

Support with Medication Policy

Policy Reference:		CS08			
Effective date:	January 2025	Review date:	January 2028		
Approved by P&PRG:	August 2024	Approved by BoM:	December 2024		
Owner:	Neil Armstrong	Job Title:	Assistant Director, Care & Support		
To be issued to: (chec	k as needed)				
☑ Board of Management		\boxtimes OD			
All Staff		Compliance			
ET/SLT		All Care & Support			
Head Office Managers		🖾 C&S Managers (RM, OM, CSM)			
Head Office Staff		⊠ C&S Staff			
Finance					
□ Housing		⊠ Agency Staff			
□ Asset		□ Unite the Union			
		Employee Voices Group			
		□ Other:			
Method of Delivery: (check as needed)				
🛛 Learn Pro		□Policy Owner to Notify (e.g. Contractors)			
🗆 Board Portal		□ Other:			
🛛 Line Manager to Sh	are (e.g. Agencies)				
Stakeholder Consultation Completed (check as needed)					
Board of Management					
All Staff		Compliance			
ET/SLT		All Care & Support			
Head Office Managers		☑ C&S Managers (RM, OM, CSM)			
Head Office Staff		C&S Staff			
Finance		Contractors			
Housing		Agency Staff			
□ Asset		□ Unite the Union			
		Employee Voices Group			
		□ Other:			

Version Control

Date	Owner	Version	Reason for Change
Aug 2024	Lesley McDonough	8.0	Provide emphasis on quality assurance processes
May 2023	Lesley McDonough	7.0	Cyclical Review
Sept 2020	Lesley McDonough	6.0	Cyclical review New policy template

Summary of Changes

Section	Change
All	Transferred to new Policy template
	OMT to LT
5.0	Updated - Codes of Practice for Social Services Workers and
	Employers (SSSC, 2024)
	Included - Health and Care (Staffing) (Scotland) Act 2019
8.0	Included L&D requirements
13.1	Included how this policy will be monitored via health and safety quarterly reports and quality assurance processes.

Support with Medication Policy

Contents

1.0 Ark Values
2.0 Purpose
3.0 Policy Statement
4.0 Scope
5.0 Legal/Regulatory Framework5
6.0 Responsibilities
6.1 Board of Management6
6.2 Executive Team6
6.3 Leadership Team
6.4 Managers6
6.5 All Staff
6.6 Third parties6
7.0 Medication
8.0 Learning & Development Requirments7
9.0 Related Policies & Procedures
10.0 Equality Impact Assessment (EIA)8
11.0 Data Protection Impact Assessment (DPIA)8
12.0 Stakeholder Consultation
13.0 Monitoring and Review
13.2 Review9

1.0 Arks Values

Ark's values are true to the core purpose of the organisation and the services we deliver. They determine our behaviours towards one another and what we should expect in our relationships with one another. Working within the following values will guide and help us deliver our vision and mission of Ark being an organisation where everyone is equal:

Trust

We have confidence in our people to deliver excellent services and trust in them to do so. We will develop trusting and honest relationships and our customers will feel assured that they can rely on us to deliver.

Respect

We treat everyone fairly and we listen. We are respectful of each person with whom we come into contact and expect our people to respond professionally and treat others as they would wish to be treated.

Understanding

We will operate with empathy and compassion and approach each situation with an open mind. We will question and challenge to ensure we achieve the right outcomes for customers and our people.

Equality

We believe everyone is equal and expect our people to create positive experiences where everyone feels valued and included.

Integrity

We will do the right thing and take responsibility for our actions

2.0 Purpose

This policy and associated procedure explains how Ark will support individuals with medication. This includes assessing the level of support required, providing that support, and ensuring the accurate recording and storage of medication.

3.0 Policy Statement

Ark will provide support with medication while ensuring that individuals are able to exercise their right to make choices and live independently as far as they are able. This means that providing the minimum amount of staff involvement according to the individual's needs and level of understanding.

Ark Care & Support services will seek to provide the maximum amount of choice and control to the individual, while minimising the risks to the individual, their staff and the organisation by using robust Good Life Support Plans/Risk and Vulnerability (R&V); see **CS02 Care planning**

Ark Care & Support staff may only be involved in the management of medication, including any invasive procedure or administration of controlled drugs, with the consent of the individual or their legal representative. This would be documented in the medication section on AIMS.

4.0 Scope

This policy and associated procedure applies to all Care & Support teams. It includes relief staff, agency staff, volunteers and students undertaking direct practice with supported people on behalf of Ark.

5.0 Legal/Regulatory Framework

This policy and associated procedures are written with regard to the following:

- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment)(Scotland) Act 2003
- Adult Support and Protection (Scotland) Act 2007
- Human Rights Act 1998
- Equality Act 2000
- Duty of Candour Procedure (Scotland) Regulations 2018
- Health and Social Care Standards (Scottish Government, 2017)
- Codes of Practice for Social Services Workers and Employers (SSSC, 2024);
- Health and Care (Staffing) (Scotland) Act 2019.

This policy and associated procedure also complies with current best practice as defined in:

- 'Prompting, assisting and administration of medication in a care setting: guidance for professionals' (Care Inspectorate, 2015)
- 'Professional guidance on the safe and secure handling of medicines' (Royal Pharmaceutical Society, 2018)

6.0 Responsibilities

6.1 Board of Management

Ark's Board of Management is responsible for consideration and approval of this policy, and for ensuring that its decisions are taken in accordance with relevant legislation, regulatory expectations, training and guidance.

6.2 Executive Team

Ark's Executive Team is responsible for ensuring that this policy is reviewed in accordance with Ark's schedule for review of policies, or sooner if required. The Executive Team is responsible for ensuring that its decisions, and that the decision of officers, are taken in accordance with relevant legislation, regulatory expectations, training and guidance.

6.3 Leadership Team

Ark's Leadership Team is responsible for review of the policy, and for ensuring that its decisions, and that the decision of officers, are taken in accordance with relevant legislation, regulatory expectations, training and guidance.

6.4 Managers

Ark Care & Support Managers and Operations Managers will be responsible for the effective implementation of this policy within their area of responsibility. They must also ensure that all Care & Support staff are made aware of this policy and participate in relevant training.

6.5 All Staff

All Ark Care & Support staff are required to familiarise themselves with this policy and comply with its provisions as well as undertake any training required as part of this policy or associated procedures.

All Care & Support staff must report immediately any medication discrepancies to the Care & Support Manager/Operations Manager.

6.6 Third Parties

All relief and agency staff, volunteers and students undertaking Care & Support duties are required to familiarise themselves with this policy and comply with its provisions.

Ark will ensure that the Public Sector Equality Duty is complied with when third parties, such as contractors, are carrying out functions on behalf of Ark.

7.0 Medication

Support with medication can range from limited involvement where the individual is able to manage their own medication and had chosen to do so, to full support and management of medication where the individual has been assessed as lacking capacity to do so (see: **Adults with Incapacity (Scotland) Act 2000**).

Any risks involved in the management of an individual's medication must be identified in their Good Life Support Plan/Risk and Vulnerability. This information is held electronically on AIMS (Ark Information Management System) and are subject to regular review to ensure accuracy with the supported person's current abilities and needs.

All records relating to medication will be kept for the duration of the service, and for at least 3 years after the service ends. See: **G25a Records Management**. Ark will provide training and learning to Care & Support staff to undertake these assessments and plans, provide the level of support required, and support the individual to develop their skills, ability and confidence in handling their medication. Care & Support staff will only support people with medication or any invasive procedure after successful completion of appropriate training.

When Care & Support staff members are involved in assisting with medication, Ark will ensure that:

- Only medication prescribed by the individual's GP or certified medical professional is used, and is administered as prescribed.
- Any 'household remedies' used for the immediate relief of symptoms have been selected by the individual's GP or pharmacist and are recorded in the Good Life Support Plan/Risk and Vulnerability.
- Clear and comprehensive procedures are implemented for ordering and administering of regular and 'as required' medication.
- Accurate records are maintained for ordering, counting, administering and disposal of all medication.
- Clear procedures are in place for dealing with medical emergencies involving supported people.
- Individuals are supported to access advice about their medication if required.

8.0 Learning and Development Requirements

Ark has a robust Medication Training pathway which is caried out by suitably trained Managers or staff.

In order to be competent, Care & Support staff members must:

- Complete E-learning Module called "Ark: Medication Theory".
- Attend Face to Face session called "Medication Practical Session".
- Undertake an assessment called "Medication Assessment".
- Undertake an observation and discussion between manager and staff using the "Medication Competency Assessment" document.

9.0 Related Policies & Procedures

- CS02 Care Planning;
- CS06 Reducing Restrictive Practice;
- G13 Openness & Confidentiality;
- G24 Privacy & Data Protection;
- G34 Equality;
- G36 Keeping People Safe;
- CS23a Quality Assurance Care & Support;
- G25a Records Management
- G57a Adult Support & Protection;
- HR15 Whistleblowing.

10.0 Equality Impact Assessment (EIA)

Please see relevant Equality Impact Assessment.

11.0 Data Protection Impact Assessment (DPIA)

Please see AIMS Data Protection Impact Assessment.

12.0 Stakeholder Consultation

- Ark Board of Management
- Ark Policy & Procedure Review Group
- Ark Regional Managers' group
- Ark Operations Managers
- Ark medication Trainers Group (Learning & Development dept., and Care & Support managers and staff)
- Ark Supported People

13.0 Monitoring and Review

13.1 Monitoring

Ark's Executive and Leadership Teams will monitor implementation of this policy on an ongoing basis and ensure that relevant decisions within Ark are taken in line with the obligations and expectations set out in this policy.

This policy and its associated procedure will be monitored through Health and Safety quarterly incident reports and quality assurance processes.

13.2 Review

This policy will be reviewed within 3 years from the date of approval by our Board of Management, in accordance with Ark's policy review framework.