

# **Medication Administration Policy: Stepping Out in Somerset CIC**

**Revised March 2025**

*Service users of Stepping Out are referred to as 'members'*

## **1. Introduction**

1.1 This policy sets out how Stepping Out will manage medicine administration with its members.

1.2. Staff will encourage and support members to look after and take their own medicines unless a risk assessment indicates that this will put them or other people at risk.

1.3 Staff may provide varying levels of support, for example:

- advice about safe storage
- reminding members to take their medicine at the right time or with food
- supervising members while taking their medicine
- providing practical help, for example to open a medicine container, shake a bottle and remove the lid, or to take a dose
- full management and administration of medicines.

1.4. Staff will take full responsibility for managing medicines for members assessed under the Mental Capacity Act 1983 (MCA) as unable to manage their own medicines.

1.5 Staff will only administer medicine where:

- the staff member has completed required training and been assessed as competent to administer the relevant medicine
- a medicine risk assessment has been completed for the member
- written consent to administer the medicine to the member has been given
- the member's care plan specifies the exact nature of the support they require
- written information is held about how to administer the member's medicines. Prescribed medicines must have a pharmacy label which includes specific detailed instructions. The instruction 'as directed' will not be accepted.

## **2. Purpose**

2.1 The purpose of this policy is to set out how medicine related risks will be managed within Stepping Out

## **3. Scope**

3.1 This policy applies to Stepping Out in Somerset CIC

## **4. Definitions**

4.1 Definitions of terms used in this policy can be found at Appendix 1.

## **5. Legal Context**

5.1 Guidance and legislation relevant to this policy includes but is not limited to:

- The Handling of Medicines in Social Care - Royal Pharmaceutical Society of Great Britain (2007)
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Misuse of Drugs (Safe Custody ) Regulations 1973 as amended
- The Health and Social Care Act 2012 (section 250 power to publish information standards which resulted in the publication of the NHS Accessible Information Standard 2016)
- The Mental Capacity Act 1983 (MCA)
- The Data Protection Act 2018 6. Royal Pharmaceutical Society principles

The Royal Pharmaceutical Society's eight core principles for the safe and appropriate handling of medicines in social care will be followed at all times:

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
2. Care staff know which medicines each person has and the social care service keeps a complete account of medicines.
3. Care staff who help people with their medicines are competent.
4. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
5. Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.
6. Medicines are stored safely.
7. The social care service has access to advice from a pharmacist.
8. Medicines are used to cure and prevent disease, or to relieve symptoms, and not to punish or control behaviour.

## **7. Staff training and competency requirements**

7.1 Staff will only manage and administer medicines when they have satisfactorily completed all induction and other relevant medication training required by Stepping Out and been assessed as competent.

7.2 Staff who are learning new skills but are not yet competent will be supervised until assessed as competent.

7.3 Staff will only administer medicines that they have been trained to give. In general this means assisting with:

- taking tablets, capsules and oral mixtures
- inserting ear, nose and eye drops
- using inhalers
- applying a medicated cream or ointment

7.4 Staff competencies will be reviewed during annual medication training and may be reviewed more frequently, for example as a response to medication audits or as part of general quality control measures.

## **8. Types of medicines that staff may administer**

8.1 This section lists the types of medicines that trained staff may administer. All medicine types are subject to the controls of this policy.

### **Prescribed medicines**

8.2 Most medicines administered by staff will be prescribed medicines which will only be administered:

- from the container supplied and labelled by the pharmacist or dispensing doctor
- as prescribed
- to the person for whom they were prescribed.

### **As and when required / variable dosage medicines**

8.3 These are prescribed medicines intended to be taken:

- when needed rather than at specific times or intervals, for example for pain relief, or
- at a dose dictated by circumstances or the results of blood tests

8.4 Medicines where dosage is dependent on blood test results will be administered in accordance with the instructions of the responsible health professional.

8.5 As and when required / variable dose medicines will only be administered where written information is held about:

- the circumstances in which the medicine is to be given
- how much medicine is to be given if a variable dose has been prescribed
- what the medicine is expected to do, for example reduce hayfever symptoms
  - whether a dose can be repeated and if so:
  - the minimum time between doses if the initial dose has no effect, and
  - the maximum dose which can be taken within 24 hours.

8.6 Before administering an 'as and when required' medicine, staff will check with the member, their family or carer as appropriate to find out if a dose has been administered within the previous 24 hours.

8.7 Staff will seek advice from a pharmacist / the prescriber where there is any uncertainty about when the medicine is required or its effect.

8.8 The reason for administering an 'as and when required' medicine will be recorded on the MAR ( Medical Administration Record)

### **Controlled drugs - see GOV.UK controlled drugs list**

8.9 Controlled drugs are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependency. Because of the potential for misuse, there are legal requirements for the storage, administration, recording and disposal of controlled drugs.

8.10 The centre will maintain a separate controlled drugs register where the centre is responsible for administering controlled drugs.

8.11 The receipt, administration and disposal of any controlled drug will be recorded in the controlled drugs register in addition to the member's individual record.

### **Non-prescription / over the counter products**

8.12 'Over the counter' remedies and treatments can be bought without a doctor's prescription at pharmacies, supermarkets and elsewhere. They are used to treat minor illnesses. Examples include paracetamol, antacids and cough linctus.

8.13 There are risks that over the counter products may interact with prescribed medicines and cause harm.

8.14 Members assessed as able to self medicate can choose whether or not to use an over the counter treatment and may bring them to Stepping Out. Staff will draw any possible contraindications with the member's prescribed medicines to their attention (and / or where relevant to the attention of their family/carers) and recommend that they seek the advice of their GP.

8.15 Staff will not administer over the counter medicines to members assessed as unable to self medicate except:

- with the consent of the member / their authorised representative
- as agreed in the care plan and
- with the advice of a relevant health professional

### **General medicine controls and recording requirements**

#### **9. General controls:**

9.1. The Directors have overall responsibility for ensuring general medicine safety at centres.

9.2 Stepping Out will maintain:

- a list of the names, signatures and initials of staff who are authorised to manage and administer medicine.
- written procedures which state who is responsible at any given time for:
  - medicine security including possession of keys
  - receipt of medicines including what information is required from carers / family
  - administration of medicines
  - recording the receipt, administration and disposal of medicines.

9.3 Centres will comply with all safety alerts.

9.4 Staff will take all practicable precautions (for example through good hygiene practices including handwashing) to prevent and control the spread of infection.

9.5 Essential information, for example information about changes to medicines, will be:

- recorded in the communication book which staff are required to check daily
- made known to staff during team / morning meetings

9.6 Staff will keep complete, legible, up to date and accurate records. This applies to all records relating to medicine administration including but not limited to needs assessments, risk assessments, care plans, and ongoing MARs.

9.7 Paper based records will be completed in ink, dated and initialled by the person making the entry. Errors will be corrected by a single line ruled through the mistake, followed by the correction, the date and the signature of the person making the correction.

9.8 Please see also recording requirements for the receipt (section 10), disposal (section 12) and administration (section 13) of medicines and note the special recording requirements for controlled drugs.

## **10. Receiving medicines:**

10.1 Medicines to be administered by staff are supplied either by the member themselves or by their families or carers.

10.2 Staff will only accept:

- medicines prescribed for the person to whom they are to be administered. Prescribed medicines must be in the original containers labelled by the pharmacist/dispensing doctor. Labels must have specific administration instructions. The instruction 'as directed' will not be accepted.
- non prescription / over the counter products in the original packaging as purchased. Staff will check that the product is suitable for use and in date and will mark the product as only for the member's use, i.e. not for general use.

10.3 Staff will not accept medicines in foil strips which do not display an expiry date or where the medicine or dose cannot be identified

10.4 Staff will check prescribed medicines on receipt and will consult the member, their family/carer, pharmacy / prescriber as appropriate about any concerns, for example if:

- there is insufficient supply for the day/period required
- medicines differ unexpectedly from those received in the past for the same person
- the label is not fully legible
- the medicine is past its expiry date.

### **Recording requirements for receiving medicines**

10.5 The receiving staff member will record:

- the date on which the medicine was received
- the name and strength of the medicine

- the expiry date of the medicine
- the quantity received
- the name of the person for whom the medicine was prescribed or in the case of a non-prescription / over the counter medicine the name of the person for whom they were received.

10.6 The receiving staff member will:

- sign the record, and
- where the medicine is a controlled drug, also record the receipt of the medicine in the controlled drugs register and update the balance remaining for each medicine.

10.7 To avoid potential administration errors, staff will immediately update the member's MAR and care plan whenever the member's prescription is changed.

## **11. Storing medicines**

11.1 Medicines, oral nutritional supplements, appliances and medicines for external application including over the counter medicines / products will be stored:

- in a dedicated locked cupboard, trolley or room where the temperature does not exceed 25 degrees centigrade
- in the original containers labelled by the pharmacist or dispensing GP / original packaging as purchased and marked with the member's name
- in accordance with pharmacist / dispensing GP / manufacturer instructions so that they are not damaged by heat, dampness or other factors.

11.2 Mobile trolleys used for secure storage will be fixed to a wall and kept locked when not in use

11.3 Medicines for internal use will be physically separated from those for external use, for example on a separate shelf or separate cupboard.

11.4 Medicines which require refrigeration will be kept in either a dedicated locked refrigerator or in a locked container which can be stored in a refrigerator.

11.5 Refrigeration temperatures will be checked daily with a maximum / minimum thermometer. Advice about the safety of medicines will be sought from a pharmacist if there is any variation from the normal range of between 2 and 8 degrees centigrade.

11.6 Only authorised staff will have access to keys to medicine storage areas. Keys will be kept securely at all times.

### **Storing controlled drugs**

11.7 Controlled drugs will be stored in accordance with the Misuse of Drugs (Safe Custody) Regulations 1973 i.e. in a double locked cabinet or safe locked with a key or digital lock. The cabinet or safe must be made of metal to a defined gauge with suitable hinges and fixed to a solid wall or the floor with rag bolts. The controlled drugs cabinet will not be used for any purpose other than the storage of controlled drugs.

11.8 Only authorised staff will have access to keys to controlled drugs storage. Keys will be kept securely and separate from other keys.

## **12. Medicine disposal**

12.1 Medicines, including controlled drugs, may need to be disposed of for a number of reasons, for example when:

- the person's treatment is changed or discontinued
- a medicine reaches its expiry date. Eye drops in particular usually have a short life span once opened.
- a medicine is spoiled and no longer safe to use, for example because it was incorrectly stored, spilled or taken out of its container but not administered.
- the person the medicine was prescribed for dies.

12.2 Staff will return unwanted or out of date medicines to the member they were prescribed / purchased for (or where appropriate to their family or carer) and will encourage people to take them to a pharmacist for safe disposal.

12.3 Staff will return supplies of medicines prescribed for someone who has died to the member's next of kin or if this is not possible to a pharmacist for safe disposal.

12.4 Where death was sudden or unexplained, staff will retain medicines for seven days in case they are required by the Coroner's Office before returning them to next of kin / a pharmacist.

12.5 Staff will seek the advice of a pharmacist about how best to dispose of a missed or wasted dose.

12.6 Unwanted medicines will continue to be securely stored until returned or disposed of.

### **Sharps box**

12.7 Members who self administer insulin or other prescribed medicines with a syringe must use a sharps box for the safe disposal of used syringes or needles. Members are responsible for supplying the sharps box because it is a chargeable piece of equipment unless prescribed.

12.8 Medical professionals are responsible for the safe disposal of syringes or needles that they have used at the centre

### **Recording requirements for medicine disposal**

12.9 When medicines are returned / disposed of, staff will record:

- the date on which the medicine was returned
- the name and strength of medicine
- the quantity returned
- the name of the member for whom the medicine was prescribed
- whether the medicine was returned to the member (or their family / carer) or to the pharmacy.

The record will be countersigned by two staff members.

12.10 Staff returning medicines to a pharmacist will obtain a receipt.

12.11 Staff will record any wasted dose and the reason for wastage on the medical record sheet.

12.12 The staff member responsible for disposing of the medicine will:

- sign the record, and
- where the medicine is a controlled drug, record the return of the medicine in the controlled drugs register and update the balance remaining for each medicine.

### **13. Individual medicine profile**

13.1 An individual medicine profile will be maintained for any member to whom medicine is to be administered which includes

- the member's full name and date of birth
- any known drug sensitivities e.g. to penicillin, aspirin
- the name of the medicine to be administered
- the form of the medicine e.g. tablets or liquid
- the amount in the bottle/container supplied to the Centre
- the strength of the preparation
- the required dose
- the route of administration e.g. by mouth
- the time(s) the medicine is to be administered
- any special instructions e.g. whether it should be given before or after food

### **Medicine Administration Record (MAR)**

13.2 The MAR details the member's prescribed medicines and includes the dose, when it must be given and any special instructions.

13.3 Immediately after the member has taken their medicine, staff will record the date and time that medicine was administered on the MAR and will sign the record - see also section 13.5 for additional requirements for administration of controlled drugs.

13.4 Best practice is for two staff members to be present when medicines are administered - see Administering Medicines (section 18). Where this is not possible, a second staff member will check the remaining medicine stock to confirm that it is as expected.

13.5 Two staff members will always be involved in administering controlled drugs and will countersign the MAR - see also controlled drugs sections 13.7 and 13.8 below.

13.6 Staff will also record on the MAR:

- when they have prompted or reminded someone assessed as able to self medicate to take / use their medicine



- any prescribed dose refused by the member and the reason why if the member gives a reason. Subsequent actions will be recorded in the member's ongoing record.
- the dose administered where there is a variable dose, for example 1 or 2 tablets
- the medicine and the dose administered for any 'as and when required' or other infrequent prescribed medicine and the reason for administering it, for example for pain, wheezing, eyes running or itchy.
- the dose and name of any non-prescription or over the counter medicine administered.
- an explanation of why any dose was wasted
- any medicine error
- any medicine administered by visiting health professionals

### **Controlled drugs register**

13.7 Administration of a controlled drug will be recorded in the controlled drugs register as well as on the MAR. 13.8 The record (and the MAR) will be countersigned by the administering staff member and the staff member who witnessed administration

### **Supporting people to take their medicines safely**

#### **14. Supporting independence**

14.1 Staff will encourage and support members to look after and take their own medicines as prescribed unless a risk assessment indicates that this will put them or other people at risk.

14.2 Members who need information in a particular format and / or support to communicate with staff because of a disability or sensory loss will be provided with information in an accessible format and / or the support they need.

### **15. Risk assessment**

15.1 Staff will routinely assess medicine related risks at admission to determine:

- whether someone is able to safely look after and take their own medicines while at the centre and if not
- what level of support is required from staff.

15.2 Staff will record the outcome of the assessment and any support required in the member's care plan.

15.3 Provided that it is safe to do so, members may be given the opportunity to manage their own medicines for a trial period before final decisions are made about the support they require. During the trial period, staff will monitor the member's ability to manage their own medicines safely and as prescribed. Staff will end the trial immediately where the member or others are at risk.

15.4 Risk assessments will be reviewed at regular intervals and at any time where there is any doubt about the member's ability to safely manage their own medicines and take them as prescribed.

### **16. Members assessed as able to manage their own medicines**

16.1 Staff will explain the requirements for medicines to be stored where other members cannot access them and will:

- provide secure storage arrangements and ensure that members can access their medicines when they need them, or
- if the member prefers to keep their medicines with them, monitor to ensure that medicines are not left where others can access them.

16.2 Staff will encourage members to take medicines as prescribed and will record on the MAR when they have prompted or reminded the member to take/use their medication.

16.3 Staff will immediately draw any concerns that someone may not be taking their medicines as prescribed or not storing them safely to the attention of one of the Directors. This is likely to result in:

- discussion with the member and / or their family or carer, and
- review of the member's risk assessment.

16.4 Staff will encourage anyone who expresses concern about their health or medicines to discuss their concerns with their GP and will liaise with family/carers to make sure that this happens.

## **17. Documentation required before staff may manage medicines**

17.1 Staff will only administer medicines where:

- a written risk assessment confirms that the member requires support to manage their medicines
  - the member has given their written consent. Where there is any doubt about the member's ability to provide consent, staff will follow MCA procedures. If the member is deemed to lack capacity, consent may be provided by someone authorised to do so.
  - the exact nature of the support required from staff is detailed in the member's care plan.
- Information will be updated immediately whenever medicines are started, stopped or changed.
- written information is held about administration requirements. Prescribed medicines have a pharmacy label. The instruction 'as directed' will not be accepted. The label must confirm the:

member's name

name of the medicine

prescribed dose

frequency of administration

quantity

date on which the medicine was dispensed.

## **Administering medicines**

18.1 Best practice is for two staff members to be present when any medicine is administered (this is a requirement for controlled medicines) and they will have equal responsibility in the task.

18.2 Staff are expected to know:

- what the member's medicines are and what they are intended to do, for example to help them breathe more easily.
- if any special precautions are needed, such as giving the medicine with food, and potential side effects. The patient information leaflet is a reliable source of information.
- when to give an 'as and when required medicine'.

18.3 Staff will only administer prescribed medicine:

- from the original container supplied and labelled by the pharmacy
- as prescribed on the label
- for the purpose it was prescribed, and
- to the person it was prescribed for. It is good practice to date the container when first opened.

18.4 Staff will only administer non prescription medicines from the original packaging as purchased and in accordance with the manufacturer's instructions.

18.5 Before administering the medicine, staff will

- check that no-one else has already given the member their medicine
- check medicine details on the MAR and on the medicine label, and take particular note of the name, dosage instructions and the expiry date.
- check that they have the right medicine for the right member
- check the sensitivity / allergy box
- seek advice from the pharmacist / prescriber / other relevant health professional about any discrepancies or concerns, for example if:

the MAR chart and the medicine label do not match

the medicine label has been altered or is not clearly legible

the dose or medicine is not as expected

the medicine looks different from expected

there is any uncertainty about administering an 'as and when required medicine'.

- explain what they are going to do and obtain the member's verbal consent before unpackaging the medicine
- prepare the correct dose for the time of day.

18.6 Staff will then administer the medicine to the member in accordance with any special instructions, for example to be taken after food, and will offer a drink of water for oral medicines.

18.7 Immediately after the member has taken their medicine, staff will record the date and time that medicine was administered on the MAR and will sign the record.

#### **Additional requirements for administering controlled drugs**

18.8 In addition to all other requirements in this section:

- a second staff member will witness the administration of a controlled drug, and
- administration will be recorded in the controlled drugs register as well as on the MAR.
- both the controlled drugs register and the MAR will be countersigned by the administering staff member and the witness.

## **19. Right to refuse medicine**

19.1 Members have the right to refuse medicine.

19.2 Generally it is worthwhile waiting for a short time before re-offering the medicine. If the member still refuses, medicines will not be administered against their wishes.

19.3 In some instances the care plan may include information about what to do if medicine is refused. If not, staff will seek advice from the member's pharmacist or GP.

19.4 Staff will discuss concerns about any ongoing refusal with the member's family/carer.

19.5 Staff will record:

- medicine refusal and the reason for the refusal if the member gives a reason on the MAR.
- any subsequent actions in the member's ongoing record.

## **20. Wasted doses**

20.1 Staff will record on the MAR the reason for any dose being wasted, for example because it was accidentally spilled or dropped or because the member refused a dispensed dose..

20.2 Staff will consult a pharmacist about how to dispose of the wasted dose.

## **Covert administration**

21.1 Covert administration means giving someone medicine in a disguised format without their knowledge, for example in food or drink.

21.2 Staff will not administer medicines covertly to any member who has the capacity to make their own decisions about their care and treatment.

21.3 The decision to administer a medicine covertly is never routine and will always be subject to MCA procedures, i.e.

- an assessment of mental capacity is required where there is any doubt about an someone's capacity to make a decision about their medicine
- a best interests decision will be made about the best care and treatment option for the member.

21.4 If it is agreed that covert administration is in the member's best interests, the decision will be specified in the care plan together with information about how the medicine will be covertly administered.

21.5 The stability or effectiveness of some medicines can be altered by administering it covertly, for example with food. Advice about how the medicine could be administered without the member

knowing should be sought from the responsible health professional before directions are recorded in the care plan and on the MAR.

21.6 The plan will be regularly reviewed to determine whether or not covert administration is still necessary.

## **22. Arrangements for medicine administration during offsite activities**

22.1 Where medicines need to be administered when members are away from the centre for off site activities, a delegated staff member will be responsible for safekeeping, administering medicines and completing all records.

22.2 Where appropriate, staff will carry out a risk assessment to ensure that safety is not compromised.

## **23. Continuity of care**

23.1 Where someone moves to a new care setting, for example if they are admitted to hospital from a day centre or transfer from a day centre to another care facility, the centre will provide the receiving hospital or care facility with copies of the member's medicine profile and MAR.

## **Side effects / adverse reactions to medicines**

24.1 If someone becomes unwell after taking a new medicine, this may be caused by the medicine or a reaction with another medicine. Staff will seek immediate medicinal advice from the member's GP or the NHS 111 health line about any suspected adverse reactions.

24.2 Staff will advise the Directors as appropriate and record details of the adverse reaction in the member's ongoing record.

## **25. Medicine errors and incidents**

25.1 Despite best practice measures a medicine administration error or incident may occur, for example incorrect dose administered; medicine not given or given more than once; medicine given to the wrong person.

25.2 Every employee has a duty and responsibility to immediately:

- seek advice about medicine administration errors from the member's GP or other health professional to prevent or reduce harm to the member concerned
- report the error to the Directors as appropriate then  
complete and provide an incident report  
record details of the incident in the care plan and the MAR.

25.3 A Director will explain what has happened to the member and their family / carer.

25.4 A Director will:

- review and thoroughly investigate the incident

- monitor all medicine related incidents for trends
- take whatever action is necessary to reduce the likelihood of further medicine related incidents. This may include but is not limited to:

advising the Council's Safeguarding team where serious harm has occurred or there are significant concerns about errors

sharing information with staff involved in an incident and with other staff to promote learning especially about the root cause of incidents

requiring staff involved in an incident – or a wider staff group - to repeat training or complete additional training

## **Appendix 1 - Definitions**

### **Care plan**

The care plan sets out:

- what the person's care and support needs are
- how needs will be met and • what services and support the person will receive. If the person needs support to look after or take their medicines, the nature of the support required and subsequent staff responsibilities are detailed in the care plan.

### **Controlled drugs**

Controlled drugs are prescribed medicines that are usually used to treat severe pain, induced anaesthesia or treat drug dependency. There are legal requirements for the storage, administration, recording and disposal of controlled drugs because of the potential for misuse. See GOV.UK controlled drugs list.

### **Controlled drugs register**

The controlled drugs register is a bound book with numbered pages. The register has a separate page for each controlled drug for each person. Administration of controlled drugs is recorded both on the MAR and in the controlled drugs register. The balance remaining for each product is recorded. This should be checked against the amount in the pack or bottle at each administration and also on a regular basis, for example monthly.

### **MAR (Medication administration record)**

The MAR lists the person's medicines and required doses. It is used to record:

- when doses have been given
- exactly how much medicine has been given where the dose is variable and
- when a medicine has not been given.

### **MCA**

Mental Capacity Act 1983.

Among other things, the MCA requires:

- adults to be assumed to have capacity to make a particular decision until it is proven that they don't have capacity.
- mental capacity to be assessed if there is any doubt about an adult's capacity
- a best interests meeting to be held to discuss and agree on the best options for an adult who is unable to make a capacitated decision.
- decisions from the best interests meeting to be recorded in a plan.

## **MDS (Monitored Dosage System)**

Pharmacies use MDS to pre-package medicines into doses to help people to take their own medicines safely, particularly when they have difficulty in remembering when to take their medicines or have a number of different medicines to take.

### **Over the counter / non prescription products**

These are medicines that can be obtained without a prescription - like aspirin, paracetamol, laxatives, herbal remedies. They are sometimes called homely remedies.

### **Risk assessment**

Health and social care practitioners should carry out an individual risk assessment to find out how much support a service user needs to carry on taking and looking after their medicines themselves (self administration). Risk assessment should consider:

- service user choice
- if self-administration will be a risk to the service user or to other service users.
- if the service user can take the correct dose of their own medicines at the right time and in the right way (for example, do they have the mental capacity and manual dexterity for self administration?)
- how often the assessment will need to be repeated based on individual service user need
- how the medicines will be stored
- the responsibilities of the care home staff, which should be written in the service user's care plan

The risk assessment should involve the service user (and their family members or carers if the service user wishes) and care home staff with training and skills for assessment. Other health and social care practitioners (such as the GP or pharmacist) should be involved as appropriate to help identify whether the medicines regime could be adjusted to enable the service user to self administer.

*Source of risk assessment definition: NICE guideline SC1: managing medicines in care homes (March 2014), recommendations 1.13.2, 1.13.3*