Medication Support Policy (Prompting and Assisting)

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

POLICY AT A GLANCE

- **Three levels only:** Level 1 general reminder, Level 2 assisting, Level 3 administering. Our workers provide **Level 1 and Level 2 only**.
- **Level 3 administering is not within our scope.** Workers must never put medicine into a person's mouth, apply creams, give injections, insulin, eye drops, suppositories or anything through a tube.
- **Only what is in the support plan.** Never agree to a new medicines task at the door. Ring the office.
- **Only what the pharmacy labelled,** for that person, in date, in its original container or dosette box.
- **Record at the time,** on the MAR chart, using the correct code. Never sign in advance and never sign for another worker.
- **Never crush, split, hide or force medicines.** If a person refuses, that is their right: record it and tell the office.
- **Any error or gap: tell the office immediately,** then follow their advice, which may be 999 or NHS 111. No one is disciplined for an honest error reported straight away.

SERVICE DETAILS (fill in before issuing)

Registered Manager	Iffrah Ishtiaq
Nominated Individual	Iffrah Ishtiaq
Medicines lead	Iffrah Ishtiaq
Office phone	07448 266215
Out-of-hours / on-call number	
Date issued	01-10-2026
Next review date	

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") supports people with their medicines safely and lawfully, and sets clear limits on what our workers may and may not do.

1.2 It follows NICE guideline NG67, Managing medicines for adults receiving social care in the community, and reflects Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

1.3 Medicines cause more harm in home care than almost anything else, usually through simple failures: a dose missed, a chart not signed, a worker doing something they were not trained for. This policy exists to prevent those.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 Because we do not provide personal care, and because administering medicines is a task our workers are not trained or authorised to carry out, our medicines support is limited to **Level 1 and Level 2** as set out in section 4.

2.4 Where our workers are supplied to a care home, hospital or other provider, that organisation's medicines policy applies on site, and our workers may only carry out medicines tasks that the client organisation has trained and assessed them for, and that the client has confirmed in writing. They must still tell our office.

2.5 Working outside this policy is a serious matter and may be gross misconduct. It may also be unlawful.

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3. DEFINITIONS

Term	What it means
MAR chart	Medication Administration Record: the chart, normally printed by the pharmacy, on which medicines support is recorded at the time it is given.
Dosette or blister pack	A pack, filled by a pharmacy, with medicines sorted by day and time. Only a pharmacy may fill one; our workers never do.
Original container	The box or bottle dispensed and labelled by the pharmacy, with the person's name, the medicine, the dose and the date.
PRN (when required)	Medicine taken only when needed, such as painkillers. Needs a written protocol saying what it is for, the dose, the minimum gap and the maximum in 24 hours.
Controlled drug	A medicine controlled under the Misuse of Drugs Act, such as morphine. Extra records and care are required.
Covert administration	Hiding medicine in food or drink. Only ever lawful for a person who lacks capacity, with a best interests decision and pharmacist advice. **Not within our scope.**

4. LEVELS OF MEDICINES SUPPORT

Level	What it means	Within our scope?
Level 1: General reminder or prompt	Reminding the person it is time to take their medicines, asking if they have taken them, and recording what they tell you. The person takes them independently and decides.	**Yes**
Level 2: Assisting	Practical help where the person directs and decides: bringing the pack, opening a container or popping a blister into a pot or the person's hand, fetching water, reading the label aloud, putting the pack away.	**Yes**, where in the support plan and the worker is trained
Level 3: Administering	Selecting and giving the medicine to a person who cannot direct it themselves: putting tablets in the mouth, applying creams and patches, eye, ear or nose drops, inhalers where the person cannot use them, injections, insulin, suppositories, PEG or any other route.	**No. Never.**

4.1 The difference between Level 2 and Level 3 is who is deciding and doing. If the person chooses and takes the medicine themselves and we help with the packaging, that is Level 2. If we are the one deciding and placing the medicine, that is Level 3.

4.2 If a person cannot manage even with Level 2 support, that must be reported to the office. The Registered Manager will contact their GP, district nurse, pharmacist or social worker so the right support is arranged. We do not simply step up to administering.

5. WHAT WORKERS MUST NEVER DO

- administer any medicine (Level 3), including creams, patches, drops, inhalers, injections, insulin, suppositories or anything through a tube;
- give a medicine that is not on the MAR chart or not in the support plan;

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- give a medicine from a container that is not labelled by a pharmacy for that person, or that is out of date;
- fill, refill or correct a dosette box or transfer medicines between containers;
- crush, split, open or dissolve a tablet or capsule unless the pharmacy label says so;
- hide medicine in food or drink;
- force, trick or pressure anyone to take medicines;
- give another person's medicine, or a medicine bought over the counter, without it being in the plan;
- take medicines away from the home, dispose of them, or collect prescriptions unless this is agreed and recorded;
- sign a MAR chart before the medicine is taken, or for anyone else;
- accept a verbal instruction from a family member to change a dose. Any change must come through the office.

6. BEFORE MEDICINES SUPPORT STARTS

6.1 Before any medicines support begins for a person, the Registered Manager or a Field Supervisor completes a medicines assessment and records in the support plan:

- what the person can do for themselves, and what they want help with;
- the agreed level of support, task by task;
- each medicine: name, form, strength, dose, time, and what it is for, as on the pharmacy label;
- any PRN medicine, with a written protocol;
- allergies and previous reactions;
- who orders the prescriptions and who collects them;
- which pharmacy and GP practice, with telephone numbers;
- how medicines are stored in the home;
- whether the person has capacity to make decisions about their medicines;
- any risk, such as confusion, hoarding of medicines, or a history of missed doses.

6.2 A medicines risk assessment is completed alongside this. Medicines support does not start until the plan, the risk assessment and a MAR chart are in place and the workers involved are trained.

7. RECORDS AND MAR CHARTS

7.1 We ask the pharmacy to supply a printed MAR chart for every person we support with medicines. Handwritten charts are avoided; where one is unavoidable it is written by a trained member of staff, checked and signed by a second trained person, and never altered afterwards.

- the worker records on the MAR chart at the time, in the home, never later from memory;
- the correct code is used, and the key to the codes is printed on the chart;
- any gap on a chart is an error and must be reported;
- the worker initials only for what they themselves supported;
- for PRN medicines, the worker records why it was needed, the time, and whether it helped;
- completed charts are returned to the office at the end of each cycle, checked and filed for at least eight years.

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Suggested MAR codes

Code	Meaning
Initials	Support given as planned and the person took the medicine
R	Refused by the person
O	Person out, or not at home
H	In hospital
S	Medicine not available / none supplied
D	Dose withheld on the instruction of a healthcare professional (record who and why)
N	Not needed (PRN not required)
SD	Self-administered by the person

8. STORAGE, ORDERING AND DISPOSAL

8.1 Medicines belong to the person and are stored in their own home, in a safe, dry place agreed with them, out of reach where children, pets or another person at risk may be present. Medicines needing refrigeration are kept in the fridge, ideally in a lidded container.

8.2 Where the support plan says we order prescriptions, the worker or office records what was ordered and when, and checks the delivery against the prescription. Where we collect medicines, this is recorded and the medicines are taken straight to the person's home.

8.3 Our workers do not dispose of medicines. Unwanted or out-of-date medicines are returned to a pharmacy by the person or their family, or, with the person's agreement and a record of what was returned, by a worker.

8.4 Where a person is prescribed a controlled drug, this is recorded in the support plan, the reason for our involvement is clear, and a separate record of any support given is kept. Our workers do not administer or dispose of controlled drugs.

9. REFUSAL, MISSED DOSES AND CHANGES

9.1 A person with capacity may refuse their medicines. The worker explains simply what the medicine is for, does not press or persuade repeatedly, records R on the MAR chart with a note in the daily record, and tells the office the same day. The office contacts the GP or pharmacist where the medicine is important, for example insulin, heart, epilepsy or Parkinson's medicines.

9.2 Where a person lacks capacity to decide about medicines and is refusing, the worker still does not force or hide medicines. They record it, tell the office, and the Registered Manager arranges a review with the GP and pharmacist.

9.3 Changes to medicines only take effect when we have written confirmation: a new pharmacy label, a new MAR chart, or written confirmation from the GP or district nurse. Where a change is given verbally by a prescriber in an urgent situation, it is written down, read back, confirmed by a second person where possible, and confirmed in writing as soon as possible.

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10. MEDICATION ERRORS

10.1 An error includes: a missed dose, a dose given at the wrong time, the wrong medicine, a gap or missing signature on the MAR chart, a medicine given that should have been withheld, or a medicine given to the wrong person.

IF AN ERROR HAPPENS

1. Check the person. If they are unwell, unresponsive or you are worried, call **999**.
2. Tell the office or on-call manager **immediately**, whatever the time. Do not wait until the end of the shift.
3. The office contacts the GP, pharmacist or NHS 111 for advice and follows it.
4. Record what happened factually on the MAR chart, in the daily notes and on an incident form.
5. Do not try to correct the chart to hide the error, and do not blame anyone.
6. The Registered Manager investigates, applies the Duty of Candour where the person was harmed, and considers a safeguarding referral and a CQC notification.

10.2 Our approach is open and learning-focused. An honest error reported straight away is treated as a learning opportunity, with retraining and support. Hiding an error, falsifying a chart, or repeatedly ignoring this policy is a disciplinary matter.

10.3 All errors are analysed monthly for patterns, and the findings feed into training and support plans.

11. TRAINING AND COMPETENCY

11.1 No worker provides any medicines support until they have completed medicines training covering this policy, the three levels, MAR charts, errors and reporting, and have been assessed as competent by observation.

11.2 Competency is reassessed at least every year, after any error, and whenever a worker returns after a long absence. Training and competency are recorded on the personnel file.

11.3 A worker who is unsure about any medicines task must not do it. They should ring the office. No worker will be criticised for checking.

12. ROLES AND RESPONSIBILITIES

Role	Responsibilities
Nominated Individual	Makes sure medicines support is safe and within scope, and reviews errors and audits at least quarterly.
Registered Manager	Makes sure assessments, plans, MAR charts and training are in place, investigates every error, liaises with GPs and pharmacists, and audits MAR charts monthly.
Medicines lead	The named person (the Registered Manager unless someone else is named on page 1) who keeps this policy current with NICE NG67, arranges MAR charts and carries out audits.
Field Supervisor	Observes medicines support during spot checks, checks MAR charts in the home, and reports gaps.
Support workers	Provide only Level 1 and Level 2 support, only as set out in the plan, record at the time, and report every error, refusal and concern the same day.

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13. MONITORING AND REVIEW

13.1 The Registered Manager audits returned MAR charts every month for gaps, wrong codes and unexplained entries, and checks medicines practice during spot checks. Findings are fed back to individual workers and to the team.

13.2 The Nominated Individual reviews medicines errors, audit results and actions at least quarterly.

13.3 This policy is reviewed every year, or sooner if NICE guidance or the law changes, if an error shows it needs to change, or before we take on any new medicines task, which would require a full review, training and competency programme first.

14. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 12 (safe care and treatment) and Regulation 17
- NICE guideline NG67: Managing medicines for adults receiving social care in the community
- NICE guideline SC1: Managing medicines in care homes (for our supplied workers, where relevant)
- Medicines Act 1968 and the Human Medicines Regulations 2012
- Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001
- Mental Capacity Act 2005
- Care Act 2014
- Royal Pharmaceutical Society: Professional guidance on the safe and secure handling of medicines
- CQC guidance on medicines in adult social care

15. RELATED POLICIES AND FORMS

Related policies: Support Planning and Risk Assessment; Consent and Mental Capacity; Safeguarding Adults; Incident and Accident Reporting and Duty of Candour; Medical Devices and Health Monitoring Equipment; Support Records and Record Keeping; Positive and Safe Support; Staff Training and Competency; Complaints, Concerns and Compliments.

Forms: Medicines Assessment and Level of Support Record (Appendix A); MAR chart (pharmacy printed); PRN Protocol; Medicines Risk Assessment; Medication Error Report; MAR Chart Audit (Appendix B); Medicines Competency Assessment.

16. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

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APPENDIX A: MEDICINES ASSESSMENT AND LEVEL OF SUPPORT

Complete before any medicines support starts. Level 3 is outside our scope; if it is needed, contact the office and the funding authority.

Person: _____ GP: _____ Pharmacy: _____ Date: _____

Medicine (as on label)	Dose and time	What it is for	Level (1 or 2)	How the person wants help

Allergies and previous reactions	
Any PRN medicine? Protocol in place?	
Who orders and collects prescriptions?	
Where are medicines stored?	
Does the person have capacity to decide about medicines?	
Risks identified (confusion, missed doses, hoarding)	

Signed (person or representative): _____ Signed (assessor): _____ Review date: _____

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APPENDIX B: MONTHLY MAR CHART AUDIT

Check every returned MAR chart. Any gap is an error and must be investigated.

Person: _____ Period: _____ Audited by: _____ Date: _____

Check	Yes / No	Comments and action
Chart is pharmacy printed, and matches the current prescription		
Person's name, date of birth and allergies recorded correctly		
Every medicine on the plan appears on the chart		
No gaps: every box signed or coded		
Codes used correctly, and explained in the daily notes where needed		
No signatures in advance, and no signing for others		
PRN medicines have a protocol, and the reason is recorded each time		
Refusals recorded and reported to the office		
Handwritten entries (if any) signed by two trained staff		
No unexplained alterations or correction fluid		
Level of support recorded matches the support plan		
Any error identified: reported, investigated and actioned		

Actions and by when: _____

Signed (Registered Manager): _____ Feedback given to workers on: _____

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