

Version: 1.0 FOI Status: Public	Medication Management Standards	Issued: May 2016 Review Due: May 2018
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Derbyshire County Council Adult Care Medication Management Standards for Derbyshire County Council and Derby City

Approval and Authorisation

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Change History

Version	Date	Name	Reason
V 1	May 2016	Emma Benton	New medication standards, which replace the old Overarching Medication Policy

This document will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc please email Dawn Nash – Policies and Procedures, dawn.nash@derbyshire.gov.uk

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Introduction

This guidance sets the *minimum standards* for the provision of assistance to customers directly supported by Derby City Council People Services Directorate, (Adults and Health) or Derbyshire County Council Adult Care and agents acting on their behalf. The guidance is based upon current legislation and relevant professional published guidance.

It is expected by both local authorities that any provider acting on their behalf will ensure that the principles within this document are incorporated into their policy and practice.

Roles and Responsibilities

As an Assessor:

1. The local authority, all providers and those they employ must assume that all customers are able to manage their own medication.
2. For customers for whom initial contact is via the local authority, an assessment will be undertaken which will confirm the assumption that the customer is able to self-medicate or identify if the customer requires support, and at what level. This will be recorded on the medication assessment tool and shared with the appropriate provider.
3. An initial assessment will form part of an assessment plan completed by a local authority or health commissioner. Where this is not the case, for example where a customer arranges their own care and/or funding, the provider must complete this assessment.
4. An Assessor refers to anyone carrying out a medication assessment at any point during the customer's provision of service. This will include reviews of previous assessments and when changes have been made.
5. In addition to the initial assessment, the assessor must ensure a detailed, personalised medication plan is in place describing what support the customer requires in practice. This must include how the customer's medication is:
 - ordered and supplied
 - stored, dispensed and prepared
 - administered
 - disposed of
 - recorded.

As a Commissioner we must ensure that:

1. Providers are aware that their policies and practice must meet the standards set within the published professional guidance.

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2. Provider's own policy must include the principles within this document. Alternatively, providers are able to follow the medication policy of the local authority which covers these principle
3. Provider's policies should clearly state who is accountable and responsible for the management of medication.
4. Policies and procedures should be updated in line with changes in legislation and guidance and should be routinely reviewed.
5. We will monitor all aspects of care and support as part of the contracting arrangements, including the management of medication.
6. Providers have systems in place for reporting incidents and accidents, including medication. This must include a process for analysing this information; identifying trends or concerns and learning from medication errors. Commissioners will then use this information to monitor the quality of the service.
7. Providers must comply with the [Derby and Derbyshire Safeguarding Adults procedures](#).

As a Provider:

1. A medication policy must be in place that includes the principles within this document. Alternatively providers are able to follow the medication policy of the local authority which covers these principles.
2. All employees involved in medication management must receive appropriate training and be deemed competent to administer medication.
3. Employees who do not have the skills to administer medication, including where they have not completed training, must not administer medication.
4. Medication records and information must comply with data protection legislation and guidance.
5. All medication-related errors or near-misses must be identified, reported, reviewed and investigated. Systems of governance should ensure incidents are collated, analysed and action taken is clearly recorded. The agreed procedure for medication error reporting should be followed by providers managed or commissioned by Derby City Council and Derbyshire County Council.
6. The provider must identify and arrange for advocacy support where customers have 'substantial difficulty' in planning their care, including medication. Customers must have access to a complaints service where they have concerns about medication.
7. The provider will ensure that all customers are given the opportunity to actively participate in decisions about their treatment and care, including medication and support them to take part in making decisions.

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8. On-going review of the medication support assessment must be undertaken by the provider at least annually and may require a multidisciplinary approach, involving both health and social care professional and the customer's family or carer.
9. Medication prescribed for a customer must be for their use only. Even where the same medication is prescribed for several customers, therefore medication must not be available for shared use.
10. The provider must ensure that each customer has an up to date and fully detailed Medication Administration Record sheet.
11. Records must be made of all support provided with medication including preparation, verbal or physical help. Records must be kept up to date and accurate.
12. Must ensure if required that the customer's care or support plan identifies the date of the last medication review or when the next review is due to be undertaken by the appropriate health professional.

The Principles to be Included in Provider Policies and Practice

An understanding of the [Care Act 2014](#) must be present, particularly the promotion of the principles of wellbeing: Personal dignity, physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the customer over their day to day life including care and support. Planning for customer's care and support should focus on the outcomes they wish to achieve.

Promoting Positive Outcomes

Employees should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into a person-centred approach to care.

Ensuring their beliefs and preferences about medicines are understood to enable a shared decision about treatment and that they are able to take/use their medicines as agreed.

To engage with customers and/or significant others in promoting an understanding of the medication they are taking.

To provide support with choice making including those with regards to prevention and healthy living.

To Support them to feel confident enough to share openly their experiences of taking or not taking medicines, their views about what medicines mean to them, and how medicines impact on their daily life. Enabling them to feel able to ask healthcare professionals when they wish to review or have a query or a difficulty with their medicines.

Safe Practice

The safe use of medicines is the responsibility of all professionals, healthcare organisations and customers, and should be discussed with them and/or significant others. Safety covers all aspects of medicines usage, including unwanted effects, interactions, safe processes and systems, and effective communication between professionals.

All care services are expected to ensure that medicines are received, handled, stored, administered, disposed of and recorded in accordance with statutory and regulatory requirements, as well as best practice recommendations.

Risk assessments assist in ensuring that incidents of avoidable harm from medicines are reduced.

Managers must be able to provide evidence of on-going auditing and monitoring of all the systems in place with regards to the safe management of medication.

The commissioner can identify when an inspection or audit is required to be carried out by the commissioning/ contracts team. The community pharmacist and/or pharmacist employed by the Clinical Commissioning Group also has the ability to audit and support the provider to achieve improved medication management systems and procedures and improve medicine safety.

Consent

Consent must be obtained for important aspects of customer's care and support, including medication. The customer should be deemed to have mental capacity to make decisions about their care unless there is an indicator that they are unable to make decisions relating to their medication.

Where an indicator exists that a customer may not have the capacity to make decisions about their medication, the provider must ensure:

An assessment is completed in line with the [Mental Capacity Act 2005](#) and, where required, a best interest decision be recorded.

Consent is obtained from any legally appointed representative i.e. someone with lasting power of attorney, or a court appointed deputy for Personal Welfare.

The provider organisation and those they employ have an important role to play in risk identification, assessment and management.

Training and Competence

Training standards of the company and its employees must meet the requirements set out by 'Skills for Care' or 'Skills for Health'. Systems should be in place to that employees are competent in line with current national training standards, the requirements of regulators and commissioning agencies.

The training of nurses must follow the Nursing and Midwifery Council (NMC) standards for medication management. All staff involved in medication administration must follow legislation, regulation and current best practice. Training packages must include the following topics:

- level of medicines support required by the customer
- over the counter medication
- storage of medicines
- administration
- recording of administration
- disposal of medicines
- covert administration
- self-medication
- commonly prescribed drugs
- side-effects
- importance of dose timings
- how to use, eye drops, patches, inhalers, creams, compliance issues, expiry dates
- compliance issues
- error reporting and how to reduce errors.

Those that provide care must be confident about their role in the management of medication. Duties and tasks must be undertaken safely and in accordance with best practice. Any health-related tasks will require specialist training from a health professional where applicable. These tasks will be identified by the medication policy of the commissioner as a 'health-related task'

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Link to Skills for Care and Skills for

Health: <http://www.skillsforcare.org.uk/Topics/Medication/Medication.aspx>

<http://www.skillsforhealth.org.uk/>

Administration

Respect for the customer and their rights must be at the heart of the medication process. It should be assumed that every customer can self-medicate until assessment of the customer proves otherwise. If, through assessment, self-medication is not possible, active participation from the customer should be encouraged before determining the level of administration to support the customer.

The system of administration must cover the 6 Rights:

- Right customer
- Right medication
- Right dose
- Right time
- Right route
- Right to refuse.

The provider will administer any medication that is of the topical or oral route on condition that it is supplied in a pharmacy-labelled container.

Medication administered by other means/routes e.g. via a percutaneous endoscopic gastrostomy (PEG) tube must only be undertaken following relevant training.

Ensure accurate recording on the Medication Administration Record occurs (refer to the 'Principles of safe and appropriate production of MAR charts', Royal Pharmaceutical Society, February 2009).

Administration should be from an original pack or container suitably labelled and dispensed by the pharmacist.

Medication administration should follow practices outlined in the medication policy.

Providers must only assist with the administration of medicine when they have been trained and deemed competent to do the task.

Recording

The Medication Administration Record will be taken as an accurate record of all medication administered. The MAR will be referred to for evidence by statutory bodies such as coroner or Care Quality Commission. These documents are for the protection of staff as well as customers and it is in the interests of both that they are completed accurately and at the time of administration.

Monitoring

Compliance with these principles must be monitored by medication administration record audits, medication management audits, incident reporting and investigation.

Procedures for reporting medication errors must form part of the medication policy and follow the procedure of the local commissioner; to include major and minor errors and near misses. An error in medicine administration is defined as any deviation from the prescribed dose. Should an error be made or be discovered to have been made in the administration of a customer's medication, the error and the circumstances surrounding it must be investigated and documented as soon as possible. This is to ensure that any possible harm to the customer is attended to urgently.

Errors result from a number of causes e.g. distraction, fatigue, trying to rush, human error or a systems error, these may vary in seriousness. Identifying the cause of an error is important in deciding if any changes are needed to make the system safer and prevent a repetition of the same error.

There must be an honest and open procedure when a medication error or near miss occurs and this should be as per each commissioner's individual policy.

Useful Links

Derby City Council – Adults Medication Policy:

<http://www.derby.gov.uk/health-and-social-care/your-life-your-choice/support-from-adult-social-care/adult-social-care-information-for-organisations/>

Derbyshire County Council –Adult Care Home Care and Care Home Medication Policies:

http://dnet/Images/Home%20Care%20Medication%20and%20Health%20Related%20Activities%20Policy%20v1_tcm10-30355.pdf

http://dnet/policies_and_procedures/older_adults/adult_care/direct_care/residential_services/default.asp

NICE Guidance Medication in Care Homes:

<https://www.nice.org.uk/guidance/sc1>

Royal Pharmaceutical Society:

<https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>