Healthcare services can use the number to safely access people’s healthcare records and necessarily share important information with other health carers.</p> <p>(This number is different from the National Insurance number.)</p>
Over the Counter medicines (OTC)	General Sales List and Pharmacy Medicines are sometimes referred to as over the counter medicines.
Patient Information Leaflet (PIL)	Leaflets found inside medication packs that provide necessary information about the medication. They might not be included if all the information is already on the medication’s label. The PIL supplements advice given by the prescriber. People can access PILs etc on websites such as: http://www.medicines.org.uk/
Patient Medication Record (PMR)	A record of all the prescriptions dispensed to a person. The record could also detail any known medication allergies. The record is covered by the Data Protection Act.

Percutaneous Endoscopic Gastronomy (PEG)	A small feeding tube inserted directly into a person's stomach through their abdomen, used for giving liquid food, medication etc.
Pharmacist	An expert in medicines and their use. They advise medical and nursing staff on the selection and appropriate use of medicines, and provide information to people on how to manage their medicines to ensure optimal treatment.
Pharmacy medicines (PMs)	Medicines available from a pharmacy without a prescription, only on request and under the guidance of the pharmacist.
Polypharmacy	The use of multiple medicines to treat a person, without appropriate review to ensure that they are all necessary for Effective treatment.
Prescriber	A healthcare professional qualified to write an NHS prescription: : a General Practitioner (GP) : hospital doctor : Nurse Independent Prescribers (for conditions within their competence) : Qualified Pharmacist Independent Prescribers (for conditions within their professional and clinical competence) : NHS dentists (for dental or oral conditions) : Chiropodists, podiatrists, physiotherapists, optometrists & radiographers (who have undergone specialist training, only in following an Independent Prescriber's initial diagnosis).
Prescribing	The act of assessing and making a decision about the medication needs of a person. It also requires the decision to be conveyed to others (including the person receiving medicines). The prescribing of medication must be done by a person who is appropriately qualified to do so and must be done in accordance with up-to-date guidance and legal requirements.
Prescription	1. A written order (from a qualified prescriber) for the preparation and administration of a medicine (or other treatment). 2. A prescribed medicine.
Prescription-only medicines (POMs)	Medicines only available on a prescription from a qualified prescriber.
Primary Care Trust (PCT)	A Primary Care Trust manages all the local services that provide primary care to people in the community. There are currently 151 PCTs in England (as of January 2013).
PRN medication	<i>Pro Re Nata</i> ("for the thing born") or 'When required' medication, taken when it is needed rather than at a pre-prescribed or scheduled time.
Public Interest	A decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection (e.g. to help crime

	prevention, under section 115 of the Crime & Disorder Act 1998).
RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995	Regulations that place a legal duty on employers and people in control of premises to report work-related deaths, major injuries or injuries that lead to 7+ days incapacitation, work-related diseases and dangerous occurrences to the Incident Contact Centre. (Health & Safety Executive)
Secondary dispensing	The act of removing medication from its original pharmacy container and placing it in another vessel (e.g. a pot, etc) for administration at a later time. This can also be known as ‘double dispensing’ or ‘potting up’.
Status Epilepticus	Epileptic seizures that continue for more than 30 minutes or one seizure may follow another with no recovery in between.
Supported living service	Where a person lives in their own home and receives care and/or support in order to promote their independence. The care they receive is regulated by the Care Quality Commission, but the accommodation is not.
Verbal order	Where a medication prescriber wants to change a person’s prescribed medication and/or dose, but cannot attend the person themselves in order to give a new prescription <i>and</i> a delay may harm or prolong suffering for the person in question. Therefore, they make the change to treatment over the phone.
Vital Interest	A term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life-threatening situations.

Legislation

Look Ahead comply with the following legislation:

The Care Standards Act 2000
The Misuse of Drugs Act 1971
The Misuse of Drugs (safe Custody) Regulations 1973 SI 1973 No 798 as subsequently amended.
The Medicines Act 1968
Guidance from The Royal Pharmaceutical Society of Great Britain ‘The Handling of Medicines in Social Care’ October 2007
Nursing & Midwifery Council ‘Standards for Medicines Management’ October 2007
The Mental Capacity Act 2005
Equalities Act 2010
Data Protection Act
Human Rights Act

Appendix 1: The Abbey Pain Scale

For measurement of pain in patients who cannot verbalise

Use of the Abbey Pain Scale

The Abbey Pain Scale is best used as part of an overall pain management plan.

Objective

The Pain Scale is an instrument designed to assist in the assessment of pain in patients who are unable to clearly articulate their needs.

Ongoing assessment

The Scale does not differentiate between distress and pain, so measuring the effectiveness of pain-relieving interventions is essential.

Recent work by the Australian Pain Society recommends that the Abbey Pain Scale be used as a movement-based assessment. The staff recording the scale should therefore observe the patient while they are being moved, e.g. during pressure area care, while showering etc.

Complete the scale immediately following the procedure and record the results in the patient's notes. Include the time of completion of the scale, the score, staff member's signature and action (if any) taken in response to results of the assessment, e.g. pain medication or other therapies.

A second evaluation should be conducted one hour after any intervention taken in response to the first assessment, to determine the effectiveness of any pain-relieving intervention.

If, at this assessment, the score on the pain scale is the same, or worse, consider further intervention and act as appropriate. Complete the pain scale hourly, until the patient appears comfortable, then four-hourly for 24 hours, treating pain if it recurs. Record all the pain-relieving interventions undertaken. If pain/distress persists, undertake a comprehensive assessment of all facets of patient's care and monitor closely over a 24-hour period, including any further interventions undertaken. If there is no improvement during that time, notify the medical practitioner of the pain scores and the action/s taken.

Abbey Pain Scale

Name of Customer:

How to use the scale - while observing the customer, score questions 1-6.

Name/designation of person completing the scale:

Date:

Time:

Latest pain relief given was:

1. Vocalisation

E.g. whimpering, groaning, crying

Absent 0 Mild 1 Moderate 2 Severe 3

2. Facial expression

E.g. looking tense, frowning, grimacing, looking frightened

Absent 0 Mild 1 Moderate 2 Severe 3

3. Change in body language

E.g. fidgeting, rocking, guarding a part of the body, withdrawn

Absent 0 Mild 1 Moderate 2 Severe 3

4. Behavioural change

E.g. increased confusion, refusing to eat, alteration in usual patterns

Absent 0 Mild 1 Moderate 2 Severe 3

5. Physiological change

E.g. temperature, pulse or blood pressure outside of normal limits, perspiring

Absent 0 Mild 1 Moderate 2 Severe 3

6. Physical changes

E.g. skin tears, pressure areas, arthritis, contractures, previous injuries

Absent 0 Mild 1 Moderate 2 Severe 3

Add scores for 1-6 and record here (total pain score). Now tick the box that matches the total pain score

0-2 No pain	3-7 Mild	8-13 Moderate	14+ Severe
----------------	-------------	------------------	---------------

Finally tick the box that matches the type of pain.

Chronic	Acute	Acute on Chronic
---------	-------	------------------

Related documents

Document	Link
Connected Policies	
Forms and Letters	Medication Profile Booking In and Booking Out Medication Audit Medication Disposal
Information Sheet	Medication Policy Briefing
Easy Read	TBC
External Websites	www.cqc.org.uk www.nice.org.uk
Legislation/Regulation	Equality Act (2010) Health and Social Care Act (2008) Mental Capacity Act (2005) Disability Discrimination Act (1995) Medicines Act (1968) Misuse of Drugs Act (1971)

Version Control

Version no.	2	Date effective:	January 2015
Brief summary of changes:	Major review setting out Look Ahead's approach to medication support including: <ul style="list-style-type: none"> • Principles • Support planning • Nature of medication support • Self medication • Local procedures • Data protection • Safeguarding • Competency and training • Roles and responsibilities • Support and risk management • Administration • Compliance • Storage • Controlled drugs • Disposal • Audit. 		
Colleague consultation:	Contract Managers for services with medication including: Liz Booth, Southwark Services; Sam Jenfa, B&D Learning Disabilities; Aarifah Farooqi, Hillingdon Services; Fiona Murray, Redbridge; Anna Campbell, Kean St; Donna Lewis, Providence House; Corin Ridout, Piper House; Mike Bansback, Quality Manager Mike Meehan, Head of Performance and Compliance Operations Managers: Peter Airey; Sarnjeet Banwait; Vishul Seewoolall; Alan Weinstock		

	Quality Assurance Group made up of: Chris Hampson, Deputy Chief Executive; Pat Long, Executive Director of Operations; Colette Donnelly, Director of Care; Paul Perkin, Director of Operations; Guy Robinson, Deputy Director of Operations; Ceri Sheppard, Head of Customer Services, Co-production and Quality
Customers consulted:	N/A
Results customer consultation:	N/A
Other consultation:	Heather Russell, CQC Inspector (Bank Staff)
Signed off by:	Quality Assurance Group, 16 th December 2014 TBC
Author:	Patrick O'Dwyer, Head of Mental Health Development
Review date:	January 2018



King's Building
16 Smith Square
London SW1P 3HQ

Tel: 020 7368 4600
policyresponse@lookahead.org.uk

lookahead.org.uk

Services we would be proud
for our loved ones to receive