

CM02 - Overarching Medication Policy and Procedure

Category: Medications Management Sub-category: Medications Management





 **Policy Review Sheet**

Review Date: 21/03/17 Policy Last Amended: 28/04/17



Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

 Reason for this review:	New Policy
 Were changes made?	Yes
 Summary:	The purpose of this Overarching Policy and Procedure is to outline key points and responsibilities regarding Medication Management. This policy and procedure should be used alongside the associated QCS Medication policies and procedures that provide further detail and supports the implementation of this policy.
 Relevant Legislation:	<ul style="list-style-type: none"> The Care Act 2014 Care Quality Commission (Registration) Regulations 2009 Control of Substances Hazardous to Health Regulations 2002 The Controlled Drugs (Supervision of Management and Use) Regulations 2013 Data Protection Act 1998 The Hazardous Waste (England and Wales) Regulations 2005 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 Human Rights Act 1998 Medical Act 1983 Medicines Act 1968 Mental Capacity Act 2005 Mental Capacity Act Code of Practice Misuse of Drugs Act 1971 The Misuse of Drugs (Safe Custody) Regulations 1973 The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007 The Pharmacy Order 2010

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 <p>Underpinning Knowledge - What have we used to ensure that the policy is current:</p>	<ul style="list-style-type: none"> The Royal Pharmaceutical Society of Great Britain, (2007), <i>The Handling of Medicines in Social Care</i>. RPSGB National Institute for Health and Care Excellence, (2014), <i>Managing Medicines in Care Homes Social Care Guideline [SC1]</i>. [Online] Available from: https://www.nice.org.uk/guidance/sc1 [Accessed: 14/03/2017] Care Quality Commission, (2009), <i>Managing Patients Medicines After Discharge from Hospital</i>. [Online] Available from: http://webarchive.nationalarchives.gov.uk/20101201001009/http://www.cqc.org.uk/db/documents/Managing_patients_medicines_after_discharge_from_hospital.pdf [Accessed: 14/03/2017] Nursing and Midwifery Council, (2007), <i>NMC Standards for Medicines Management</i>. [Online] Available from: https://www.nmc.org.uk/standards/additional-standards/standards-for-medicines-management/ [Accessed: 14/03/2017] Nursing and Midwifery Council, (2015), <i>The Code</i>. [Online] Available from: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf [Accessed: 14/03/2017] National Institute for Excellence in Care and Health, (2014), <i>Checklist for Health and Social Care Staff Developing and Updating a Care Home Medicines Policy</i>. [Online] Available from: https://www.nice.org.uk/guidance/sc1/resources [Accessed: 14/03/2017] Royal College of Nursing, (2015), <i>Accountability and Delegation- A Guide for the Nursing Team</i>. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-004852 [Accessed: 14/03/2017] Department of Health and University of Leeds, (2016), <i>Administration of Medicines in Care Homes (With Nursing) For Older People by Care Assistants Evidence-Based Guidance for Care Home Providers</i>. [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/518298/Medicines_in_care_homes_A.pdf [Accessed: 14/03/2017]
 <p>Suggested action:</p>	<ul style="list-style-type: none"> Notify relevant staff of changes to policy Share key facts with professionals involved in the service Discuss in team meetings Discuss in supervision sessions Confirm relevant staff understand the content of the policy

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? 1. Purpose

1.1 The purpose of this Overarching Policy and Procedure is to outline key points and responsibilities regarding Medication Management. This policy and procedure should be used alongside the associated QCS Medication policies and procedures that provide further detail and supports the implementation of this policy

1.2 To describe the ways in which Service Users may be safely assisted with managing their medication that promotes choice, independence, dignity and respect.

1.3 To comply with regulatory and legislative requirements, best practice recommendations, guidance and professional codes of practice.

1.4 To describe the procedures involved in delivering medication support and the responsibilities of the staff.

1.5 To support in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S4: How are peoples medicines managed so that they receive them safely?
EFFECTIVE	E1: How do people receive effective care, which is based on best practice, from staff who have the knowledge and skills they need to carry out their roles and responsibilities?
EFFECTIVE	E2: Is consent to care and treatment always sought in line with legislation and guidance?
WELL-LED	W2: How does the service demonstrate good management and leadership?

1.6 To meet the legal requirements of the regulated activities that is registered to provide:

- | The Care Act 2014
- | Care Quality Commission (Registration) Regulations 2009
- | Control of Substances Hazardous to Health Regulations 2002
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | Data Protection Act 1998
- | The Hazardous Waste (England and Wales) Regulations 2005
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- | Human Rights Act 1998
- | Medical Act 1983
- | Medicines Act 1968
- | Mental Capacity Act 2005
- | Mental Capacity Act Code of Practice
- | Misuse of Drugs Act 1971
- | The Misuse of Drugs (Safe Custody) Regulations 1973
- | The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
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2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Nurse
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | All service users

2.3 The following stakeholders may be affected by this policy:

- | Family
- | Representatives
- | External health professionals
- | Local Authority
- | NHS
- | Commissioners



3. Objectives

3.1 To maintain the health, safety and independence of Service Users by supporting them to take prescribed medication at the correct time and in the correct way as part of an individualised plan of care and support.

3.2 To provide a safe framework for the Support Worker to work within when assisting the Service User with medication.

3.3 To reduce the risk of medication errors and incidents and to help prevent unnecessary admissions to hospital.

3.4 To ensure Nurses work within the NMC Code and NMC Standards for Medication.

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4. Policy

- 4.1** understands the importance of providing safe, reliable care including support and treatment in relation to Medication Management.
- 4.2** The Service User will be treated as an individual at all times respecting dignity, privacy, independence, choice and control.
- 4.3** recognises the importance of staff training and supervision and will ensure all staff involved in medication management are well trained and competent to perform the activities within the remit of their roles and in line with the Medication Management Training Policy and Procedure.
- 4.4** This policy challenges discrimination based on age, gender, disability, sexuality, faith, religion, culture, ethnic or national origin, trans-gender or marital status.
- 4.5** Medicines remain the property of the Service User to whom they have been prescribed. They will not be shared with others or used on a temporary basis if another person using the service runs out of the same item.
- 4.6** All staff will follow the 6 Rights of Medication to ensure the safety and well-being of the Service User.
- 4.7 Roles and Responsibilities of Staff - The Registered Manager is responsible for:**

- | A mental capacity assessment forms part of person centred planning and consent to support medication is obtained
- | Where best interest decisions are required, this is done in collaboration with others involved in the Service User's care and is recorded and shared with relevant staff
- | Capacity in relation to the management of medication should be reviewed regularly
- | For people who transfer into the home, their medicines will be listed by the home on the day that they transfer, or as soon as possible after admission and the QCS Medication Reconciliation Policy and Procedure will be followed
- | Ensuring that medication reviews are part of and align with the Service User's care and treatment assessments, plans or pathways and should be completed and reviewed regularly when their medication changes
- | Regular medication reviews take place and this involves the wider multi-disciplinary team where appropriate, in line with the QCS Medication Review Policy and Procedure
- | That all staff involved in medication management are trained, assessed and competent to perform the activities required of them within their role
- | That policies and procedures are in place that comply with current legislation and guidance for medicines administration including:
 - | Supply and ordering
 - | Storage, dispensing and preparation
 - | Administration
 - | Disposal
 - | Recording
- | There is a culture that allows staff to report incidents. To achieve this, there should be systems to support:
 - | Clear incident reporting
 - | Investigations of incident reports to decide whether to offer training to an individual or review existing procedures
 - | Simple and regular audits of how things work
 - | Reporting of serious incidents to the regulatory body and compliance with the Duty of Candour
 - | Whistleblowing

4.8 Roles and Responsibilities - The Registered Nurse is responsible for:

- | Having the clinical responsibility in Nursing Homes for the management and the administration of medication
- | The delegation of any aspects of the administration of medicines; they are accountable for ensuring that the Carer is competent to carry out the task. They must ensure the task is completed to an agreed standard

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- | Ensuring where tasks are delegated, the member of staff is adequately supervised and supported so they can provide safe and compassionate care
- | Ensuring, where Carers are involved in medicine administration, the Registered Nurse is responsible for continuing assessment of Service Users and their medicines to manage their health care needs and to apply the principles of medicines management
- | Informed consent is obtained before the administration of medication; with the assumption the Service User has the mental capacity to give informed consent. Where proved otherwise, the Registered Nurse will ensure a best interest decision is made, working with others within the multidisciplinary team, family or advocates
- | Working within the NMC Code at all times

4.9 Roles and Responsibilities - Carer is responsible for:

- | Ensuring that they only administer medicines that they have been trained to give
- | Accepting the delegated task of administering or assisting with medicines, must take responsibility for ensuring that their actions are carried out carefully, safely and correctly following the 6 Rights of Administration
- | Being aware of their responsibilities if a resident refuses to take their medicines
- | Remaining up to date, participate in any training and supervision sessions
- | Reading and following 's policies and procedures and to seek guidance if there are any areas of misunderstanding before supporting Service Users with medication management
- | Reporting any concerns to their line manager as soon as they arise

4.10 Delegation of Medication Administration by Nurses

- | Any staff employed by the home and responsible for the management and administration of medicines must be suitably trained and competent and the Registered Manager and staff should keep this regularly under review
- | The law does not prevent care assistants from administering medicines in care homes (with or without nursing). In homes with nursing care, registered nurses are employed by the homes to provide continuous care and where Medication Administration is delegated the Registered Nurse must comply with the NMC Code and Principles of Delegation (RCN, 2011)
- | The Registered Manager will also consider any contractual requirements and Service User needs and expectations, if a Registered Nurse delegates medication administration activities

4.11 Consent and Mental Capacity

- | When assessing the Service User's requirements and agreeing their Care Plan, consideration will be given to the Service User's mental capacity and ability to give informed consent
- | The Support Worker will be guided by the principles of the Mental Capacity Act and the QCS policies on Consent and Mental Capacity
- | Consent will be obtained for important aspects of Service User care and support, including medication
- | A record of a Service User's informed consent will be made in their care record
- | The Service User should be deemed to have mental capacity to make decisions about their care unless there is an indicator that they are unable to make decisions relating to their medication. Where an indicator exists that a Service User may not have the capacity to make decisions about their medication, will ensure:
 - | An assessment is completed in line with the Mental Capacity Act 2005 and where required, a best interest decision will be recorded in the Service User's care record
 - | recognises that Service Users in care homes should have the same opportunities to be involved in decisions about their treatment and care as people who do not live in care homes, and that Service Users should get the support they need to help them to take a full part in making decisions

4.12 Protected Characteristics and Medication Management

will ensure that protected characteristics are considered when managing medicines. This includes Service User's cultural and religious requirements, which will be fully and carefully considered and may include but not limited to;

- | Vegetarians and people from some religious groups who do not want gelatin capsules (made from animal products)

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- | Having medicines given to them by people of the same gender
- | The administration of medicines during religious festivals, including fasting
- | Medicines including 'unclean' substances

4.13 Confidentiality and Information Sharing

- | Information regarding a Service User's medication and health must be treated confidentially and respectfully
- | All records must be stored securely where they cannot be accessed by unauthorised persons
- | Information about a Service User should only be disclosed with that person's consent, unless the home is legally obliged to share the information
- | Any information shared must be relevant, necessary and proportionate
- | If the Service User agrees, relevant information about them can be shared with their relatives or nominated representatives
- | The agreement for sharing information should be documented in the Care Plan
- | Information should be shared with health and social care professionals involved in the direct care of the Service User where it is needed for the safe and effective care of the individual, unless the Service User has refused to share the information
- | The Service Users refusal should be documented in their Care Plan and the Support Worker should ensure that the person is aware that such a refusal may compromise their safety if relevant information is not shared
- | If a Service User attends an appointment with a healthcare professional outside of the home, it is important that information is available to that healthcare professional, unless the Service User has refused consent
- | This information should be given by the Service User themselves, wherever possible; however, the Support Worker should ensure that the Service User (or the person accompanying them, if appropriate) has with them a copy of the current medication administration record (MAR) chart or is provided with the same details in another written form

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5. Procedure

5.1 The outcome of the medication assessment will determine:

- | The ability to self-manage without assistance (self-caring)
- | The ability to self-manage with occasional verbal reminders (sometimes referred to as prompts) or with the use of administration aids
- | Full assistance required
- | Administration by specialised technique

5.2 Levels of Support

- | is responsible for agreeing on the **level of support required** and ensuring that the appropriate record keeping and training needs are met
- | The Service User's plan will require review as needs change

5.3 Self-Managed

- | This level of intervention is when the Service User is assessed as having the mental capacity and physical ability to be able to fully undertake the medication process and therefore needs no assistance from the care worker
- | Support should be provided for the Service User to understand the medication process and encourage them to self-manage their medication
- | Medication Administration Record (MAR) does not need to be completed
- | No assistance in any form should be given with any stage of the medication process
- | This is for any prescribed or over-the-counter medication in any form (e.g. tablet, capsule, liquid, drops, spray, cream) and covers medication:
 - | Supply
 - | Storage
 - | Preparation
 - | Administration
 - | Disposal
- | Where any support is provided by the Service User's family, etc. then this must be detailed in the Care Plan
- | The risk assessment must detail how medicines will be safely stored for the Service User to remain self-managing
- | Service Users should be encouraged to seek regular medication reviews from their GP
- | In order to protect the safety of the Service User and others, it is essential to assess the Service User's ability to manage their medications independently and safely. This assessment should include the following:
 - | Whether the Service User wishes to self-manage
 - | Identification that the Service User knows the medication they are taking, what it is for, and how and when to take it
 - | Understanding of how important it is not to leave the medicines lying around where someone else may take it accidentally
- | The assessment and documentation will be stored in the individual Service User's Care Plan, and a copy held with the Service User's medication record when a Service User is self-managing. This will help to remind staff of the need to monitor any associated risks
- | Where is responsible for ordering a Service User's medication and the Service User is self-managing, the home will need to keep an accurate list of the medication to ensure accurate reconciliation and support safe self-administration. The QCS Policy on Reconciliation and Ordering should be followed

5.4 In addition to self-managed, there are three levels when support is required with medication administration:

Level 1 – General support or assisting with medicine

Level 2 – Administering

Level 3 – Administering using specialised technique after receiving further training

5.5 Level 1 - provides general support or some assistance with medication administration

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- | This can involve physical assistance from staff as long as the Service User directs the care staff.
- | The Service User must have been assessed as having the mental capacity to self-manage
- | The assistance from staff should not involve the Support Worker choosing or selecting medication for the Service User
- | Where a person chooses to self-manage, will record this on the Care Plan
- | Where there is a risk to others, for example in a shared space, a risk assessment needs to be completed if necessary
- | If staff identify a change that indicates it may no longer be safe for the Service User to self-manage then staff should consult with the Service User's GP to determine if:
 - | The status is short-term or long-term
 - | The person requires a medication review
 - | Any new procedures are required in light of the information obtained from the above
- | recognises that there may be situations when people are keen to look after some medicines and not others. An example is when a person keeps an inhaler for immediate use but prefers the Support Worker to look after tablets and liquid medicines
- | Self-management does not have to be all or nothing, an assessment should be undertaken with the person and documented in the Care Plan
- | Where the Service User is self-managing but the Support Worker is required to give occasional verbal reminders or physical assistance under the direction of the Service User, a record of this assistance or the reminder must be made in line with locally agreed policy
- | A persistent or increasing need for a reminder may indicate that a Service User does not have the ability, or the wish, to take responsibility for their own medicine and this should trigger an urgent review of the Service User's Care Plan. The Registered Manager should be informed at all times
- | The term 'prompt' should not be used in the Care Plan as this does not clearly define the activity the care worker is required to undertake. 'Verbal Reminder' or 'Physically Assist' gives a clearer indication of the type of support required of the care worker

5.6 Level 2 - Administration by care staff: Care staff take responsibility for administering medication

The Service User will have been assessed as requiring care staff to administer medication possibly due to impaired cognitive awareness, sensory disability or through physical disability or their expressed wish.

- | Staff administering medication must be trained and assessed as competent to administer medication
- | Consent must be obtained prior to administering medication
- | The Support Worker must follow the 6 Rights of Medication Administration
- | The Medication Administration Record (MAR) must include all prescribed medicines. Staff should be aware of the QCS 'Recording the Administration of Medication' Policy
- | Medication must never be secondary dispensed (potted up) for someone else to administer to the Service User at a later time or date
- | It is essential that the person who administers the medicine refers to the Medication Administration Record at the time of administration and does not sign the Medication Administration Record until after the medication has been administered and they are certain it has been taken
- | A record should be made if the medicine is refused or not administered, including the reason why
- | The local policy will dictate the codes used on the MAR chart and staff administering should be aware of the codes
- | If errors occur or are identified the QCS Policy on 'Medication Errors and Near Misses Policy and Procedure' should be followed
- | The Support Worker should only administer medication from original packaging or Pharmacy filled dosage systems or compliance aids. Support Worker should not administer from family filled compliance aids

5.7 Level 3 - Administration by specialist technique: Care staff administer medication by specialist technique

These types of medicines will normally be administered by a healthcare professional. However, if appropriate, a healthcare professional may delegate these tasks to named Carers provided:

- | They agree this with the Registered Manager
- | The healthcare professional personally provides the required extra training; and is satisfied that the Carers are competent

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The following activities are usually considered specialised techniques, although this list is not exhaustive and is dictated by locally agreed policy.

- | Rectal administration, e.g. suppositories, enemas
- | Buccal administration
- | Administration into the vagina, e.g. pessaries
- | Any injections
- | Nasogastric administration
- | Administration through a Percutaneous Endoscopic Gastrostomy (PEG), including PEG feeds
- | Giving oxygen
- | Medications administered via a "pump" device e.g. Duodopa, Insulin
- | Dressings, other than those applied as a simple first-aid measure
- | Compression bandages



6. Definitions

6.1 A Medicine

- | A medicine is a substance that is introduced into the body, or externally applied to the body that exerts a physiological change to the body
- | Medicines and medicinal preparations which come under the provisions of the Medicines Act (1968). They include medicines used in clinical trials, unlicensed medicines, dressings, and medical gases
- | They can be Controlled drugs, i.e. substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under the Act
- | They can be alternative medicinal products, e.g. herbal or homeopathic remedies, that are used for therapeutic purposes

6.2 NMC

- | Nursing and Midwifery Council are a regulatory body who regulate Nurses and Midwives in England, Scotland, Wales and Northern Ireland

6.3 The 6 Rights of Medication Administration

- | The 6 Rights of Medication are:
 - | Right **P**atients
 - | Right **D**rugs
 - | Right **D**ose
 - | Right **R**oute
 - | Right **T**ime
 - | Right **D**ocumentation

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

These 6 Rights vary in Definition - NICE guidelines refer to Right to Refuse instead of Right Documentation. This policy uses Right Documentation because of the high rate of errors associated with documentation but refers to the Right to Refuse.

6.4 Medication Error

- | A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer

6.5 Reconciliation

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- Medication reconciliation is the process of creating the most accurate list possible of all medications a Service User is taking - including drug name, dosage, frequency, and route - and comparing that list against the Doctor's admission, transfer, and/or discharge orders, with the goal of providing correct medications

6.6 Medication Review

- Many frail, elderly people have multiple and complex conditions. These conditions can change, and the medicines that Service Users receive to treat these conditions need to be reviewed regularly to ensure that they remain safe and effective. The frequency of multidisciplinary medication reviews should be based on the health and care needs of the Service User, with their safety being the most important factor when deciding how often to do the review. The interval between medication reviews should be no more than 1 year, and many residents will need more frequent medication reviews

6.7 Assisting and Administering

- The difference between **assisting** someone to take their medicines and **administering** medicines is:
 - When a care worker **assists** someone with their medicine, the person **must indicate** to the care worker what actions they are to take on each occasion
 - If the person is not able to do this, or if the care worker gives any medicines **without** being requested (by the person) to do so, this activity must be interpreted as **administering** medicine

6.8 Protected Characteristics

- The Equality Act 2010 protects people in nine protected characteristic groups from discrimination in the use of services and employment.
 - Age
 - Disability
 - Gender reassignment
 - Marriage, same-sex marriage and civil partnership
 - Pregnancy and maternity
 - Race, this includes ethnic or national origins, or nationality
 - Religion or belief
 - Sex
 - Sexual orientation

6.9 Delegation

- Delegation is defined as the transfer of responsibility for the performance of a task from one person to another - "Transferring to a competent individual the authority to perform a selected nursing task in a selected nursing situation. The nurse retains accountability for delegation"

6.10 Medication Administration Record (MAR)

- The MAR chart is individual to the Service User and is a formal record of administration of medicine within the care setting and may be required to be used as evidence in clinical investigations and court cases. It is, therefore, important that they are clear, accurate and up to date
- The MAR chart reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ("when required") medicine

6.11 Percutaneous Endoscopic Gastrostomy

- Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation)

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Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | Staff must only administer medication when they have been trained and assessed as competent
- | Staff check the 6 Rights of Medication Administration for any medication every time it is administered
- | Staff must give medication administration their full attention to avoid errors
- | If staff are unclear, or notice an error or omission, they must check before administering any medication and report any concerns
- | Consent must be obtained before any medication support is provided



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | Service Users living in Care Homes or Nursing Homes can self-manage their own medication
- | Service Users have the right to refuse medication
- | Consent must be obtained before any medication support is provided



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- | **National Care Forum:** Free resources for supporting the safe use of medications in care facilities: <http://www.nationalcareforum.org.uk/medsafetyresources.asp>
- | **Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care -** <http://content.digital.nhs.uk/media/12822/Guide-to-confidentiality-in-health-and-social-care/pdf/HSCIC-guide-to-confidentiality.pdf>
- | **Department of Health & Leeds University, April 2016 Administration of Medicines in Care Homes (with nursing) for older people by care assistants - Evidenced-based guidance for care home providers -** <https://www.gov.uk/government/publications/administration-of-medicine-in-care-homes%20>

Related Policies

- | **Recording the Administration of Medication Policy and Procedure**
- | **Medications Review Policy and Procedure**
- | **Reconciliation, Ordering and Receipt of Medication Policy and Procedure**
- | **Storage of Medication Policy and Procedure**
- | **Controlled Drug Policy and Procedure**
- | **Safe Disposal of Medication Policy and Procedure**
- | **Homely Remedies Policy and Procedure**
- | **As Required Medication Policy and Procedure (PRN)**
- | **Covert Medication Policy and Procedure**
- | **Medication Errors and Near Misses Policy and Procedure**
- | **Warfarin**
- | **Medication in other Settings**
- | **Training and Competency on Medications Policy and Procedure**
- | **Administration of Medicines Policy and Procedure**

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Outstanding Practice

To be outstanding in this policy area you could provide evidence that:

- | Service User's personal choice is reflected in Care Plans and they are supported to self-manage wherever possible. Staff follow the Care Plans
- | Risks to individuals are thoroughly assessed and extensive information and control measures are put in place for staff to follow. This maximises people's opportunities for independence whilst minimising the risks they faced
- | Staff have a good understanding of the Mental Capacity Act and its implications when providing support with medication

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