CapitalPro Agency
Placing People Perfectly First time

Medicine Management Policy

Other formats of this policy can be made available via our management team on 01708 871517

Title of Policy/Guideline and version number	**Medicine Management: Version 2**			
Author / Responsible Individual	Marionette Zvavamwe, Registered Manager			
Creation Date	31/07/2022			
Principal target Audience:	All CapitalPro Agency staff involved in the handling, recording, administration, monitoring or oversight of medicines.			
Commissioning Body	Management Services			
Stake Holders Consulted	Directors, Clinical Leads and Staff			
Standards	CQC – *Safe* & *Effective* Quality Statements Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (Regulation 12) NICE Guidelines: Medicines Optimisation (NG5) NICE: Managing medicines in community settings (SC1) Mental Capacity Act 2005 Human Medicines Regulations 2012 Misuse of Drugs Act & Regulations NMC,			
Implementation Plan	Send to CQC Availability to All staff Review compliance with Policy in 6 months Monitor Feedback for quality and safety related incidents Local teaching at induction			
Related Policies	Safeguarding, Incident Reporting, Quality Assurance, MCA & Consent, Infection Control, Record Keeping.			
Approved by:	Marionette Zvavamwe Responsible Individual			
Date of submission	01/08/2022			
Date	Updated	Sept 2025	Review Date	Sept 2026
Date of Validation	August 2025			
Key Words	Medicine, Drugs, Management			

Version Control Sheet

Version	Date	Author	Status	Comment
1	August 2022	Marionette Zvavamwe	Registering Manager	
2	December 2022	Marionette Zvavamwe	Registered Manager	Changes for CQC submission
3	September 2023	Marionette Zvavamwe	Registered Manager	Yearly Review
4	September 2024	Marionette Zvavamwe	Registered Manager	Yearly review
5	September 2025	Marionette Zvavamwe	Registered Manager	Yearly review

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Policy Statement

'Medicine' is a broad term, but for the purposes of CapitalPro's Medicine Management policy, encompasses drugs, medicinal feeds and dressings.

This policy covers the safe handling, administration, recording, storage, supply, disposal and governance of medicines including drugs, medicinal feeds, dressings, topical treatments, controlled drugs, PRN medicines, and emergency medications.

CapitalPro supports service users with medicines **only where assessed, agreed, and documented** in the Care & Support Plan. We prioritise independence and promote self-administration wherever safe and appropriate, following NICE "Making decisions about your care" and NICE SC1 (Managing Medicines in the Community).

We commit to ensuring medicines are managed safely and effectively, reducing risk, supporting wellbeing, and following national guidance including:

- CQC Single Assessment Framework (Quality Statements: *Safe*, *Effective*, *Caring*, *Responsive*, *Well-led*)
- Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 – Reg 12 (Safe care & treatment), Reg 17 (Good governance)
- Medicines Act 1968, Misuse of Drugs Act 1971, Misuse of Drugs Regulations
- Human Medicines Regulations 2012
- MCA 2005 & Code of Practice
- NICE Guidance (NG5, SC1)

1.0 Introduction

Medicine Management Lead:- Marionette Zvavamwe,
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1.1 CapitalPro is a CQC registered provider.

1.2 CapitalPro provides domiciliary care services including personal care and medicines support.

1.3 We operate within the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 and all associated legislation.

1.4 This policy guides safe practice but staff must use professional judgment in line with safeguarding, MCA, and duty of candour.

1.5 All staff must familiarise themselves with this policy.

1.6 We follow national guidance from CQC, DHSC, NICE, MHRA, GPhC, NHS England, NHS Improvement.

1.7 Sets standards for all staff handling medicines.

1.8 **CapitalPro does not routinely order, collect or dispose of medicines** unless specifically agreed in the support plan.

1.9 A culture of **active incident reporting and learning** is promoted.

1.10 The service user's best interests must be central to all decisions.

1.11 Policy is mandatory for induction and accessible to service users.

2.0 Aims and Purpose of the Policy

2.1 The policy aims to:-

- Ensure safe, effective, person-centred medicines management
- Promote independence and shared decision-making
- Prevent medication errors and support transparent reporting
- Ensure compliance with Regulated Activities Regulations
- Support staff to follow consistent, evidence-based procedures

2.2 Ensures standardised practice across all staff.

2.3 Ensures compliance with current CQC standards (replacing outdated Outcome 9).

2.4 Links with all other relevant CapitalPro policies.

3.0 Scope

3.1 This policy applies to all staff employed by CapitalPro, including agency workers, volunteers, students, and team leaders..

3.2 This policy will be mandatory in induction and refreshed annually.

3.3 all processes herein defined,

3.4 Updated legislation includes:

- Care Act 2014
- Health & Social Care Act 2008
- UK GDPR / Data Protection Act 2018 (replaces 1998 Act)
- Human Medicines Regulations 2012
- Misuse of Drugs Act 1971 / Safe Custody Regulations
- Equality Act 2010
- Mental Capacity Act 2005

4.0 Responsibilities

4.1 **Leadership Team**

- Approve this policy and oversee implementation
- Ensure safe medicines governance and compliance
- Challenge poor practice
- Ensure national guidelines are implemented

4.2 **Registered Manager / Operations Manager & HR Manager**

- Enforce policy and ensure competence of staff
- Investigate medication incidents and ensure learning
- Ensure staff receive appropriate training
- Maintain signature logs
- Lead multi-agency working

- Ensure training and guidance reflect best practice
- Oversee risk assessments, infection prevention, and reporting

4.3 **The Clinical Governance Committee**

- Review incidents and oversee investigations
- Provide expert guidance
- Monitor compliance and audit

4.4 **Registered Manager (Additional)**

- Ensure annual audits of this policy
- Oversee risk assessments and culture of safety
- Ensure duty of candour requirements are met

4.5 **The Staff**

- Complete all medicines training and competency checks
- Follow the "6 Rights" of medicines administration
- Report errors, concerns, unsafe practice, and near misses
- Participate in audits and reflective learning
- Maintain accurate MAR/eMAR records

4.6 **The Team Leader**

- Ensure staff understand and follow policy
- Implement action plans following audits
- Escalate non-compliance

4.7 **The Service user & Family member**

- Responsible for obtaining prescriptions unless agreed otherwise
- Support safe storage, ordering, and disposal

4.8 **Students**

- All students within the Company have a supernumerary status and should be supervised at all times

5.0 CapitalPro's Goals

5.1 **All The goals of the organisation are to ensure that:**

- Ensure safety and independence in medicines management
- Ensure staff follow evidence-based procedures
- Achieve high compliance with medication training
- Support service users to make informed healthcare decisions
- Maintain accurate MAR/eMAR
- Achieve zero avoidable medication errors

6.0 Medication Assessment & Support

6.1 Assessment Requirements

- All clients receive a medicines assessment before support begins
- Referral includes full medicines list and support level required
- Allergies recorded in care plan and MAR
- MCA assessment completed where needed

6.2 Pre-Assessment

- A thorough assessment identifies all medication needs
- Support plan details: levels of support, timing, allergies, risks, contacts
- Regular review triggered by changes in health or cognitive function.

6.3 Risk Assessment

- Completed for all service users
- Documents level of support, risk factors, safeguarding issues
- Updated immediately if decline noted

6.4 6 Rs of Administration

Care workers who are supporting service users to take their medicines should practice the 6 Rs of drug administration.

A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound **T**he **D**ay

- Right **P**atients
- Right **D**rugs
- Right **D**ose
- Right **R**oute
- Right **T**ime
- Right **D**ocumentation/of refusal

6.5 Covert Administration

- Care workers must not give, or make the decision to give, medicines by covert administration, this should be done only with MCA assessment, best-interests meeting, GP approval and documented plan.

6.6 Joint working

- Clear communication with healthcare professionals
- Named lead provider identified when multiple agencies involved

6.7 STOMP (If considering LD/autism)

STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

As CapitalPro does not intent to provide personal care for this client group it will however insure staff are aware of this incase service user's needs change and there is need to escalate this and ensure the service is reevaluated for the safety of the service user as they must transfer to another service user if they receive a different diagnosis to that which they commenced with CapitalPro.

- Staff trained to recognise when STOMP may apply
- Escalation required for specialist reassessment if diagnosis or needs change

7.0 Incident Reporting

- All errors and near misses reported within 24 hours
- Serious incidents reported to safeguarding and CQC
- Learning shared through governance meetings

8.0 Training & Competency

- All staff complete medicines training before supporting service users
- Annual refresher training required
- Competency assessments completed annually
- Specialist training provided where required (insulin, patches, PRN, CDs)

9.0 Audit

Audit Type	Method	Frequency	Lead	Escalation
MAR Audit	Chart review	Monthly	Team Lead	Registered Manager
Medicines Governance Audit	Full audit tool	Quarterly	RM	Governance Committee
PRN Review	Protocol checks	Quarterly	RM	Governance Group

CD Audit	Balance check	Quarterly	RM	Governance Group
Training Compliance	Matrix	Quarterly	HR	RM
Annual Review	Full audit	Yearly	RM	CQC if required

All findings feed into the **Quality Improvement Plan (QIP)**.

10.0 References

The Care Act 2014

NICE NG5 (Medicines Optimisation)

NICE SC1 (Managing Medicines in the Community)

CQC Single Assessment Framework (2024–2025)

Health and Social Care Act 2008

Mental Capacity Act 2005 & Code of Practice

Data Protection Act 1998 & UK GDPR

Equality Act 2010

The Human Medicines Regulations 2012

The Misuse of Drugs (Safe Custody) Regulations 1973

Misuse of Drugs Act 1971.

APPENDIX A — AUDIT SCHEDULE

Monthly: MAR audits, incident review, missed doses, PRN effectiveness
Quarterly: CD audits, governance audit, training compliance
Annual: Full medicines management audit, competency review

APPENDIX B — QIP TEMPLATE

Area for Improvement	Area for Improvement	Area for Improvement	Area for Improvement	Area for Improvement	Area for Improvement	Area for Improvement

APPENDIX C — KPI DASHBOARD (STRUCTURE)

KPI	Target	Actual	RAG	Monitoring Frequency
Medication Errors	0			Monthly
MAR Accuracy	100%			Monthly
Training Compliance	95%			Quarterly
PRN Protocol Compliance	100%			Quarterly
CD Balance Accuracy	100%			Quarterly

APPENDIX D — MEDICATION PROCESS FLOWCHART (WRITTEN VERSION)

1. Assessment → 2. Risk Assessment → 3. Support Plan → 4. Staff Competency → 5. Administration → 6. MAR Recording → 7. Monitoring → 8. Incident Reporting → 9. Review & Audit