

Adult  
Social  
Care  
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Commissioning &  
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Services



# Adult Social Care Medicines Management Policy

**This is a controlled document:**

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# Adult Social Care Medicines Management Policy

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<b>Produced by:</b>	Kevin Moore, Policy Officer, ASC-S Borough of Poole		
<b>Ratified by:</b>	Joint SMT		
<b>Target audience:</b>	ASC and Commissioning staff, and all formal care providers employed and contracted by Bournemouth Borough Council and Borough of Poole		
<b>Policy should be read alongside:</b>	See 'references and related information' section		
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Date	Version	Summary of changes	Section(s) changed
	V1.2	To review policy in line with NICE guideline 'Managing medicines for adults receiving social care in the community, March 2017'	
<b>Distribution:</b>	<i>(BoP/BBC distribution, relevant Teams and Units)</i>		
<b>Location:</b>	<i>(Stored on web, Intranet, file)</i>		

**Compliance:**

<b>Who must comply with this guidance?</b>	<p><i>This policy is the overarching medicines policy for Bournemouth Borough Council, Borough of Poole Adult Social Care Services. This policy applies to all formal carers employed and contracted by adult services unless otherwise stated. This policy relates to the administration of both prescribed medication and homely (non-prescribed) remedies. This policy applies to all those involved in any aspect of medicines management.</i></p> <p><i>Staff working within multi-disciplinary intermediate care services should follow their own service specific standard operating procedures (SOPs) in addition to this medicines policy.</i></p>
<b>When does this policy apply?</b>	<p><i>The aims of this policy, and the accompanying Guidance document, are to ensure unified procedures are undertaken in all Adult Social Care services with regard to medication, whilst meeting all legal requirements and standards prescribed by The National Institute for Health and Care Excellence (NICE) and the Care Quality Commission (CQC) or any successor bodies.</i></p> <p><i>Bournemouth Borough Council and Borough of Poole are committed to ensuring that procedures, policies and training are in place so as to reduce risk of medicine related errors and the associated risks to clients and employees.</i></p>
<b>Who needs to be aware of this policy?</b>	<p><i>All ASC and Commissioning staff, all formal carers employed and contracted by adult services.</i></p>
<b>Roles and responsibilities</b>	<p><i>See relevant section in document.</i></p> <p><i>All staff at all levels have responsibility for the enforcement of this policy.</i></p>

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## Introduction and legal framework

This policy is the overarching medicines policy for Bournemouth Borough Council and Borough of Poole Adult Social Care Services. This policy also applies to all formal carers employed and contracted by adult services unless otherwise stated. This policy relates to the administration of both prescribed medication and homely (non-prescribed) remedies. This policy applies to all those involved in any aspect of medicines management.

Staff working within multi-disciplinary intermediate care services should follow their own service specific 'Standard Operating Procedures' (SOPs) in addition to this medicines policy.

The aims of this policy, and the accompanying Guidance document, are to ensure unified procedures are undertaken in all Adult Social Care services with regard to medication, whilst meeting all legal requirements and standards prescribed by the Care Quality Commission (**CQC**), National Institute for Health and Care Excellence (**NICE**) or any successor body.

Bournemouth Borough Council and Borough of Poole are committed to ensuring that procedures, policies and training are in place so as to reduce risk of medicine related errors and the associated risks to clients and employees.

This policy outlines key points and responsibilities in regards to medicines. This policy should be read alongside the more detailed guidance document. It recognises that practise may vary in different settings and that these individual settings may develop their own guidance in order to meet their responsibilities.

## Legislation and National Guidance

The **Medicines Act 1968** defines three categories of medicine: prescription only medicines only available from a pharmacist with a prescription, pharmacy medicine available from a pharmacist without a prescription and general sales list medicines which can be bought in any shop and without prescription.

### **Nice guideline: Managing medicines for adults receiving social care in the community**

This guideline covers medicines support for adults (aged 18 and over) who are receiving social care in the community. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It gives advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

NICE has also produced guidelines on managing medicines in care homes and home care for older people.

### **Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation**

**2014** states that care workers must record the medicines support given to each individual medicine on every occasion. This includes details of all support for prescribed and over the counter medicines such as:

- ▶ reminding the person to take their medicine;
- ▶ giving the person their medicine;
- ▶ recording whether the person has taken or declined their medicine.

The **Misuse of Drugs Act 1971** controls the availability of drugs that are considered sufficiently 'dangerous or harmful' with a potential for misuse. These drugs are termed Controlled Drugs (CDs) and it is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation.

The **Mental Capacity Act (2005)** provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions.

The key principles of the Act:

- ▶ a presumption of capacity, unless proved otherwise; every adult has the right to make their own decisions;
- ▶ individuals have a right to be supported to make decisions e.g. given the right information in the most accessible way;
- ▶ individuals have the right to make unwise or eccentric decisions;
- ▶ best interests – anything done for or on behalf of someone who lacks capacity must be in their best interests; and
- ▶ be the least restrictive intervention.

The **Equality Act 2010** replaced the Disability Discrimination Act. This Act protects people from both direct and indirect discrimination based on 'protected characteristics'. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender), and sexual orientation. An individual may have certain preferences relating to equality and diversity that impact on the way medication is administered.

Disability as defined by the Act applies to a person who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

### Useful Links

Advice on medicines can be obtained from:

- ▶ any community pharmacist;
- ▶ the individual's GP;
- ▶ NHS emergency and urgent care services telephone 111.

### Definitions

**CQC** Care Quality Commission, the independent regulator of health and adult social care in England.

**Community pharmacist**, pharmacists who work from their own pharmacies or out of local healthcare centres and doctor's surgeries.

**GP** General Practitioner a doctor based in the community who treats patients with minor or chronic illnesses.

**MAR** Medicines Administration Record a legal record of the medication administered to a person by a health or social care worker.

**NICE** The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

### Principles of policy

- ▶ All medicines are potentially harmful if not used correctly, and care must be taken in their storage, administration, control and safe disposal.
- ▶ The responsibility for prescribing and management of medication rests with the individual's GP in consultation with other members of the Primary Health Care team and their patient. However, ultimately everyone involved in caring for an individual is responsible for ensuring that their medicines are well managed. The person that administers any medicines must ensure that it is administered according to the prescriber's (e.g. GP) written instructions and the pharmacist's label. The administration of any medicine must be recorded and signed for on each separate occasion for each individual product.

- ▶ Any medicine dispensed by a pharmacist becomes the property of the individual for whom it has been prescribed. It must not be used for the treatment of anyone else. Medicines must be administered in a way that respects the autonomy, human rights, privacy, and cultural and spiritual beliefs of the individual and takes full account, where appropriate, of the wishes of their family and carers.
- ▶ The assessment of capacity to consent is vital. People with capacity must give consent before medicine is administered. It is the responsibility of the assessor (i.e. a member of staff authorised to carry out an assessment) to obtain authorisation for administration of medication. This must be given by the individual at the assessment stage unless they lack the capacity to do so.
- ▶ Medication must never be disguised or administered covertly unless on the specific written instruction and guidance of the medical practitioner with the agreement of the care worker. This decision must be undertaken as part of a multidisciplinary team led by the GP, and including the pharmacist to ensure that medication does not react adversely when administered with certain foods/liquids. A best interest's decision should be recorded under the Mental Capacity Act. Medicines must never be forcibly administered by care staff under any circumstances.
- ▶ Any refusal by an individual to take medication should always be recorded and appropriate advice sought from the GP. Any unused or discarded medication must be returned to the community pharmacist (except care homes with nursing who must dispose of their own waste medicines appropriately) with the permission of the individual. A clear record must be kept and if possible a receipt should be obtained and attached to the Medicines Administration Record (MAR) sheet or kept in the individual's file.
- ▶ When a care worker, support assistant or equivalent 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 selects and gives any medicines without being requested (by the person) to do so, this activity must be interpreted as administering medicine.
- ▶ Formal documentation is necessary for all services. Responsibility for providing MAR (Medication Administration Record) sheets rests with the care provider. The pharmacist is not responsible. MAR sheets or an equivalent should be used to record all medicines received administered or disposed of.

Any suspected errors or incidents in the handling or administration of medicines must be reported immediately to a line manager or the person in charge of the setting or call 999 if an emergency.

## Scope of policy and responsibilities

### Responsibilities:

#### Individual/Adult being cared for

- ▶ Wherever possible to take responsibility for their own medicines

#### Front line staff

- ▶ Must work within their areas of training and competence
- ▶ Must not place themselves or the client at risk
- ▶ Must contact their Line Manager if they have any concerns

- ▶ Must not undertake any duties which fall within the responsibility of a GP, pharmacist or nursing staff
- ▶ Must ensure that medication is presented in clearly labelled appropriate containers with a pharmacist's label, and return to the pharmacist if this is not the case.
- ▶ Accurately complete Medicines Administration Record (MAR) sheets
- ▶ Concentrate on the important task of administering medication (where authorised to do so), to the exclusion of all other duties and distractions
- ▶ Report any instance of a medication error immediately by seeking medical advice via the individual's GP or 111. Report the error to a Manager / Service Manager or Day services officer
- ▶ Complete an accident / incident report form if required and send to Departmental Health and Safety Adviser.
- ▶ Identify, assess and manage risk
- ▶ Take responsibility for their own personal medication (for example ensuring that it is not exposed or left out) to avoid putting individuals at risk.

### **Social Workers / Care Managers and equivalent**

- ▶ Act as a competent assessor and appropriately assess a client's capacity to consent to assistance with administration of their medication.

### **Managers (In-house)**

- ▶ Ensure that all staff receive appropriate medication training at least every 18 months to 2 years.
- ▶ Ensure that competency assessments are carried out on an annual basis or sooner especially if there is an error/ issue
- ▶ Provide a supportive environment for the staff when undertaking medication duties to ensure distractions are minimised.
- ▶ To ensure that where medicines are stored and prepared for administration this is in an area with restricted access. A risk assessment may support this.
- ▶ Ensure that medicines procedures and forms are audited regularly (as good practice this should not exceed three months) and that processes and systems reviewed for trends or practices that might contribute to errors.
- ▶ Maintain an awareness of the quantities of medication in stock and to ensure that excess is not kept in stock and ensure that individuals have regular medication reviews.
- ▶ Identify, assess and manage risk
- ▶ Ensure that employees who report errors are supported immediately
- ▶ Ensure that safeguarding referral will be made when harm has occurred as a result of a medication error.

### **Contracted External Providers**

- ▶ Keeping appropriate records, including records of when medication is handed over to the client where the Provider is responsible for ordering and receipt of medication
- ▶ To provide MAR sheets as and when required
- ▶ To agree the level of support required for staff and ensure that the appropriate record keeping and training needs are met.
- ▶ To agree which provider holds the responsibility for support with medication where multiple providers are contracted to provide services.
- ▶ All staff to receive appropriate medication training at least every 18 months to 2 years.

### **Bournemouth Borough Council and Borough of Poole**

- ▶ To ensure medication policies and procedures are kept up to date, reflecting national legislation and guidelines
- ▶ To monitor and assess adherence to this policy

## Assessing Capacity

When deciding whether someone has the capacity to make a decision it must be a 'time and decision specific' test. An individual may be able to make some decisions but not others, or may be able to make a decision on one day and not on the next.

If there are any concerns regarding the individual's mental capacity an assessment must be carried out in line with the requirements of the Mental Capacity Act 2005 and the [Mental Capacity Act Code of Practice](#).

## Consent

It is the responsibility of the competent assessor to obtain the individual's authorisation when it has been identified that they need support to administer their medication. Only an individual who has capacity to make this decision can give authorisation for this support.

The assessor must explain to the individual the type of support that is proposed and their consent should be recorded on a consent form and in their care plan. The individual must communicate in their own way that they agree to the support. However, this consent must be confirmed every time support is given. The consent form cannot be used to assume the individual has given consent at the time the support is required.

If an individual has capacity to consent to support but refuses to authorise this support and the assessor considers that this places the individual at risk, the refusal should be recorded and reported to the GP or appropriate professional.

## Care Workers / Support Workers or equivalent

Care workers, when involved in providing support to an individual, must only carry out duties in accordance with their authority, training and in line with this policy.

Care workers must not make clinical decisions or judgments regarding the administration of medication e.g. increase or change of dosage. This policy does not cover every possible situation that may arise. Where care staff have any doubt about the action to take, their line manager or a health care professional should always be consulted before any action is taken.

Where an individual self administers their own prescribed medication, and the care worker is concerned about the individual's ability to manage their own medication, the care worker must report this to their line manager or other duty manager within 24 hours. The line manager or duty manager should then take appropriate action as necessary e.g. carry out a new risk assessment or have a discussion with the prescriber.

Care workers must only administer medicines from the original container, dispensed and labelled by a pharmacist. This includes monitored dosage systems and multi-compartment compliance aids. Care workers cannot administer medication from family filled multi-compartment compliance aids. Care workers are not permitted to fill any multi-compartment compliance aids.

Care workers must not offer advice to individuals about over-the-counter medication or complementary treatments. The individual must always be advised to contact their pharmacist or GP/ prescriber.

## Exclusions

There are no exclusions to this policy

## References and related information

### Related Legislation

Department of Health, *Care Act 2014*

*Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*

*Health and Social Care Act 2012*

*The controlled Waste (England and Wales) Regulations 2012*

*Care Quality Commission (Registration) Regulations 2009*

*Mental Capacity Act 2005*

*Data Protection Act 1998*

*Equality Act 2010*

*The Human Medicines Regulations 2012*

*The Misuse of Drugs (Safe Custody) Regulations 1973*

*Misuse of Drugs Act 1971*

### National Guidance

National Institute for Clinical Evidence (NICE)

[\*Managing medicines for adults receiving social care in the community.\*](#)

[\*Managing medicines in care homes - NICE Pathways\*](#)

[\*Managing Medicines in Care Homes Guidance full document-pdf\*](#)

Other more general resources and guidance are also available on the [NICE website](#)

Office of the Public Guardian, [\*Mental Capacity Act Code of Practice\*](#)

Royal Pharmaceutical Society of Great Britain, <http://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>

### Related Local Procedures

Bournemouth Borough Council and Borough of Poole, *Medicines Guidance*

Bournemouth, Dorset and Poole Safeguarding Adult Boards:

[\*Multi Agency Safeguarding Adults Policy\*](#)

[\*Multi Agency Safeguarding Adults Procedures\*](#)

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