

**Hampshire County Council Adult Services Department**

**Medication Management Policy.**

**June 2014**

**Overarching medication policy guidance to support the service-specific guidance**

**Medications Management Review Group**

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## **1 Introduction and General Principles**

- 1.1 All adults should be encouraged to be independent and take responsibility for their own medication and self-medicate. However, Hampshire County Council recognises that some form of support with medication can form part of a social care package under the direction of the prescriber and that this may be provided by staff employed by Hampshire County Council Adult Service Department including casual or bank staff, or agency staff assuming the same duties as HCC staff.
- 1.2 Where people are not able to manage their own medications and self-medicate, they may need support from health and social care services. People needing this support may be in any care setting.
- 1.3 Service users individual medications remain the property of the service user. They should not be shared with anyone else. Medications must not be disposed of without the consent of the person that they belong to.
- 1.4 Registered Health Professionals, such as doctors and nurses, have a duty of care and are professionally and legally accountable for the care they provide, including those tasks that they delegate to non-registered staff. If expecting non-registered staff to prompt or administer medications, those delegating the duty must ensure that the person to whom they are delegating is competent to prompt or administer medications safely.
- 1.5 All staff, whether registered or non-registered, are accountable for their own practice. This means that if they accept a delegated duty, they must have the skills and knowledge to carry out the duty safely.
- 1.6 In services registered with CQC, the registered person must protect the service user against the risks associated with the unsafe use or unsafe management of medications.
- 1.7 Social care staff must not give medications advice to service users, this is the role of the prescriber or the community pharmacist.

## **2 Equality and Diversity**

- 2.1 People's cultural and religious requirements around their medication should be respected and carefully considered. For example:
  - Some people may not wish to take medicines during religious festivals or fasting
  - Some people may not wish to have medications administered by someone of the opposite gender

- Some people may not wish to use medicines made from 'unclean' substances such as insulin made from pigs
- People from religious groups that are vegetarian and do not eat animal products may not wish to take certain medications such as those with gelatine coatings
- Some people choose to access forms of health care which differs from standard Western medicine, such as homeopathy.

These issues should be raised with the prescriber.

### **3 Objectives**

3.1 The objective of the guidance in this overarching policy is to:

Maintain the health, safety and independence of adult service users by supporting them to take prescribed medication at the correct time and in the correct way as part of a package of care and support.

### **4 Liability**

4.1 Hampshire County Council liability insurance covers the personal liability of employees who commission care which involves appropriate support with medication and employees who support service users with medication management as part of an agreed care plan.

4.2 In addition to this cover, HCC indemnifies all of its staff whilst they are carrying out official and appropriate duties, in respect of the financial consequences of negligent acts or omissions committed in the course of their duties.

4.3 The indemnity does not apply where staff act outside of their contract of employment or authorised duties (e.g. by ignoring instructions or this policy or service specific guidance) and the indemnity does not extend to actions that result from fraud or other deliberate wrongdoing or recklessness on the part of the member of staff.

### **5 Consent and Capacity**

5.1 The service user's informed consent to medication interventions must be obtained and recorded.

5.2 The service user may withdraw consent at any time

5.3 If a service user is physically unable to sign their consent, they may ask another person to sign on their behalf. This must be witnessed by a third person.

5.4 A service user's capacity to consent to any medications interventions must be considered and staff must demonstrate due regard to the Mental Capacity Act (2005).

5.5 Where a service user does not have capacity to consent to medication interventions, the prescriber must document, through an assessment of the person's mental capacity, that it is in the service user's best interests to prescribe the medication.

5.6 Any Advanced Decisions around medical treatment must be taken into account during the decision-making process. The Health Professional providing medical treatment is responsible for decision-making about medical treatment.

- 5.7 Consent to medication treatment cannot be made by third parties on behalf of adult service users unless they hold a registered Lasting Power of Attorney for health and welfare decisions or are Court Appointed Deputy for health and welfare decisions.
- 5.8 Staff who fail to follow the guidance of the Mental Capacity Act (2005) and code of practice will be expected to provide good reasons why they have not followed the advice.

## 6 Assessment of service user needs and level of support required

- 6.1 An assessment of the type and nature of support the service user needs with medications should be completed before any support with medication is given by social care staff.
- 6.2 The social worker or care manager should indicate what level of support the service user requires with medications as part of their full assessment of needs and ensure that the provider is able to meet the individual's medication management needs.
- 6.3 Once the service starts, the service provider must ensure that social care staff have the knowledge and skills to meet the services user's medicines management needs.
- 6.4 The Care Quality Commission described three levels of support with medications that service users might require. These levels of support and examples are included in this procedure to provide clarity around responsibilities and training needs.
- **Level 1.** 'General Support Tasks'. The service user takes responsibility for self-medication (with minimal assistance from care staff)
  - **Level 2.** 'Administration by care staff' Care staff take responsibility for administering medication.
  - **Level 3.** 'Administration by specialist technique' Qualified health professionals or social care staff administer medication by specialist technique.

Description of support required	Assist	Administer	Administer by specialist techniques
CQC level	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>
Example	Social care staff bring medication to service user under the service user's direction	Social care staff select medication and place it in front of service user without being asked by the service user	Administering medications via PEG feed, giving injections, rectal administration.
Responsibility for administering medication in HCC	The service user	The social care worker (or nurse in HCC homes)	A registered health care professional. Exceptionally social care staff in 'rescue' situations
Training required	Common Induction Standards which includes HCC medication basic awareness induction.	Common induction standards, plus HCC medication basic awareness induction.	Common induction standards, plus HCC medication basic awareness course plus 'Safe Use of

	(Done during in-house induction for new staff)	Plus 'Safe use of Medicines' course. (Full day for residential and nursing and half day for CRT, Shared Lives, LD and Day Services)  In addition managers will complete 'Medicines Management for Managers'; full day course.	Medicines' course.  Plus specific training from a registered health care professional for the individual resident requiring the medication.
Competency check of staff	By care provider  Annually or more frequently	By care provider  Annually or more frequently	By registered health care professional

Box 1. levels of medication support

- 6.5 Except in emergency or 'rescue' situations, social care staff must not administer medication by specialist techniques (level 3), this remains the responsibility of Health services.
- 6.6 A 'rescue' situation will be described in the service user's care and support plan. (An example of a rescue situation could be a prolonged fit, where a service user requires rectal diazepam.)
- 6.7 Qualified nurses who have received the appropriate training may give medication by specialist techniques
- 6.8 Service users may be able to self administer some medications but may need social care staff to administer other medications to them. Level of support required by an individual may also vary from day to day.

## 7 Staff training and assessment requirements

- 7.1 All HCC social care staff working in regulated care services must complete medications training to meet the Common Induction Standards during their first 12 weeks in post.
- 7.2 All staff involved in administration of medication or assessment of medication tasks must attend the HCC medications course relevant to their role or the specific activity that they are undertaking.
- 7.3 In social care settings people who are unable to manage their own medications are entitled to have someone who is adequately trained and knowledgeable to give medications to them. Only staff who have been given appropriate training and who have demonstrated that they are competent should do this.
- 7.4 All staff administering medicines (Level 2 and above) will attend the 'Safe Use of Medicines' course initially and then every two years as a refresher.
- 7.5 In addition to attending training, staff competency to administer medications will be reassessed annually or more frequently based on the judgement of their line manager.

Each service will determine which supervisory level of staff will be designated to assess competency within their service and these staff must have attended the 'Safe Use of Medicines' and the 'Medicines Management for Managers' courses prior to undertaking the competency assessment of others.

- 7.6 Staff who fail the competency assessment or make medication errors will re-attend the training and this is followed by further assessment of competence as well as supervised practice.
- 7.7 Provider services must keep:
- a list of staff who have received training with the date of training
  - a record of the signature and initials of all staff who are competent to sign medication administration records and medication receipts
  - a record of all medication incidents through the HCC Adult Services incident reporting system

## 8 Refusal of medication

- 8.1 If a service user with capacity refuses any medications this should be respected. In this event, it will be made clear to the service user that this will be discussed with the person who prescribed the medication or the currently responsible physician. Responsibility for any further action then rests with that relevant Health professional.
- 8.2 If a service user who has capacity refuses medication, this should be recorded in their care notes and/or on the MAR chart.
- 8.3 If a service user lacks capacity and refuses to take medication, covert administration may be considered (see below).

## 9 Covert administration of medication

- 9.1 If a person who lacks mental capacity refuses to take prescribed medication, a decision may be taken to administer the medication covertly, hidden in food or drink, for example.
- 9.2 The prescriber is responsible for making this decision, through consultation with other people and must document this in the service users care records, paying due regard to the Mental Capacity Act (2005) and Codes of Practice.
- 9.3 Any decision to administer medication covertly must be recorded in the service user's care and support plan and on the medication administration records.
- 9.4 Any decision to administer medication covertly must be regularly reviewed by the service user's GP, pharmacist and relatives and the review documented in the service user's care and support plan.
- 9.5 The method of covert administration should be agreed with the pharmacist. This is because some medications should not be crushed or mixed.

## 10 'As required', 'as needed' or PRN medications

- 10.1 Some medication, for example pain relief or laxatives, may be prescribed to be taken 'as required' or 'as needed' or 'PRN' (from Latin "pro re nata" meaning 'as needed' or 'as the circumstances require')

- 10.2 All requests for PRN medication should come from the service user, however, where a service user is unable to ask for their PRN medication, staff should use their professional judgement and knowledge of the individual to assess whether a PRN medication may be required and offer it accordingly.
- 10.3 Before administering any PRN medication, staff should check the MAR to ensure that another dose has not been given within the minimum time limit.
- 10.4 Before administering PRN medication, staff should also check the reason that PRN medication is prescribed. If, for example, the service user is complaining of pain in a new area, this may need to be reported to the prescriber.

## 11 **'Homely remedies', non-prescribed medications or 'over the counter' medications.**

- 11.1 Service users may wish to take non-prescribed medications, such as herbal remedies, homeopathic treatments or tablets for a headache that can be bought from shops or supermarkets without a prescription and without calling a doctor.
- 11.2 Social care staff must not prompt or assist with any non-prescribed medication unless the service user's GP or prescriber has authorised its use. This is because some non-prescribed medications may interact with those the service user is already taking and cause harm.
- 11.3 Social care staff must inform the service user's GP or prescriber if a service user takes any non-prescribed medications.

## 12 **Record keeping**

- 12.1 Social care staff should record details of level 1 'general support tasks' in the service user's care record. There is no requirement for social care staff to record level 1 tasks on a medication administration record (MAR) chart.
- 12.2 Social care staff who administer medication (level 2) or administer medication by specialist techniques (level 3) must record this on the service user's MAR chart.

## 13 **Retention of medication records**

- 13.1 Medication administration records (MAR and CD records) should be kept for six years from the date of the last entry.

## 14 **Reporting medication incidents**

- 14.1 If an incident or error occurs that involves medication, it must be reported and action taken to protect the service user from harm.
- 14.2 Staff should report incidents that they make and incidents that they notice others may have made to the registered manager or person in charge of the service at the time.
- 14.3 If the medication error or incident involves a service user receiving incorrect medication or not receiving medication as prescribed to them, then advice should be sought from the service user's GP (or out-of-hours GP) immediately.
- 14.4 The staff member discovering the incident should complete an incident reporting form and pass it to the person in charge of the service at the time, so that others become aware of it.

14.5 The manager of the provider service should respond to the medication incident and consider further actions:

- Complete a risk assessment
- Review care plans
- Inform relatives and other agencies as necessary

14.6 The incident will be logged on to HCC Adult Services Incident Reporting System and a central record of medication incidents will be maintained.

14.7 Staff who make repeated medication errors may face further action under HCC capability or disciplinary procedures.

## 15 Medication incidents that may warrant a safeguarding response

15.1 When a medication incident occurs, staff must always consider whether a safeguarding concern needs to be raised. The following questions may help, if the answer to one or more is 'yes' then a safeguarding concern should be raised.

- Is the person affected by the medication incident an 'adult at risk'?
- Is there a person who is responsible for causing the incident because of something they did or did not do? (the person responsible could be staff, family, or another person)
- Did the medication incident occur due to failure in care or a breach in policy or HCC procedures, or a breach of a staff member's professional code of conduct?
- Has the service user been harmed because of the medication incident or is there a potential for the service user to be harmed?

15.2 If the answer to one or more of the questions in 15.1 above is 'yes', then a safeguarding concern may be needed. If the person(s) has been harmed, or there is reason to believe the person(s) is at risk of being harmed, then the person in charge should consider and report to the local area team or to Hantsdirect 0300 555 1386.

## 16 Responsibilities

16.1 Health Care Team (GP, prescribers, community nurse, CPN, community pharmacist, CNLD, out-of-hours service) are responsible for the health care needs of the service user and for the safe management of medication. Health care professionals must:

- Provide advice around medication management when required
- Identify the need for and carry out medication reviews
- Undertake assessments of service users capacity around medication management
- Provide training for level 3 'administration by specialist techniques' to nurses and designated social care staff who may need to give 'rescue' medications

16.2 Community Pharmacist

- Give advice to provider services and individual service users on medications management. (ordering, storing, handling and disposal of medication)

### 16.3 Social Worker/Care Manager

- Familiarise themselves with this policy and Social Care Practice Manual guidance about medications management
- Assess the service user's needs around medications management. Determine what the person can do themselves and where they need help, determine the level of support required.
- Supply care providers with their assessment
- Gain consent of the service user for any care interventions around medications management required as part of their care plan, with regard to the Mental Capacity Act (2005) and associated Codes of Practice.
- Review medication management arrangements within the context of the overall care plan and ensure the person's individual needs continue to be met by the provider.
- There is no requirement for the social worker to identify the different medication that may be taken by the service user at point of assessment because these may change.

### 16.4 Provider Manager

- Familiarise themselves with this policy and related practice guidance for their service.
- Risk assess any medications management interventions
- Produce a care plan for each service user around their medications management
- Gain the consent of the service user for any medications management interventions, with due regard to the Mental Capacity Act 2005 and associated Codes of Practice.
- Refer to the social worker or care manager if there is any change in the mental capacity of the service user
- Ensure staff understand their roles and limitations around medications management
- Ensure that social care staff have received the required training before commencing medications management tasks.
- Ensure that social care staff receive annual medications management training updates and are competent.
- Refer back to the prescriber if there are any medication instructions that are not clear

## 17 **Review of the Medications Management Policy**

This policy has been reviewed with reference to the following:

Medications Management Policy 2014 - overarching guidance to service specific documents

Medications Management Policy September 2009. HCC Adult Services Procedure

Mental Capacity Act (2005) and associated Codes of Practice.

CQC Professional Advice. The administration of medicines in domiciliary care

Incident Reporting and Investigating Procedure (17/11) HCC Adult Services Procedure

RPSGB (2007) The Handling of Medications in Social Care. Royal Pharmaceutical Society of Great Britain: London. <https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>