



Public – To be published on the Trust external website

Protocol for the administration of medicines to named patients by non-registered practitioners in 367 Thornaby Road Residential Service

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1 Introduction

1.1 Thornaby Road

367 Thornaby Road is a small Adult Learning Disability residential service that provides a home for four residents. The four residents have lived together for over 30 years, and the service is registered with the Care Quality Commission (CQC) as both a nursing home and residential care home, reflecting its unique dual registration status.

The service operates within a social care model, focusing on enabling people to live fulfilling lives with choice, control and independence, while providing the support needed to meet their individual needs. The service aims to deliver personalised, person-centred care in a homely and welcoming environment, promoting independence, inclusion, skill development and community participation.

Residents are supported to maintain their physical, emotional and psychological wellbeing. The service works closely with health and social care partners to ensure residents receive coordinated, high-quality care that reflects their individual needs, preferences and aspirations. Through a strengths-based approach, residents are encouraged and supported to develop and maintain daily living skills, access community opportunities, sustain meaningful relationships and achieve the best possible quality of life.

1.2 Context

This local procedure has been developed in response to national legislation, professional standards and recognised best practice that support the safe delegation of medicines administration to appropriately trained non-registered practitioners within health and social care settings.

- Key external drivers include:
 - **Medicines Matters (Department of Health, 2006)**, which confirms that suitably trained non-registered staff can administer medicines prescribed on a patient-specific basis, provided appropriate governance, training and competency assessment arrangements are in place.
 - **The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**, particularly Regulation 12 (Safe Care and Treatment), which requires providers to ensure the safe management and administration of medicines and that staff are appropriately qualified and competent to undertake their roles.
 - **Care Quality Commission (CQC) guidance** on medicines management within residential and community services, which promotes robust governance arrangements, competency assessments, safe storage and administration processes, and a clear audit trail for medicines management.
 - Increasing expectations across health and social care services to deliver **person-centred care**, maximise independence and ensure timely access to medication while maintaining patient safety.

Extending medicines administration responsibilities to trained Non-Registered Practitioners supports continuity of care and reduces delays in medication delivery for residents.

This procedure therefore provides a local governance framework to ensure that medicines administration by Non-Registered Practitioners at 367 Thornaby Road is undertaken safely, consistently and in accordance with current legislation, professional standards and best practice guidance.

This procedure is critical to our ambition to co-create safe and personalised care that improves the lives of people with a learning disability, autism and / or mental health needs. It supports the Trust's values of Respect, Compassion and Responsibility by ensuring service users receive person-centred care through shared decision-making and co-produced care plans that meet individual needs and enhance quality of life. It promotes a positive experience for colleagues through effective leadership and management and strengthens partnership working across Trust services and external organisations to deliver high-quality, coordinated care.

2 Why we need this procedure

2.1 Purpose

This procedure was devised to support the extended role of Non-Registered Practitioners (NRPs) within Thornaby Road to administer medication to residents. Thornaby Road is currently registered as a Residential Care Home with nursing support from a Registered Manager. NRPs who have completed the relevant medicines training can take charge and manage shifts. Under this procedure, NRPs can administer medication within the building and can carry and administer medication when residents are in the community.

Associate / Assistant Practitioners are Band 4's and are the designated shift leads at 367 Thornaby Road. They will administer the prescribed medication to the residents following completing of agreed training.

Where appropriate, Band 3 nursing assistants who have completed the required training are able to administer agreed as required medications.

Following this procedure will help the Trust to:

- Define parameters for the safe, effective and skillful administration of medication by Non-Registered Practitioners within 367 Thornaby Road residential service.
- Support the development of the staff team to safely administer medication to the residents of 367 Thornaby Road ensuring patient safety throughout.
- Provide clarity in relation to staff role and responsibilities.

- Ensure care plans reflect the need of the service users residing at 367 Thornaby Road relating to their medication administration.

2.2 Objectives

By adhering to this procedure, the Trust aims to ensure that:

- Residents receive their prescribed medication safely, accurately, and at the correct time by appropriately trained and competent non-registered practitioners (NRPs).
- The risk of medication errors, omissions, or delays in administration is minimised.
- All staff understand and follow the agreed local procedure for the administration of medicines within 367 Thornaby Road Residential Service.
- Safe, consistent, and person-centred medication practices are maintained for all residents.
- Staff are supported to work within their role, competence, and accountability when administering medication.
- High standards of care, safety, and clinical governance are upheld in line with the Trust values of Respect, Compassion, and Responsibility.

3 Scope

3.1 Who this procedure applies to

- This procedure reflects and supports all three Trust values by promoting care and treatment that is delivered with respect, compassion, and responsibility to everyone affected.
- The procedure has undergone Trust-wide consultation and will now be reviewed through the appropriate governance processes to ensure robust oversight and formal approval.

3.2 Roles and responsibilities

Role	Responsibility
The Service	The responsibility and accountability for the training development and facilitation in addition to the procedure development and review remains with the service leads of 367 Thornaby Road alongside the Lead Medication Management Nurses.

The delegating registered manager	Remains accountable for the appropriateness of any delegation related to the administration of medicines; ensuring adequate support and supervision is available (NMC 2015).
Non-registered practitioner	The NRP is accountable for their own practice. They should only administer those medicines for which they have received appropriate training and have been assessed as competent. They are responsible for ensuring that relevant information regarding medication is obtained and maintained under supervision of the Registered Manager. They must refuse to administer any medicine if they do not feel competent to do so. The NRP must have worked within the Trust for a minimum of three months, be competent in both numeracy and literacy and have completed their first response training.

3.3 The Service

The responsibility and accountability for the training development and facilitation in addition to the protocol development and review remains with the service leads of 367 Thornaby Road.

3.4 Non-Registered Practitioner

The NRP is accountable for their own practice. They should only administer those medicines for which they have received appropriate training and have been assessed as competent. They are responsible for ensuring that relevant information regarding medication is obtained and maintained under supervision of the RN. They must refuse to administer any medicine if they do not feel competent to do so.

The NRP must have worked within the Trust for a minimum of three months, be competent in both numeracy and literacy and have completed their first response training. In addition, Band 4 Associate / Assistant Practitioners must complete the medication matters tri-annual training via ESR, Medication Level 2 VTQ theory (appendix 4) together with annual face to face medication assessment (appendix 3) with the Registered Manager or appropriate other.

4 Procedure – Legal & Practice Frameworks

4.1 The Delegating RN

The Trust has a legal duty of care and is responsible for ensuring that staff they employ are properly trained and only undertake those responsibilities specified in agreed job descriptions.

4.2 Legal

Current guidance recognises that appropriately trained and competent non-registered practitioners (NRPs) may support and administer medicines to named individuals within clearly defined governance arrangements, following assessment, delegation, and competency sign-off. Medicines support must be delivered in line with local procedures, individual care plans, and the principles of safe medicines management.

The Registered Manager retains overall responsibility for the implementation of this procedure and has a duty to ensure that systems are in place to support the safe administration of medicines.

The Registered Manager is responsible for ensuring that NRPs receive appropriate training, supervision, and competency assessment before undertaking medication administration, with competence reviewed and reassessed at least annually, or more frequently where required. NRPs remain accountable for their own practice and must only administer medicines when they have been trained, assessed as competent, and feel confident to undertake the task safely

4.3 Practice

Those NRP's identified to administer medication must complete. The agreed Medicines Management Training for 367 Thornaby Road and subsequent competency assessments before they are signed off to do the following:

NRPs **can** administer against a valid Medicine Administration Record (MAR) chart

NRPs **can** administer PRN medication following specific medication/pharmacology training provided by their supervisor. This administration must include a valid management care plan which should include signs, symptoms and indications for use, appropriate time for intervention, expected response following administration, subsequent interventions, and timely reviews by the Registered Manager. The plan should also include what to do if an appropriate response is not evident.

NRPs **can** when authorised to carry the medicine keys and take responsibility for their safe custody

NRP's must not be involved in any of the following:

NRPs **cannot** administer medicines under a Patient Group Direction

NRPs **cannot** be involved in POD (Patient Own Drugs) assessment

NRPs **cannot** administer if the POD label does not match the MAR chart

NRPs **cannot** administer PRN rectal medication, this must be administered by a registered nurse. When this is required a referral to district nursing service will be completed.

The administration of Controlled Drugs requires a witness to the process; NRPs **cannot** administer Controlled Drugs independently, this must be witnessed by a registered nurse or another approved NRP. (The service currently does not use or store controlled drugs however do have a contingency plan that will be implemented should any of the residents require controlled drugs at any point in the future).

In the event that medicines are prescribed by 111 supply or hospital practitioners it would be the responsibility of the NRP to seek appropriately trained Registered Nurse to ensure medicines are recorded on the MAR chart.

4.4 Audit

- Continuous monitoring of competence of practice should be undertaken by the NRPs' supervisor with the individual actively demonstrating evidence of adherence to the protocol parameters.
- All NRPs involved in the administration of regular medicines should evidence their maintenance of knowledge and practice within their personal portfolio which should be accessible for audit purposes and be discussed as part of their annual appraisal; this should include completion of an annual practical assessment and completion of two yearly training sessions.
- Any errors related to the administration of medicines by NRPs should be reported via the Trust's incident processes and these will be monitored via the speciality Improvement Development Group/Governance forum.



The Registered Manager of 367 Thornaby Road should keep a central record of all competence assessments of the NRPs working within the service and is responsible for ensuring all NRP's maintain competence to administer medications through agreed training.

5 Definitions

Term	Definition
NRP	Non registered practitioner; any clinical support worker working within the Trust who is not registered with a professional body
RM	Registered manager
MAR	Medicine Administration Record
POD	Patient's Own Drug(s)

6 Related documents

This procedure describes processes required to work within legal requirements and the [Medicines Overarching Framework](#).

- [Protocol for Administration of Buccal Midazolam for Epilepsy to named patient by non-registered staff in the ALD and SIS Services](#)
- [Medicines – preparation and administration](#)
- [Medicines – ordering, storage, security, transporting and disposal.](#)
- [Patients Own Drugs procedure](#)
- [Medicines Administration Record \(MAR\) Chart – Procedure for use](#)
- [Supporting staff and learning from medication incidents](#)
- [Incident recording and response policy](#)
- [Medicines care plans - Care Quality Commission](#)

7 How this procedure will be implemented

Continuous monitoring of competence of practice should be undertaken by the NRPs' supervisor with the individual actively demonstrating evidence of adherence to the protocol parameters.

- All NRPs involved in the administration of regular medicines should evidence their maintenance of knowledge and practice within their supervision and appraisal; this should include completion of an annual practical competency assessment and attendance at two yearly training sessions.
- Any errors related to the administration of medicines by NRPs should be reported via the Trust's incident processes and these will be monitored.

- The Registered Manager of 367 Thornaby Road will keep a central record of all training and certificates for the NRPs.

7.1 Implementation Action Plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Procedure to be cascade to all NRPs	NRP aware of the ratification and review of the procedure	31 st December 2026	RM	Evidence of signature list.

7.2 Training needs Analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All Staff	Basic Life Support	3 hours	Yearly
NRPs	Face to face medication assessment (appendix 3)	1 hour	Yearly
NRPs RM	Medicine Matters	1 hour	Tri-annually
NRPs	Medication Level 2 VTQ (appendix 4)	2 hours	Yearly

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
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1	Number of medication related incidents	Frequency = monthly Method = written Responsible = Team Manager/Matron/ADON	Service/Speciality Level Governance Meetings for escalation to Integrated Care Group Governance.
2	% compliance with training requirements	Frequency = weekly/monthly Method = verbal/written Responsible = Team Manager/Matron/ADON	Weekly quality & performance huddle. Monthly Governance reporting.

9 References

Care Quality Commission (2023) Medicines information for adult social care services.

Department of Health (2006) Medicines Matters.

Great Britain (2014) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, SI 2014/2936, including Regulation 12: Safe care and treatment.

Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Originally published 2015.

Nursing and Midwifery Council (2018) Delegation and accountability: Supplementary information to the NMC Code.

10 Document Control (External)

Required information type	Information
Date of approval	23 September 2026
Next review date	01 October 2029
This document replaces	Local protocol for the administration of medicines to named patients by non-registered practitioners in 367 Thornaby Road Residential Service V1.0 approved by Drug & Therapeutics Committee 24 March 2016 – no reference number established for V1.0
This document was approved by	Drug & Therapeutics Committee
This document was approved	23 September 2026
This document was ratified by	N/A

This document was ratified	N/A
An equality analysis was completed on this policy on	15 September 2026
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
1.0	24 Mar 2016	New document approved by Drug & Therapeutics Committee for local use. No reference number was established for this version.	Superseded
2.0	23 Sept 2026	Previous document held locally by team. Document now formally part of PHARM portfolio of documents with reference number assigned. Refreshed and updated with 3-year review cycle established. Document refreshed and training requirements updated.	Approved

Appendices

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	367 Thornaby Road Residential Service
Title	Local protocol for the administration of medicines to named patients by non-registered practitioners
Type	Procedure
Geographical area covered	367 Thornaby Road Residential Service
Aims and objectives	By adhering to this procedure, the Trust aims to ensure that: - Residents receive their prescribed medication safely, accurately, and at the correct time by appropriately trained and competent non-registered practitioners (NRPs). - The risk of medication errors, omissions, or delays in administration is minimised. - All staff understand and follow the agreed local procedure for the administration of medicines within 367 Thornaby Road Residential Service. - Safe, consistent, and person-centred medication practices are maintained for all residents. - Staff are supported to work within their role, competence, and accountability when administering medication. - High standards of care, safety, and clinical governance are upheld in line with the Trust values of Respect, Compassion, and Responsibility.

Start date of Equality Analysis Screening	15/9/26
End date of Equality Analysis Screening	15/9/26

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff Residents of 367 Thornaby Road Family / Carers
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None
Describe any positive impacts / Human Rights Implications	None

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Care Quality Commission (2023) Medicines information for adult social care services. Department of Health (2006) Medicines Matters. Great Britain (2014) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, SI 2014/2936, including Regulation 12: Safe care and treatment. Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. Originally published 2015. Nursing and Midwifery Council (2018) Delegation and accountability: Supplementary information to the NMC Code. Tees, Esk and Wear Valleys NHS Foundation Trust. Guidance for managing staff involved in medicine incidents or errors (excluding prescribing errors). Tees, Esk and Wear Valleys NHS Foundation Trust. Incident Reporting and Investigating Policy. Tees, Esk and Wear Valleys NHS Foundation Trust. Medicines – ordering, storage, security, transporting and disposal. Tees, Esk and Wear Valleys NHS Foundation Trust. Medicines Overarching Framework. Tees, Esk and Wear Valleys NHS Foundation Trust. Trust MAR and POD policy/guidance document.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes, as part of the consultation process when removing the RNs
If you answered Yes above, describe the engagement and involvement that has taken place	As per organisational change procedure LCC Group Consultation Individual Consultation
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Families and carers will be contacted as part of the review

Section 4	Training needs			
As part of this equality impact assessment have any training needs/service needs been identified?	Yes			
Describe any training needs for Trust staff	Staff/Professional Group	Type of Training	Duration	Frequency of Training
	All Staff	Basic Life Support	3 hours	Yearly
	NRPs	Face to face medication assessment (appendix 3)	1 hour	Yearly
	NRPs	Medication Level 2 VTQ (appendix 4)	2 hours	Yearly
Describe any training needs for patients	None			
Describe any training needs for contractors or other outside agencies	None			

Check the information you have provided and ensure additional evidence can be provided if ask

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	Prior to procedure development. Procedure written retrospectively
Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	

Are supporting documents referenced?	Yes	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	Already implemented. Being completed retrospectively. Training to be completed by staff
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	

ADMINISTRATION OF REGULAR MEDICINES BY NON-REGISTERED PRACTITIONERS

PRACTICAL ASSESSMENT

[illegible]

Process (continued)	Checks patient identity tallies with drug chart																			
	Checks the medication is under approved name, the correct dose, correct route, correct frequency, signed and dated, correct time prior to administration																			
	Can clarify when the last dose was given																			
	Demonstrates knowledge and understanding of medication administered																			
	Demonstrates understanding of reason for prescription																			
	Can clarify what the contraindications of prescribed medication are																			
	Demonstrates knowledge and understanding of common side effects of medication administered																			
	Demonstrates knowledge of adverse reactions which may occur as a result of the medication (e.g. anaphylaxis/NMS) and appropriate actions																			
	Security of medication is maintained throughout																			
	Rubbish is disposed of correctly (i.e. used medicine pots, unused medicines, etc)																			
	Demonstrates a working knowledge of the process for reporting medicine related incidents																			
	Medication is checked against MAR chart																			

	Package is checked for correct formulation and expiry date																			
	Correct dose is calculated																			
	Correct dose is prepared without contamination																			
Administration	Patient is identified correctly																			
	Hands washed and decontaminated																			
	Medication is administered to the patient via the correct route using the correct method																			
	Checks the patient takes the medication as appropriate																			
	Observes effect of medication and responds appropriately																			
Record keeping	Identifies name, hospital number, date of birth, ward, consultant, allergies, weight, legal status and parameters prior to administration																			
	Following administration signs MAR chart correctly when medication taken and completes any further required documentation																			
	If medication not given when prescribed, reasons documented appropriately																			
	Entries made into patient's care records when necessary																			
Date completed:																				

	Signature of trainee:
	Signature of assessor(s):

NB: The practical assessment should be completed and submitted within 3 months of successfully completing the theory

Once complete – copy for individual, copy for personal record, copy for team base

Individuals should not practice until training and competency assessment complete and Registered Manager agrees

Appendix 4 – Theory Training summary

Medication Level 2 VTQ

This Course Includes:

-  Endorsed by Skills for Care
-  2.0 hrs CPD Certificate
-  Evidence Based Training Certificate
-  Instant printable wall certificate
-  24/7 on-demand video
-  Access on mobile
-  Weekly refresher video
-  Expiration reminder
-  Student manual

Course content:

Introduction

Legislation, Regulation and Policies.

Medication

Administration of Medication.

Link to Training provider:

https://www.protrainings.uk/courses/42-medications-level-2-vtq?topic_id=25-medications