Medication Policy and Procedure

Date: August 2026

Date for review: August 2027

Author: Jenny Mills

Important contacts

ROLE / ORGANISATION	NAME	CONTACT DETAILS
Director / Designated Safeguarding Lead	Jenny Mills	jenny.mills@thelearningsanctuary.co.uk
Emergency medical assistance	NHS / Emergency Services	999 in an emergency; NHS 111 for urgent non-emergency advice

Policy statement. The Learning Sanctuary is committed to supporting adults with SEND safely, respectfully and as independently as possible. Medicines are the property and responsibility of the individual. The Learning Sanctuary will only take responsibility for medicines support where this has been assessed as necessary, agreed with the person and/or the appropriate representatives and professionals, and clearly recorded in the person's support plan. The Learning Sanctuary will not administer any medication without relevant and specific training.

North Yorkshire alignment. This policy is designed for The Learning Sanctuary's community-based adult day service in Harrogate. It should be read alongside The Learning Sanctuary Safeguarding Adults Policy and Procedure, which is aligned with the West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Safeguarding Adults Policy and Procedures, and alongside current North Yorkshire Council adult social care and Mental Capacity Act arrangements. National medicines practice is based on NICE NG67, relevant CQC medicines guidance, the Care Act 2014, Mental Capacity Act 2005 and applicable medicines legislation. Where current law, North Yorkshire safeguarding procedures or commissioning requirements set a higher or different standard, the current requirement will take precedence.

Key service rule. The Learning Sanctuary does not permit staff to administer medication simply because a medicine has been brought to the service. A member of staff may administer or provide medication support only where the support is agreed and documented, there are clear instructions, and that member of staff has received appropriate medicines training, has been assessed as competent, and - where the medicine, route, device or procedure requires specific skills - has received medication-specific training and competency assessment for that individual task. If these requirements are not met, staff must not administer the medicine and must escalate to the Directors and the relevant health/social care professional.

1. PURPOSE AND SCOPE

This policy applies to directors, employees, agency staff, volunteers and any other person working on behalf of The Learning Sanctuary who may be involved with medicines belonging to an adult attending the service.

It covers self-administration, prompting and assistance, staff administration, storage, transport, recording, refusals, 'when required' (PRN) medicines, controlled drugs, emergency medicines, covert administration, errors, disposal, safeguarding and staff training.

The Learning Sanctuary is a day service, not a pharmacy or clinical service. Prescribing, clinical review and changes to medication remain the responsibility of appropriately qualified healthcare professionals.

2. LEGAL AND PRACTICE FRAMEWORK

This policy is informed by the Care Act 2014 and Care and Support Statutory Guidance; Mental Capacity Act 2005 and Code of Practice; Human Medicines Regulations 2012; Misuse of Drugs Act 1971 and associated controlled-drug regulations where relevant; Equality Act 2010; Data Protection Act 2018 and UK GDPR; NICE NG67 Managing medicines for adults receiving social care in the community; relevant CQC medicines guidance; and current North Yorkshire safeguarding and adult social care arrangements.

Medication misuse, deliberate withholding, inappropriate administration, over-medication or under-medication may amount to abuse or neglect and must be considered under The Learning Sanctuary Safeguarding Adults Policy.

3. PRINCIPLES

Adults will be presumed able to make decisions about their medication unless there is a genuine reason to doubt capacity for the specific decision. Staff will maximise choice, dignity, privacy and independence.

The least intrusive level of medicines support will be used. Self-administration is encouraged where safe and appropriate. Support will be person-centred and based on an individual assessment rather than diagnosis alone.

A person has the right to decline medication if they have capacity to make that decision. Staff must not force, threaten, deceive or use medication as a means of control.

4. ASSESSING MEDICINES SUPPORT NEEDS

Before The Learning Sanctuary takes responsibility for any medicines support, the person's needs must be assessed and recorded. The assessment should establish what the person can do independently, what help is required, the medicines involved, timing during attendance, communication needs, allergies, known risks, storage requirements, emergency arrangements and who should be contacted with concerns.

The person's support plan must clearly distinguish between: (a) self-administration; (b) prompting or reminding; (c) practical assistance such as opening packaging; and (d) administration by trained staff.

The assessment must be reviewed when medication changes, needs or capacity change, after a medicine’s incident, or where the current arrangements no longer appear safe.

5. SELF-ADMINISTRATION OF MEDICATION

The starting position is that adults should be enabled to manage their own medicines where they can do so safely. Self-administration may include the person carrying, storing and taking their own medicine, with no staff involvement, or with an agreed level of prompting or practical support.

A proportionate individual risk assessment must consider the person's wishes, understanding, ability to identify the correct medicine and dose, timing, route, manual dexterity, communication, risk of accidental or intentional misuse, risk to other people, storage, and whether monitoring is needed. Having SEND does not in itself mean a person cannot self-administer.

Where self-administration is agreed, the support plan must state what staff should and should not do. If the person keeps medicine at The Learning Sanctuary, it will normally be stored in the locked medication cabinet unless the risk assessment specifically requires immediate personal access, for example to an emergency reliever inhaler, adrenaline auto-injector or other time-critical medicine.

Staff will not routinely count or inspect a person's self-administered medication unless this has been agreed as part of the support plan. Concerns about missed doses, stockpiling, confusion, deterioration in ability, coercion or unsafe use must be reported to the Director and reviewed with the person and relevant professionals.

6. STAFF ADMINISTRATION AND MEDICATION-SPECIFIC TRAINING

Staff must not administer medication unless they have completed appropriate medicines-management training and have been assessed as competent for the level of support they are providing.

In addition, The Learning Sanctuary requires specific training and competency for each medication, route, device or procedure where safe administration depends on individual knowledge or technique. Examples may include insulin, rescue medication for epilepsy, buccal or rectal medicines, PEG administration, oxygen-related medicines, adrenaline auto-injectors, specialist inhalers, topical preparations requiring specific application instructions, or any medicine identified by the prescriber, pharmacist or nurse as requiring additional training.

Training must be provided or authorised by an appropriately competent healthcare professional or recognised training provider. The person's individual protocol, prescription directions and any healthcare plan must be available before administration.

If a trained staff member is not available, the medicine must not be administered by an untrained colleague. The Director must follow the person's contingency plan and seek advice from the person's family/carer where appropriate, social worker, prescriber, community nurse, pharmacist, NHS 111 or emergency services according to urgency.

7. SAFE ADMINISTRATION PROCEDURE

Before giving a medicine, the trained staff member must check the person's identity, the medicine, strength and formulation, dose, route, time, expiry date, allergies and the written authorisation. They must confirm, so far as reasonably possible, that the dose has not already been taken.

The six rights must be observed: right person, right medicine, right route, right dose, right time and the person's right to decline.

Medicines must normally be given directly from the original labelled container or pharmacy-supplied system. Staff must not alter doses, crush tablets, open capsules, mix medicines with food or drink, or change the route of administration unless this has been specifically authorised by an appropriate prescriber/pharmacist and recorded.

The staff member must record administration immediately after the medicine has been taken, using the MAR or agreed record. They must never pre-sign a MAR.

8. MEDICINES ADMINISTRATION RECORDS (MAR)

Where staff administer or provide recordable medicines support, an accurate MAR or equivalent record must be maintained. It should identify the person, medicine, strength/form, dose, route, frequency/time, special instructions, allergies, start/stop or review information where relevant, and the person's GP or prescriber details where available.

Every administration, refusal, omission, delay, PRN (when needed) dose and relevant reason must be recorded using the agreed codes or narrative. Corrections must preserve the original entry and be signed/dated; records must not be erased or obscured.

Medication records are confidential care records and will be stored securely in accordance with data protection requirements.

9. STORAGE AND THE LOCKED MEDICATION CABINET

The Learning Sanctuary has a designated locked medication cabinet. Medication held by the service will be stored securely in this cabinet, with access restricted to authorised staff. Keys or access codes must be controlled so that service users, visitors and unauthorised staff cannot gain access.

Medicines must be stored in accordance with the manufacturer's or pharmacist's instructions and kept in their original labelled packaging. Medication for different people must be clearly separated to reduce the risk of selection errors.

Medicines requiring refrigeration will only be accepted if The Learning Sanctuary has suitable secure temperature-controlled storage and monitoring arrangements in place. If suitable storage is not available, an alternative plan must be agreed before the medicine is brought to the service.

Emergency medicines should be readily accessible to trained staff when needed while remaining secure from unauthorised access. The individual risk assessment must balance immediate access against safety.

Storage arrangements and the cabinet will be checked routinely for security, expiry dates, damage and inappropriate stock.

10. MEDICATION BROUGHT INTO OR TAKEN FROM THE SERVICE

Medication should normally arrive in the original pharmacy-dispensed container with a legible label showing the person's name and clear directions. Loose tablets, unlabelled containers or medicines transferred into improvised containers will not be administered by staff.

Receipt of medication for staff administration should be documented, including the medicine, quantity where appropriate, date, and person receiving it. Handover back to the person/family/carer should also be documented where the service has held responsibility.

Transport arrangements must protect medicines from loss, damage, inappropriate temperatures and access by other people.

11. PRN ('WHEN REQUIRED') MEDICATION

PRN medication will only be administered where there are clear written directions and, where needed, an individual PRN protocol describing the indication, minimum interval, maximum dose in 24 hours, signs or circumstances for use, expected effect, when to seek medical advice and any non-medication strategies to try first.

Staff must record the reason for giving PRN medication, the dose and time, and where appropriate the outcome/effect. Repeated or increasing use must be escalated for clinical review.

12. CONTROLLED DRUGS

Where a person needs a controlled drug during attendance, The Learning Sanctuary will seek specific advice from the supplying pharmacy/prescriber and apply the relevant legal and safe-storage requirements. Controlled drugs will be stored securely with restricted access and records sufficient to provide a clear audit trail.

No staff member may administer a controlled drug unless authorised, trained and competent to do so under this policy and the person's individual plan.

13. REFUSAL, MISSED OR LATE DOSES

A person who has capacity may refuse medication. Staff should offer information and support, explore whether there is a simple reason for refusal, and may offer again after a short interval if appropriate, but must not pressure or coerce.

Refusal, omission or a significantly late dose must be recorded. Staff must follow the person's medication plan and seek advice from the pharmacist, prescriber, NHS 111 or emergency services where the medicine is time-critical, the consequences are uncertain, or the person becomes unwell.

Staff must never 'catch up' by giving an extra dose unless specifically instructed by an appropriate healthcare professional.

14. MENTAL CAPACITY, BEST INTERESTS AND COVERT MEDICATION

Capacity to make decisions about medication is decision-specific and time-specific. Staff must follow The Learning Sanctuary Mental Capacity Act 2005 Policy and Procedure where there is a genuine reason to doubt capacity.

Covert administration means disguising medication so that the person takes it without knowing. The Learning Sanctuary will not make an informal decision to administer medication covertly. Covert medication may only occur where the person lacks capacity for the specific medication decision, it has been lawfully determined to be in their best interests by the appropriate decision-maker with relevant professional input, less restrictive alternatives have been considered, pharmacist advice has been obtained about safe administration, and there is a clear written, reviewed plan authorising staff action.

A person's refusal must never be overridden simply because staff, relatives or carers believe taking the medicine would be better for them.

15. EMERGENCY AND RESCUE MEDICATION

Where a person may require emergency or rescue medication, an individual healthcare/emergency plan must be in place. It must specify when the medicine is required, exact administration instructions, maximum dose, when to call 999, aftercare, recording and who must be informed.

Only staff who have received the required medicine-specific training and have been assessed as competent may administer rescue medication. Emergency services must be called whenever the plan requires it or where there is doubt about the person's condition.

16. MEDICATION ERRORS, NEAR MISSES AND ADVERSE REACTIONS

Examples include wrong person, wrong medicine, wrong dose, wrong route, wrong time, omitted dose, duplicate dose, incorrect recording, lost medicine or storage failure.

The immediate priority is the person's safety. Staff must inform the Director promptly, obtain clinical advice from the pharmacist/prescriber/NHS 111 or call 999 where necessary, monitor the person as advised, inform the person and relevant representative/professionals as appropriate, and complete an incident record.

Errors and near misses will be reviewed in a fair and learning-focused way. Competency will be reassessed where indicated. Where an incident may amount to abuse or neglect, or has caused/risks significant harm, the Safeguarding Adults Policy and North Yorkshire safeguarding procedures must be followed.

17. SAFEGUARDING AND MEDICATION

Medication-related safeguarding concerns include deliberate over-medication or under-medication, withholding essential medicine, unauthorised use of sedating medicine for control, theft or diversion, coercion, falsification of records, repeated unsafe errors, or preventing a person from accessing appropriate treatment.

Any staff member who suspects medication abuse, neglect or exploitation must report it immediately to Jenny Mills, Director and Designated Safeguarding Lead, and follow The Learning Sanctuary Safeguarding Adults Policy. Immediate danger or serious medical risk requires emergency action.

The person's wishes and desired outcomes should be sought and respected as far as possible, consistent with the Care Act safeguarding principles and the Mental Capacity Act.

18. OVER-THE-COUNTER, HOMELY AND NON-PRESCRIBED REMEDIES

Staff will not give non-prescribed, over-the-counter, herbal or complementary products on an ad hoc basis. If such a product is to be administered by staff, there must be clear authorisation and instructions, checks for interactions/contraindications as appropriate, and the arrangement must be documented in the person's plan.

Staff must not share medicines between service users.

19. DISPOSAL AND RETURN OF MEDICINES

Unwanted, expired, discontinued or damaged medicines will not be placed in ordinary waste or flushed away. Where The Learning Sanctuary has responsibility for disposal, medicines will normally be returned to a community pharmacy in accordance with an agreed process and the return will be documented.

Sharps must be placed immediately into an approved sharps container and handled in accordance with the person's healthcare plan and relevant waste arrangements.

20. STAFF TRAINING, COMPETENCY AND SUPERVISION

Staff involved in medicines support must receive training appropriate to their role. Competency must include practical assessment/direct observation where administration is involved and should be reviewed at least annually, after a significant incident, after a long break from the task, or when the person's medication or method changes materially.

General medication training does not automatically authorise a staff member to administer every medicine. The Learning Sanctuary's stricter rule is that staff must also have medication-specific training/competency wherever the individual medicine, route, device, rescue protocol or clinical procedure requires it.

Staff are responsible for recognising the limits of their competence and must refuse and escalate any task for which they are not trained or competent.

21. ROLES AND RESPONSIBILITIES

Director: ensure this policy is implemented and reviewed; approve medicines support arrangements; ensure training and competency systems; maintain safe storage; investigate incidents; liaise with commissioners, social workers, healthcare professionals and safeguarding services; and ensure learning from errors.

Staff: follow the person's current plan and written directions; work within training and competence; maintain accurate records; protect confidentiality; report errors, changes and concerns promptly; and promote independence and choice.

Person/family/carer/representative: provide accurate current medication information and medicines in appropriate labelled packaging; inform The Learning Sanctuary promptly of changes; and participate in agreed reviews, subject to the person's consent and legal rights.

22. AUDIT, REVIEW AND QUALITY ASSURANCE

The Director will periodically audit medication records, storage, training/competency, incidents and support plans. Themes or repeated problems will result in corrective action.

This policy will be reviewed at least annually and sooner if legislation, NICE/CQC guidance, North Yorkshire procedures, commissioning requirements or The Learning Sanctuary's service model changes.

APPENDIX 1 - MEDICATION SUPPORT PLAN

Medication Support Plan	
Name	
Date of birth	
Allergies	
GP / prescriber	
Pharmacy	
Emergency contact	
Level of support: self-administer / prompt / assist / staff administer	
Medicines required during attendance	
Special instructions / time-critical medicines	
Communication / reasonable adjustments	
Storage arrangements	

Emergency / rescue medication plan	
Who may administer	
Medication-specific training required If so this must take place before medication is brought in	
Review date	

APPENDIX 2 - SELF-ADMINISTRATION RISK ASSESSMENT

Does the person want to self-administer?

_____

Can the person identify their medicine and purpose?

_____

Can they identify the correct dose, time and route?

_____

Can they open/use the packaging or device safely?

_____

Is there a risk of missed, repeated or excessive doses?

_____

Is there a risk to other people if medicine is accessible?

_____

Is capacity in doubt for this specific decision?

_____

What support or reasonable adjustments are needed?

_____

Where will the medicine be stored?

_____

Does emergency medicine need immediate access?

_____

What monitoring, if any, has been agreed?

_____

What would trigger review?

_____

Outcome: Self-administration agreed / agreed with support / staff administration required

Assessor: _____ Date: _____ Review date: _____

APPENDIX 3 - MEDICATION INCIDENT / ERROR RECORD

Person: _____

Date/time: _____

Medicine involved: _____

Type of incident/error/near miss:

_____

What happened: _____

Immediate action taken: _____

Clinical advice obtained and from whom:

_____

Person's condition/outcome: _____

Who was informed: _____

Safeguarding consideration/action:

_____

Follow-up / learning / competency review:

_____

Director review: _____

APPENDIX 4 - POLICY REFERENCES AND ALIGNMENT

- NICE NG67 - Managing medicines for adults receiving social care in the community.
- Care Act 2014 and Care and Support Statutory Guidance.
- Mental Capacity Act 2005 and Code of Practice.
- Human Medicines Regulations 2012.
- Misuse of Drugs Act 1971 and relevant controlled-drug regulations, where applicable.
- Data Protection Act 2018 and UK GDPR.
- Equality Act 2010.

- Current CQC medicines guidance for adult social care providers.
- Current West Yorkshire, North Yorkshire and City of York Joint Multi-Agency Safeguarding Adults Policy and Procedures.
- The Learning Sanctuary Safeguarding Adults Policy and Procedure (August 2026).
- The Learning Sanctuary Mental Capacity Act 2005 Policy and Procedure (August 2026).

Policy alignment note - August 2026. This policy has been prepared for The Learning Sanctuary's adult day-service context. Publicly available North Yorkshire material does not appear to publish a single provider-facing day-service medication manual; therefore the medicines procedures use national adult social care standards (particularly NICE NG67 and CQC expectations) and are linked explicitly to current North Yorkshire safeguarding and Mental Capacity Act arrangements. The Learning Sanctuary will also comply with any medication requirements specified in an individual's North Yorkshire Council care/support plan, placement agreement or commissioning documentation.