

Health Social Care and Housing Committee

10 am, Tuesday, 21 April 2015

Medication Policy for Social Care Staff

Item number 7.8

Report number

Executive/routine

Wards

Executive summary

The Committee is requested to approve a policy statement in respect of handling and administration of medication. The proposed policy is attached at Appendix 1.

The purpose of the policy is to ensure standards of work, which protect and promote the safety and wellbeing of service users and provide safeguards for staff. The policy provides a set of principles and definitions in relation to the handling and administration of medicines in social care services.

The policy and the associated procedure, replace all previous policy and internal guidance documents relating to medicines within Health and Social Care services.

Links

Coalition pledges

Council outcomes CO10; CO11; CO12; CO13

Single Outcome Agreement SO2

Medication Policy for Social Care Staff

Recommendations

1. The Committee is requested to approve a policy statement in respect of handling and administration of medication. The proposed policy is attached at Appendix 1.

Background

- 2.1 Social care staff who support vulnerable people in their own home, including care homes, are increasingly required to administer medicines to those people who are no longer able to do so for themselves. Services that are registered with the Care Inspectorate are required to deliver care to standards of practice and safety laid out in the National Care Standards. The practice of administration of medication by social care staff is in line with the strategic vision of shifting the balance of care, partnership working, preventing delays in hospital and improved health and wellbeing for Edinburgh citizens.

Main report

- 3.1 The overall aim of the policy is to establish standards of work, which protect the safety and wellbeing of service users and provide safeguards for staff.
- 3.2 The policy sets out what is required of managers and staff in order to provide care in a safe and dignified manner, which respects service user rights and independence and promotes their health and welfare needs. It covers all staff who are responsible for administering medication to service users.
- 3.3 The objectives of the policy are to:
 - establish safe working practices for managers and care staff
 - define principles of good practice that are to be applied to the handling and administration of all medicines
 - provide clear guidance and procedures to managers and staff on the management of medicines
 - ensure safe working practices in the ordering, storage, administration and disposal of all medicines
 - promote consistency of practice across services, ensuring the safety and protection of service users, managers and care staff.
- 3.3 The policy supports the following Council policies: Adult Protection; Safe Caring and Restraint; Infection Control

- 3.4 The policy has been developed with staff, managers, NHS Lothian pharmacists, , nurses and pharmacy providers, and will be reviewed when new guidance on medicines is issued.

Measures of success

- 4.1 Registered services are regulated by the Care Inspectorate. Care inspectors will inspect the safety and the quality of the medications administration systems and practice in a service. This is reflected in the grade awarded to the service.
- 4.2 The policy seeks to provide safe practice and keep errors to a minimum. Errors, accidents and incidents are reported via the Council's reporting system.

Financial impact

- 5.1 There are no financial implications imposed by the policy.

Risk, policy, compliance and governance impact

- 6.1 The policy on medications meets the Council's requirement for having up to date policies, describing agreed courses of action or sets of standards for this service area.
- 6.2 All staff who administer medicines are required to be trained and have their competency assessed. Systems of audit and monitoring, of the medicines management system are in place.
- 6.3 The policy and associated procedures adhere to all the relevant legislative requirements and take into account good practice guidance published by the Royal Pharmaceutical Society of Great Britain, the Nursing and Midwifery Council, Mental Welfare Commission and Care Inspectorate.

Equalities impact

- 7.1 There are no anticipated negative Equalities impacts for this policy. The ERIA form is attached as Appendix 2.

Sustainability impact

- 8.1 Not relevant.

Consultation and engagement

- 9.1 This policy was prepared using best practice guidance in conjunction with staff, managers, NHS Lothian pharmacists, nurses and pharmacy suppliers. This policy has been in use in Health and Social Care for some time, and is reviewed in partnership with the stakeholders.

Background reading/external references

10.1 Legislative context: in the United Kingdom, any person can lawfully administer prescribed medication to another; this includes prescribed medication and controlled drugs. The administration must only be in accordance with the prescriber's directions (Authorisation to Administer Medicines, Care Commission June 2008).

Health and Social Care procedures adhere to all the relevant legislative requirements and take into account good practice guidance published by the Royal Pharmaceutical Society of Great Britain, the Nursing and Midwifery Council and Care Inspectorate.

[Misuse of Drugs Act 1971](#)

[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

[Mental Welfare Commission, Covert Medication, Legal and Practical Guidance \(2006\)](#)

[National Care Standards](#)

10.2 Associated Documents

Providing Prescribed Medicines. Administration in People's Homes

Assessing Management of Prescribed Medicines in People's Homes

Medication Management in Disability Services (Support Works)

Medication Management in Disability Services (Short Breaks)

Medication Management in Disability Services (Day Support)

Medication Management in Care Homes

[Adult Protection Procedure](#)

[Infection Control Policy and Procedures](#)

[Royal Pharmaceutical Society – Good Practice Guidance](#)

[Safe Caring and Restraint Policy](#)

[Safe Caring and Restraint Procedure](#)

Peter Gabbittas

Director of Health and Social Care

Contact: Marion Randall, Care Home and Day Service Manager

E-mail: Marion.Randall@edinburgh.gov.uk | Tel: 0131 123 4567

Links

Coalition pledges

Health, Social Care and Housing Committee – 21/04/2015

Council outcomes	CO10; CO11; CO12; CO13
Single Outcome Agreement	SO2
Appendices	

Medication Policy

Control schedule

Approved by	<i>(relevant committee)</i>
Approval date	<i>(date committee approval given)</i>
Senior Responsible Officer	Monica Boyle, Head of Older People and Disability Services
Author	Marion Randall, Service Manager – Older People
Scheduled for review	<i>(one year on from above)</i>

Version control

Version	Date	Author	Comment
0.1		Marion Randall	

Committee decisions affecting this policy

Date	Committee	Link to report	Link to minute
------	-----------	----------------	----------------

Medication Policy

Policy statement

1. This policy and the associated procedures contain information for managers, staff, carers and service users about the safe handling of medicines in Health and Social Care.
- 1.1 The overall aim of the policy is to establish standards of work which protect the safety and well being of service users and provide safeguards for staff. It and the associated procedure replace all previous policy and internal guidance documents relating to medicines within Health and Social Care services.

Scope

2. The policy applies to all services in which managers and care workers handle and monitor the handling of medications. Some services will have a greater involvement with service users' medicines than others. In any situation where care workers are responsible for looking after and giving medicines to other people, it is important to follow a set of general principles to ensure this is done safely.

The policy and associated procedures take into account the range of social care services provided by the Council and the rights of each service user. It is not possible to describe every situation that may arise and to give hard and fast rules. In circumstances where this policy and associated procedures do not provide sufficient guidance, managers and care workers should inform the line manager in order to seek specialist advice from a community pharmacist, General Practitioner and any other relevant professional.

It is the duty of every service provider, manager and care worker to comply with this policy and the associated procedures.

Definitions

Care Co-ordinator - Home Care Co-ordinator

Care Manager - Social Worker, Occupational Therapist, Community Nurse / Physiotherapist

Care Worker – Social Care Assistant, Social Care Worker, Residential Worker, Community Therapy Assistant

Community Based Compulsory Treatment Order – May allow a patient sectioned under the Mental Health (Care and Treatment) (Scotland) Act 2003, to be treated in the community, with powers to require compliance with a treatment regime, and powers of recall back to hospital for treatment if necessary.

Controlled Drugs - Medications regulated by the Misuse of Drugs Act 1971 e.g. Methadone

Cytotoxic Medicines - Cytotoxic medicines are used to kill or damage abnormal cells (e.g. cancer cells) and there are many different kinds with many different uses

Handling Medication - Transporting, storing or handing over Medication

HCP - Health Care Professional

“Over the Counter” Medications - Medications purchased at the shop or Pharmacy, without a prescription

Prescribed Medication - Medication obtained on prescription issued by a Health Care Professional

Prompting Medication - Reminding a service user to take their prescribed medicines

Senior Member of Staff - Home Manager, Assistant Manager, Home Care Service Manager, Assistant Home Care Service Manager, Home Care Co-ordinator, Practice Team Manager, Team Leader, Intermediate Care

Topical Medications - Medicines usually applied to the external areas of the body (including ear passages), e.g. Plasters impregnated with medicine, creams, eye drops and ear drops

Policy content

4.1 Policy statement on medicines

Health and Social Care is committed to providing services in which people's rights and independence are promoted and where service users' health and welfare needs are met in a safe, dignified and confidential manner. The service is committed to providing safe and healthy working practices for all employees.

It is the assessors responsibility to establish level of support a service user needs in ensuring they receive their prescribed medication.

Care workers must be trained in the handling and administration of medications appropriate to their role. Each section (Home Care and Support, Intermediate Care, Care Homes for Older People, Services for people with Learning

Disabilities, etc) will identify the appropriate grades of staff and their respective roles in managing, prompting and administering medicines.

The service adheres fully to the principles and standards contained within the National Care Standards.

The service as provider and manager of care, undertakes to work in close partnership with NHS Lothian, to ensure a safe and reliable service is offered to service users and that care staff are supported.

The service undertakes to review this policy and associated procedures every year or in response to changes in relevant legislation.

4.2 Policy Objectives

- To establish safe working practices for managers and care staff
- To define the principles of good practice, which are to be applied to the handling and administration of all medicines
- To provide clear guidance and procedures to managers and staff on the management of medicines
- To ensure safe working practices in the ordering, storage, administration and disposal of all medicine
- To promote consistency of practice across services ensuring the safety and protection of service users, managers and care staff.

4.3 Principles of Good Practice

- Every service user has the right to manage and administer their medicine
- Managers of care services must establish safe systems for the storage, administration, recording and accounting for service users' medicines
- Each worker who administers or assists with medicines must take responsibility for ensuring that their actions are carried out carefully, safely and correctly
- Each service user should have an assessment of their ability to manage their medicines
- With the service user's consent, we will involve carers (family, service user's representative) in all planning and managing medicines for the service user
- Administering medicines or assisting services users with their own medicines should be carried out in a manner which promotes the individual's independence and respects their rights, dignity, privacy, cultural and religious beliefs
- Every adult who has the capacity to make a decision regarding their medicine has the right to refuse medicine even if refusal will adversely affect their health

- People who use social care services have freedom of choice in relation to their provider of pharmaceuticals care and services including dispensed medicines
- Information relating to a service user's medicine should be treated in the same way as other personal care information and remain confidential. Whenever possible the informed consent of the service user or their representatives should be obtained to access or share information
- Work practices should be regularly audited to ensure that safe standards in the management and administration of medicines are maintained within the care service
- In order to maintain the safety of service users and to improve and promote good practice, discrepancies and medication errors must be reported and investigated
- Medicines should never be used purely as a means to control behaviour ([See the Safe Caring and Restraint Policy](#)).
- Medicines prescribed for one service user must not be administered to anyone else. This also applies to wound dressings and nutritional supplements.

Implementation

- 5.1 This policy will be reviewed and monitored by internal and external management audits.

Roles and responsibilities

- 6.1 All managers of staff who administer medication are responsible for:
- ensuring that the principles for good practice above, are used by staff administering medication to comply with this policy and its objectives
 - ensuring only appropriately trained and competent staff are allocated to the handling and administration of medication
 - providing their staff with all available and pertinent information about the service user and service expected to be provided
 - carrying out an appropriate risk assessment prior to the service beginning;
 - supervising staff in line with City of Edinburgh Council policy
 - reporting concerns / queries raised by staff to GP surgery and to advise staff accordingly

- ensuring accurate and up to date records relevant to medicines and invasive / non-invasive procedures are maintained
- ensuring systems for audit and monitoring of the medicines management system are in place.

Related documents

7.1 Legislative Context

2.1 In the United Kingdom, any person can lawfully administer prescribed medication to another; this includes prescribed medication and controlled drugs. The administration must only be in accordance with the prescriber's directions (Authorisation to Administer Medicines, Care Commission June 2008).

3.1 Health and Social Care procedures adhere to all the relevant legislative requirements and takes into account good practice guidance published by the Royal Pharmaceutical Society of Great Britain, the Nursing and Midwifery Council, Mental Welfare Commission and Care Inspectorate.

4.1 [Adults with Incapacity \(Scotland\) Act 2000](#)

5.1 [Misuse of Drugs Act 1971](#)

6.1 [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

7.1 [Mental Welfare Commission, Covert Medication, Legal and Practical Guidance \(2006\)](#)

8.1 [National Care Standards](#)

7.2 Associated Documents

9.1 [Adult Protection Procedure](#)

10.1 [Infection Control Policy and Procedures](#)

11.1 [Royal Pharmaceutical Society – Good Practice Guidance](#)

12.1 [Safe Caring and Restraint Policy](#)

13.1 [Safe Caring and Restraint Procedure](#)

Equalities and impact assessment

8. An impact assessment has been carried out and concluded that no negative impact arises from this policy.

Strategic environmental assessment

9.1 N/A

Risk assessment

10.1 Risk of breaching a range of legislation, e.g. [Misuse of Drugs Act](#); [Adults with Incapacity](#) and the [Scottish Commission for the Regulation of Care National Standards](#).

10.2 The policy is in line with the [Council Policy on the Assessment of Risk](#).

Review

11.1 This policy will be reviewed on an annual basis.



City of Edinburgh Council Record of Equality and Rights Impact Assessment

Part 1: Background and Information

(a) Background Details

Please list ERIA background details:

ERIA Title and Summary Description: **Medication Policy**

Service Area	Division	Head of Service	Service Area Reference No.
Health and Social Care	All divisions	Monica Boyle	

(b) What is being impact assessed?

Describe the different policies or services (i.e. decisions, projects, programmes, policies, services, reviews, plans, functions or practices that relate to the Corporate ERIA Title):

Policies and Services	Date ERIA commenced
Medication Policy	28/01/15

(c) When is it due to be reviewed? (insert furthest away date if question relates to a number of review dates)

(d) ERIA Team

Please list all ERIA Team Members:

Name	Organisation / Service Area
Marion Randall	Service Manager, Older People's Services, Health and Social Care
Caroline Clark	Planning and Commissioning Manager, Older People's Services, Health and Social Care

Part 2: Evidence and Impact Assessment

(a) Evidence Base

Please record the evidence used to support the ERIA. Any identified evidence gaps can be recorded at [part 3a](#). Please allocate an abbreviation for each piece of evidence.

Evidence	Abbreviation
External Care Inspectorate requirements and reports in line with regulations and care standards.	
Officer knowledge, experience and feedback.	
Legislation - various, including Health and Safety, Vulnerable Adults, Health and Safety at Work and those listed at 7.1 and 7.2 of the Policy.	
Royal Pharmaceutical Society guidelines.	
Care Plans, SWIFT, Recording.	

(b) Rights Impact Assessment – Summary

Please describe all the identified enhancements and infringements of rights against the following ten areas of rights. Please also consider issues of poverty and health inequality within each area of rights:

- ☒ Life
- ☒ Health
- ☒ Physical security
- ☒ Legal security
- ☒ Education and learning
- ☒ Standard of living
- ☐ Productive and valued activities
- ☒ Individual, family and social life
- ☒ Identity, expression and respect
- ☒ Participation, influence and voice

Please indicate alongside each identified enhancement or infringement the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Summary of Enhancements of Rights
<p>The overall aim of the Policy is to establish standards of work which protect the safety and wellbeing of service users and provide safeguards for staff. A robust medication policy, therefore, protects the rights of service users and staff, including in the following areas:</p> <p>Life - access to appropriately administered medication can be life enhancing and sustaining for many individuals.</p> <p>Health - access to appropriately administered medication is essential to the health and wellbeing of service users.</p> <p>Physical security - the Policy is based on the principle that every service user has the right to manage and administer their medicine. Administering medicines or assisting services users with their own medicines should be carried out in a manner which promotes the individual's independence and respects their rights. Medicines should never be used purely as a means to control behaviour. The Policy aims to ensure safe working practices in the ordering,</p>

storage, administration and disposal of all medicine. The policy requires all managers of staff who administer medication to carry out an appropriate risk assessment, prior to the service beginning.

Legal security - The Department procedures adhere to all the relevant legislative requirements and take into account good practice guidance published by the Royal Pharmaceutical Society of Great Britain, the Nursing and Midwifery Council and Care Inspectorate. Adherence to the policy and procedures, therefore, protects both service users and staff with respect to the law. The policy also covers issues of confidentiality and seeking consent whenever possible to access or share information.

Education and learning - the policy requires that only appropriately trained and competent staff are allocated to the handling and administration of medication.

Standard of living - having the support required to take medication enhances the standard of living for individuals. The Policy states that administering medicines or assisting service users with their own medicines should be carried out in a manner which promotes the individual's independence and respects their rights, dignity, privacy and cultural and religious beliefs.

Rights to individual, family and social life - the Policy states that, with the consent of the service user, carers (family, service user's representative) will be involved in all planning and managing medicines for the service user. Providing support with the administration of medication can reduce the burden on carers and reduce carer stress. Access to appropriately administered medication can enhance an individual's ability to take part in social activities.

Identity, expression and self-respect - the Policy states that administering medicines or assisting services users with their own medicines should be carried out in a manner which promotes the individual's independence and respects their rights, dignity, privacy and cultural and religious beliefs.

Participation, influence and voice - the Policy states that every adult who has the capacity to make a decision regarding their medicine has the right to refuse medicine even if refusal will adversely affect their health. People who use Social Care services have freedom of choice in relation to their provider of pharmaceuticals care and services, including dispensed medicines.

Summary of Infringement of Rights

Can these infringements be justified? Are they proportional?

The policy aims to enhance rights and no infringement of rights is anticipated.

(c) Equality Impact Assessment – Summary

Please consider all the protected characteristics when answering questions 1, 2 and 3 below. Please also consider the issues of poverty and health inequality within each protected characteristic:

- ☐ Age
- ☐ Disability
- ☐ Gender identity
- ☐ Marriage / civil partnership
- ☐ Pregnancy / maternity
- ☐ Race

- ☐ Religion / belief
☐ Sex
☐ Sexual orientation

1. Please describe all the positive and negative impacts on the duty to eliminate unlawful discrimination, harassment or victimisation. Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts
Disability - The Policy safeguards the rights of people who are unable to administer medication themselves. Without the Policy they may not receive the medication they require.
Religion - the Policy, and associated procedure, has taken cognisance of different needs including religious beliefs, for example where eggs are not consumed. As with all care services, the Policy requires support to be carried out in a manner which promotes the individual's independence and respects their rights, dignity, privacy, cultural and religious beliefs
Negative Impacts
None identified

2. Please describe all the positive and negative impacts on the duty to advance equality of opportunity (i.e. by removing or minimising disadvantage, meeting the needs of particular groups that are different from the needs of others and encouraging participation in public life)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts
Access to appropriate medication can increase health and wellbeing, reduce disadvantages experienced by individuals and enable them to participate in public life.
Negative Impacts
None identified

3. Please describe all the positive and negative impacts on the duty to foster good relations (i.e. by tackling prejudice and promoting understanding)? Please indicate alongside each identified impact the relevant policy or service (see [part 1b](#)) and relevant evidence (see [part 2a](#)).

Positive Impacts
The Policy includes understanding of different needs of individuals and promotes a person-centred approach.
Negative Impacts
None identified

Part 3: Evidence Gaps, Recommendations, Justifications and Sign Off

(a) Evidence Gaps

Please list all relevant evidence gaps and action to address identified gaps.

Evidence Gaps	Action to address gaps

(b) Recommendations

Please record SMART recommendations which may include actions to

- (i) eliminate unlawful practice or infringements of absolute rights;
- (ii) justify identified infringements of rights; or
- (iii) mitigate identified negative equality impacts
- (iv) further advance equality and rights, and promote good relations.

Recommendation	Responsibility of (name)	Timescale
Ensure implementation, training and monitoring of the Medications Policy through management and supervision and quality assurance arrangements.	Monica Boyle	Ongoing

(c) Sign Off

I, the undersigned, am content that:

- (i) the ERIA record represents a thorough and proportionate ERIA analysis based on a sound evidence base;
- (ii) the ERIA analysis gives no indication of unlawful practice or violation of absolute rights;
- (iii) the ERIA recommendations are proportionate and will be delivered;
- (iv) the results of the ERIA process have informed officer or member decision making;
- (v) that the record of ERIA has been published on the Council's website / intranet, or
- (vi) that the ERIA record has been reviewed and re-published.

Date	Sign Off (print name and position)	Reason for Sign Off (please indicate which reason/s from list (i) to (vi) above)
	Monica Boyle, Head of Older People and Disability Services, Health and Social Care	