



**Superior  
Healthcare  
Group**

# **Medication Administration Policy and Procedure**

Version 1.1 – March 2026



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## Version Control

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## Version Details

Date	Version No	Status	Author	Reviewer	Approved By	Comments & Amendments
21/02/2026	1.0	Final	JR	AH	ST	Issued as Version 1.0 in SHG format. Based on previously amended QCS policy, reformatted, content reviewed and updated for clarity, roles, responsibilities and current practice.
20/03/2026	1.1	Final	JR	SL	AH	Further addition to clarify medication processes including PRN medication administration

## Important Notice

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## Accessible Formats

In accordance with the Accessible Information Standard, this policy is available in alternative formats upon request, including large print or easy read. Employees and clients who require information in a specific format should speak to their Nurse Manager, Coordinator or the Registered Manager.

## 1. Background

Superior Healthcare Group provides nurse-led, highly clinical complex care in people’s homes. Medicines support is a critical part of safe, person-centred care and requires clear governance, competent practice, accurate records and effective partnership working with clients, families and healthcare professionals. This policy sets the minimum standards and procedures for medicines administration and medicines support across our services, to reduce risk, promote choice and independence, and ensure compliance with legal and regulatory requirements.

## 2. Purpose

- To set out the standards for safe medicines administration and medicines support in clients’ homes.
- To ensure medicines are administered only by trained and competent employees, with appropriate supervision and oversight.
- To reduce the risk of medicines errors, omissions and adverse events through clear processes, record keeping and audit.
- To support clients to manage their medicines as independently as possible, where safe and appropriate.
- To support Superior Healthcare Group to meet and demonstrate compliance with the relevant CQC Key Lines of Enquiry and Quality Statements:

Key Line of Enquiry	Quality Statement
SAFE	Medicines optimisation; Safe systems, pathways and transitions; Involving people to manage risks; Safe and effective staffing; Learning culture
EFFECTIVE	Delivering evidence-based care and treatment; Consent to care and treatment; Assessing needs
RESPONSIVE	Person-centred care; Providing information
WELL LED	Governance, management and sustainability; Learning, improvement and innovation

- To ensure that Superior Healthcare meets the legal requirements of the regulated activities that The Superior Healthcare Group is registered to provide:
  - The Care Act 2014
  - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## 3. Scope

- The following roles may be affected by this policy:
  - All employees involved in medicines support and/or medicines administration, including nurses, carers and senior operational roles.
  - Nurse Managers and Regional Nurse Managers (clinical oversight, supervision and audit).
  - Registered Manager(s) (governance and assurance).
  - Coordination teams (care package planning and communication).
- The following people may be affected by this policy:

- Clients: any child, young person or adult to whom we provide care and support, including individuals who may be vulnerable or at risk.
- The following stakeholders may be affected by this policy:
  - Family members and representatives
  - Advocates
  - Commissioners and case managers
  - External health professionals (GPs, pharmacists, specialist nurses, hospital teams)
  - Local Authorities and NHS ICBs (where relevant)

#### **4. Objectives**

- To ensure safe, accurate and timely administration of medicines in line with prescriptions, care plans and professional standards.
- To promote client choice, dignity and independence, including support for self-administration where appropriate.
- To ensure consent and mental capacity requirements are met, with best interests decisions and documentation where needed.
- To provide clear documentation via client-specific MAR charts and associated records.
- To identify, report, investigate and learn from medicines errors and near misses.
- To provide robust training, competency assessment, supervision and direct observation of practice.
- To provide effective governance through routine audit (monthly MAR audits and quarterly re-audits) and action tracking.

#### **5. Responsibility**

Overall responsibility for this policy sits with the Registered Manager(s), supported by Nurse Managers/Regional Nurse Managers and the Quality and Governance function.

- Registered Manager(s): overall accountability for medicines governance, ensuring safe systems, resourcing, oversight and learning.
- Nurse Managers: package-level clinical leadership, competency sign-off, supervision, direct observation and escalation of concerns.
- Regional Nurse Managers: quarterly re-audit of MARs, trend review, additional oversight for higher risk packages.
- Employees administering medicines: follow this policy, work within competence, and escalate concerns immediately.
- Quality and Governance: supports assurance reporting, trends, and links to incident/complaint learning and the Continuous Improvement Plan (CIP).

#### **6. Policy**

Superior Healthcare Group is committed to safe, person-centred medicines administration. Medicines must be administered only by trained and competent employees, in line with the prescription, dispensing label, client care plan and the 'rights' of administration. We recognise that medicines support is a shared responsibility with clients, families (where appropriate), and external healthcare professionals.

### 6.1. Person-centred medicines support and self-administration

- Assume the client can manage their medicines independently unless assessment indicates they need support.
- Agree and document the level of medicines support in the care plan (prompting, assistance, or administration).
- Review medicines support when needs change, after a medicines incident, or at planned review points.

### 6.2. Competence, training and supervision

- All employees who administer medicines must complete face-to-face medicines training at induction and refresh annually.
- Competency will be reassessed where practice is questioned, following medicines incidents, or where new routes/skills are introduced.
- Training and competency assessment must include PRN medicines, checking MARs against dispensing labels, escalation of medication discrepancies, and documentation requirements for paper MARs.
- Nurse Managers conduct regular supervision and direct observation of practice in clients' homes.

### 6.3. Rights of medicines administration

- We use the 7 rights: right client, right medicine, right dose, right time, right route, right documentation and the client's right to refuse.
- Employees must give medicines administration their full attention, minimise distractions and never rush.

### 6.4. Client-specific MAR charts and record keeping

- We use client-specific MAR charts in clients' homes. MAR charts must be clear, accurate, legible and completed immediately after administration.
- Where Superior Healthcare Group prepares or updates a MAR chart, it must be checked against the most current authorised source available, such as the dispensing label, prescription, pharmacy label, discharge letter or written prescriber instruction. A second checker must be used where required.
- Any discrepancy identified by the care team, Nurse Manager or auditor must be treated as a medicines governance concern and escalated, corrected, documented and communicated to the team. Until clarified, employees must not follow an instruction that conflicts with the dispensing label or current written direction.
- Errors on paper MAR charts must be corrected with a single line through the entry, then dated and initialled. Correction fluid must not be used.
- MAR charts and related medicines records must be retained in line with our retention schedule and information governance requirements.

### 6.5. High-risk situations and additional controls

- Time-critical medicines must be identified in the care plan and MAR time bands agreed with the prescriber/pharmacist where needed.
- PRN ('as required') medicines must have a protocol setting out indication, dose limits, minimum intervals, and recording requirements.
- Variable dose medicines (e.g., warfarin/insulin) require an appropriate additional record chart and documented dose instructions.
- Crushing/splitting medicines must not occur unless authorised by the prescriber and supported by pharmacist advice; this must be documented.
- Covert administration must only occur in line with a formal capacity assessment and best interests decision, and the dedicated covert medicines process.

## 6.6. Delegation of clinical medicines tasks

Where medicines administration involves specialised techniques (for example injections or via feeding tubes), these are normally nursing tasks. A Registered Nurse may delegate only where this is in the client's best interests and the employee has received enhanced training, competency assessment, and ongoing supervision. Delegation must be documented and reviewed.

## 6.7. Medicines errors, omissions and escalation

- Any suspected medicines error, near miss, omission, unexplained stock discrepancy, or adverse reaction must be escalated immediately to the Nurse Manager/clinical on-call.
- Incidents must be recorded and managed in line with the Incident Management process, including Duty of Candour where applicable.
- Where required, advice must be sought from the prescriber, out-of-hours service, NHS 111 or emergency services.

## 6.8. Audit and governance

- MAR charts are audited monthly.
- Regional Nurse Managers re-audit MARs quarterly, focusing on accuracy, completeness, themes and repeat issues.
- Actions from audits are recorded, allocated to owners, and tracked to completion, with trend reporting through governance meetings.

# 7. Procedure

The procedures below apply whenever Superior Healthcare Group provides medicines support or medicines administration in a client's home.

## 7.1. Before starting a package (set-up)

1. Confirm the agreed level of medicines support in the care plan (self-administration / prompting / assistance / administration).
2. Confirm consent arrangements and, where relevant, capacity/best interests documentation for medicines administration.
3. Ensure an up-to-date medication list is available (e.g., GP summary, discharge summary) and agree how changes will be communicated.
4. Prepare the client-specific MAR chart(s) and any additional records required (e.g., PRN protocol, variable dose chart, topical record, patch record).
5. Confirm medicines storage arrangements (including fridge items, locked storage where indicated, and controlled drugs arrangements where relevant).
6. Brief the care team on time-critical medicines, allergies, swallowing needs, and escalation routes.

## 7.2. Standard administration process (each dose)

- Wash hands and prepare a clean workspace. Gather the MAR chart and any additional records needed.
- Confirm the client's identity, check allergies, special instructions and obtain consent. If the client declines, follow the refusal process (7.6).
- Before administration, check the medicine against the MAR chart and dispensing label, including the medicine name, strength, dose, route and time.

- If the MAR chart, PRN protocol, care plan or dispensing label do not match, do not administer until advice has been sought and the discrepancy has been clarified, unless immediate clinical advice directs otherwise.
- Check expiry / use-by dates and any discard-after-opening instructions.
- Prepare the dose using a no-touch technique where possible. Do not prepare doses in advance for later administration.
- Administer via the prescribed route, ensuring the client is supported appropriately.
- Immediately record administration on the MAR chart and any supplementary record required.
- Observe for adverse effects and record and escalate as needed.

**Important:** You should only administer medicines that have been prepared and checked by you. You must not administer any medication that has been pre-prepared by family or another colleague.

### 7.3. PRN medicines

- Check the PRN protocol before administration. It must clearly set out the indication for use, medicine strength and formulation, exact dose, volume to administer where relevant, minimum interval between doses, maximum frequency or 24-hour limit, expected effect, and any monitoring required.
- Where the medicine is a liquid, the PRN instructions must include both the prescribed dose and the volume to be administered, where applicable.
- Before administration, complete the 7-point checks and confirm the correct medicine, strength, dose and label details against the MAR chart and the physical medication label.
- Also check the reason for administration, when the medicine was last given, and whether the minimum interval and maximum daily limit allow a further dose.
- If the PRN protocol or MAR chart does not clearly match the dispensing label, do not administer until this has been clarified by the Nurse Manager, clinical on-call or authorised prescriber.
- Administer only if clinically appropriate and within the PRN protocol.
- Record the time, dose, reason and outcome / effect where required.

### 7.4. Changes to medicines

- Do not change MAR instructions unless the change has been confirmed by a prescriber or other authorised source.
- Where a change is given verbally in an urgent situation, written confirmation must be obtained as soon as possible.
- Update the MAR chart and care plan promptly. Where required, amendments must be checked and countersigned by a second trained person.
- Ensure the care team is informed of any started, stopped or changed medicines at handover.
- Any discrepancy between the MAR chart, PRN protocol, dispensing label, prescription, care plan or medicines held in the home must be escalated immediately to the Nurse Manager or clinical on-call.
- The discrepancy and outcome must be documented clearly, including what was identified, who raised it, when it was raised, what action was taken, who authorised the outcome, and when the team was informed.
- The Nurse Manager must ensure the outcome is acted on promptly and clearly communicated to the care team.

### 7.5. Missed, delayed or unavailable doses

- Record non-administration clearly on the MAR using the relevant code/notation and explain why.
- For time-critical medicines or where there is risk of harm, seek urgent advice (GP/out-of-hours/NHS 111) and escalate to the Nurse Manager.

- Arrange replacement stock where medicines are missing/unavailable; treat unexplained discrepancies as a potential incident.

#### 7.6. Refusal to take medicines

- Never force medicines. Allow time and re-offer if appropriate.
- Record the refusal on the MAR and in the daily record, including the reason given (if known).
- Escalate immediately if refusal involves time-critical/high-risk medicines or is persistent.
- Where capacity is in doubt, escalate for capacity assessment and best interests decision as appropriate.

#### 7.7. Dropped, spat out, or contaminated medicines

- Do not administer medicines that have been dropped/contaminated.
- Dispose of safely in line with local arrangements and record on the MAR.
- Escalate if a replacement dose may be needed or if stock is impacted.

#### 7.8. Medicines errors and near misses

- Make the situation safe and seek clinical advice immediately.
- Escalate to the Nurse Manager/clinical on-call without delay.
- Record on the incident system and complete required internal/external reporting steps as applicable.
- Participate in review, learning and any competency reassessment required.

#### 7.9. Audit and improvement process

- Monthly MAR audit completed and recorded, with actions assigned and timeframes agreed. The monthly medication audit must include, as a minimum:
  - review of MAR completion and signatures/codes
  - check of current medicines in the home against the MAR
  - check of PRN protocol accuracy against current prescription / dispensing label
  - review of handwritten amendments for dating, initials and second-checking where required
  - review of omissions, refusals, PRN use and unexplained discrepancies
  - confirmation that identified actions have owners and completion dates
- Quarterly RNM spot check / re-audit to validate findings and identify themes, repeat issues and training needs. The quarterly RNM spot checks/re-audits must test both the quality of the monthly audit and whether identified actions have actually been completed.
- Audit themes and actions are reviewed through governance arrangements, with learning shared and practice updated.

## 8. Definitions

- MAR: Medicines Administration Record used to record medicines administration and non-administration.
- PRN: 'Pro re nata' – medicines prescribed 'as required' with a documented protocol.
- MCA/MDS: Multi-compartment compliance aid / monitored dosage system (e.g., blister pack).
- Controlled Drugs: medicines controlled under misuse of drugs legislation. additional storage/recording requirements apply.

- Covert administration: giving medicines without the person's knowledge. requires formal capacity and best interests process.
- Medicines support: any support that enables a person to manage their medicines (prompting, assistance, or administration).
- Time-critical medicines: medicines where timing is critical to safety or therapeutic effect (as identified in care plan).

## 9. References

- Care Quality Commission (CQC) guidance: Managing medicines: home care providers. Delegating medicines administration. Medicines administration records in adult social care.
- NICE NG67: Managing medicines for adults receiving social care in the community.
- NICE NG108: Decision-making and mental capacity.
- Royal Pharmaceutical Society (RPS): Professional Guidance on the Administration of Medicines in Healthcare Settings (2019).
- Relevant legislation: Medicines Act 1968. Human Medicines Regulations 2012. Misuse of Drugs Act 1971 and Safe Custody Regulations. Mental Capacity Act 2005. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Data Protection Act 2018 / UK GDPR.

## 10. Related Documents, Forms and Templates

- Related policies/procedures may include: Incident Management. Safeguarding. Duty of Candour. Controlled Drugs. Covert Medicines Administration. Medication Errors and Near Misses. Ordering and Collection of Prescriptions. Storage and Disposal of Medicines. Training and Competency. Record Keeping. Data Protection and Confidentiality.
- For advice or support, contact the Nurse Manager/Regional Nurse Manager, the Registered Manager, or the Quality and Governance team.