

Strategy
for the
Safe Handling,
Management and Administration of
Medication by Carers
across the North East of England



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Surecare

Commission for Social Care Inspection

Independent Provider Group for Darlington

Durham Employer Care and Health Alliance

Stockton Borough Council

Centre of Vocational Excellence for Social Care

CELS

Hartlepool Borough Council

Strategy for the Safe Handling, Management and Administration of Medication by Carers across the North East of England

Introduction

This strategy is intended to assist the development of appropriate policy to meet the requirements of a variety of regulative requirements in care organisations, direct payment recipients and to provide guidance to unpaid carers, volunteers and service users.

Aims

The aims of the strategy are to:

- Provide a system of administration and management with medicines that focuses on the needs of service users, their families and carers, and reflects the quality standards that are outlined in the National Service Framework for Older People, Commission for Social Care Inspection Professional Guidance for the Administration and Management of Medicines and the National Minimum Care Standards.
- Assist in the standardisation of medication policies of Care Providers across PCT and Local Authority boundaries in the North-east of England.
- Promote and maintain independence by advising service users on the safe management of their own medicines.
- Develop a strategic approach across all agencies for the provision of appropriately structured programmes of education and learning in the safe handling, management and administration of medication for care workers, unpaid carers and volunteer workers.
- Ensure that service users who need assistance with medicines are identified by standardised risk assessment and that the assistance then provided is appropriate, safe and suitably recorded and monitored.

National Policy

The White Paper 'Our Health, Our Care, Our Say' (Dept of Health Jan 2006) proposes changes in the way health and social care are provided. It aims to:

- change the way these services are provided in communities and make them as flexible as possible
- provide a more personal service that is tailored to the specific health or social care needs of individuals

- give patients and service users more control over the treatment they receive
- give the most appropriate treatment or care for an individual's needs

It further states that "Public, private, voluntary and charitable organisations will need to work in partnership to put the interests of the public first, ensure health and social care staff receive the right training and make good health and social care services an essential part of local communities."

The National Service Framework (NSF) for Older People provides the following statistics:

- 36% of over 75s take four or more medicines
- 50% of older people do not take medicines as intended
- 5-17% of hospital admissions for older people are caused by adverse effects of medicines.

It is recognised that the proportion of the population over the age of 65 is increasing. For example from mid-1971 to mid-2004, the percentage of the population aged 65 and over increased from 13 per cent to 16 per cent. Within the population aged 65 and over, the proportion of people aged 85 and over has increased from 7 per cent in mid-1971 to 12 per cent in mid-2004.

<http://www.statistics.gov.uk>" www.statistics.gov.uk

'The number of people aged over 85 is projected to rise by nearly 75% by 2025.'

(Our Health, Our Care, Our Say, Department of Health Jan 2006, p 109)

With the increasing emphasis on supporting people to live at home, and the increasing proportion of older people, there is a clear need to review the policies which back up the provision of support with medicines in the home.

Link with Single Assessment Process

The promotion and maintenance of independence with medicines, wherever this is possible, is a key principle. Identifying needs in relation to support with medicines should be part of the single assessment process. A medication risk assessment is included as an appendix to the accompanying model of good practice for the development of policy and could form a 'drop-down' assessment as part of the Single Assessment Process and as an overview assessment if problems with medicines are suspected at any other time. The risk assessment is designed and worded so as to be suitable for non-health trained staff to use.

Legal background

Anyone may administer a prescription only medicine (POM) or controlled drug to another person with their consent as long as it is prescribed for that person and given in accordance with the instructions of the prescriber (Medicines Act 1968). However, when

medication is given by invasive techniques, such as an injection, then specialist education and training is required)

Medicines prescribed for a person are that person's property and may not be used by any other person

Doses of prescribed medicines should not be varied without the prescriber's consent.

The only times these legislative requirements vary are when the service user lacks mental capacity. When these incidents arise then decisions should only be made by the 'appropriate person' who acts in the service user's best interests. All medication administered in these circumstances will be undertaken with the Level 3 Complete Medication Management processes.

Medication in Care Settings

Managing medication safely and effectively in social care continues to be an area of concern. The Commission for Social Care Inspection (CSCI) report 'The State of Social Care in England' in December 2006 noted that a substantial number of Home Care agencies and Care Homes were still failing to meet standards relating to medication.

http://www.csci.org.uk/PDF/state_of_social_care_summary.pdf

CSCI also produced a report in February 2006 entitled 'Handled with Care', looking specifically at Care Homes. This report concluded that insufficient progress had been made in improving the number of Care Homes meeting medication standards. Nine recommendations were made in this report, relevant to Care Providers, Local Authorities, PCTs, the Healthcare Commission and training providers.

http://www.csci.org.uk/PDF/handle_care.pdf

The report made clear that:

- appropriate training for care workers on the safe handling of medication is essential, backed up by robust policies
- medication issues needed to become a higher priority for care providers themselves
- those providers meeting standards on staff training were more likely to meet medication standards
- Local Authorities should hold discussions with training providers and Care Homes to ensure that training grants are being directed to rectifying performance deficiencies in the management of medicines.

CSCI recently produced guidance for care workers in domiciliary care settings, stating that they should be trained to at least the same standard as those employed in residential settings.

Care Homes registered for personal care have National Minimum Standards (NMS) covering staff training:

"All medicines, including controlled drugs, are administered by designated and appropriately trained staff. The administration of controlled drugs is witnessed by another designated and appropriately trained member of staff"

"The training for care staff must be accredited and must include:

- *Basic knowledge of how medicines are used and how to recognise and deal with problems in use;*
- *The principles behind all aspects of the home's policy on medicines handling and records."*

The National Minimum Standards for Care Homes offering nursing care is that registered nurses are responsible for administering medicines to residents (Nursing and Midwifery Council code of conduct). However, it is expected that care providers will still ensure that nurses are competent to administer medicines and that they work to the medicines policy in operation.

Access to Training for Care Staff

Until Skills for Care published the Knowledge & Skills Set in October 2005, there was no national agreement as to what a medication training programme should include. As a result, accreditation has not been consistent and training programmes are variable. Many are distance learning and do not assess competency after completion.

Therefore, there is no guarantee that simply following an accredited training course will automatically produce competent care workers. Good practice would be to follow up formal training with in-house supervision and competency assessment. Competency assessments should be repeated periodically. Employees will also need to be trained 'in-house' during induction and with regular updates, to ensure that they are fully aware of the medicine policy within their organisation.

A useful document published recently by the Association for Real Change on this subject is:

'Managing Medication in Learning Disability Social Care Settings – A guide and training framework for social care organisations'

<http://www.arcuk.org.uk/silo/files/76.pdf>

The CSCI document published in April 2006 on medicines training for Care Home staff states in its 'checklist for inspectors' states that the care provider must establish a 'formal means to assess whether the care worker is sufficiently competent and that this should be recorded on the worker's file.'

<http://www.csci.org.uk/professional/default.aspx?page=7326&key=>

A guidance booklet from the Royal Pharmaceutical Society (2007) sets out:

- Key principles that underpin the safe and appropriate handling of medicines
- How these apply in specific services, including residential care homes, secure accommodation, foster care and domiciliary care
- Practical procedures and methods for handling medicines that represent good professional practice and cover all social care settings
- General aspects of medicines management relating to specific care services
- The medicine's toolkit: Policies, systems, procedures and devices for consideration when implementing measures for handling medicines
- A glossary and reference source, including legislation and guidance from professional organisations

The Handling of Medicines in Social Care was prepared in consultation with stakeholders and can found at:

<http://www.rpsgb.org/pdfs/handlingmedsocialcare.pdf>

Recommendations

The policy document which accompanies this strategy provides an example of good practice in the administration and management of medicines in Domiciliary Care settings. Many of the principles recommended in Section 4 (Education, Training and Development) are transferable to the training of staff working in other care settings:

- Local Authorities approve the attached policy for medication in domiciliary care services for their own employees, and through their contracting processes, ensure that independent providers work to the same policy.
- Local Authorities, PCTs and other employing organisations need to ensure that non-registered care and healthcare staff have undertaken an appropriate training module and demonstrated their competence if they are administering medicines. (Current NVQ structure means that it is possible for a member of staff to hold an award without ever having studied a unit on medication)
- Employers should identify training needs for carers and their line managers and map these against currently available training to identify any shortfall in training provision
- Employers should address any shortfall in training provision by liaising with training providers to increase access to suitable, competency-based training
- Local Authorities, with Independent Providers, should develop an implementation plan which will set out the requirements and timescales for carers to have completed appropriate training, together with any interim arrangements
- Employing organisations should include medication tasks in any indemnity insurance they arrange.

Reference to Standards and Guidance

This strategy and the accompanying policy are based on standards and guidance current at the time of its production. It will be reviewed in the light of updated guidance / standards.

Current National Minimum Standards for Domiciliary Care

<http://www.dh.gov.uk/assetRoot/04/01/86/71/04018671.pdf>

Domiciliary Care Agencies Regulations 2002

<http://www.opsi.gov.uk/si/si2002/20023214.htm>

The Control and Administration of Medicines in Care Homes and Children's Services (RPSGB June 2003)

<http://www.rpsgb.org/pdfs/adminmedguid.pdf>

Current National Minimum Standards for Care Homes

<http://www.dh.gov.uk/assetRoot/04/13/54/03/04135403.pdf>

Care Homes Regulations 2001

<http://www.opsi.gov.uk/si/si2001/20013965.htm>

National Service Framework for Older People (March 2001)

<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/OlderPeoplesNSFStandards/fs/en>

Legal requirements under Medicines Act and Misuse of Drugs Act 1971

Professional Guidelines/Standards

The Administration of Medicines in Domiciliary Care (CSCI Jan 2006)

http://www.csci.org.uk/Docs/medicines_dom_care.doc

The Administration of Medicines in Care Homes (CSCI Jan 2006)

http://www.csci.org.uk/docs/admin_meds_care_home.doc

Assistance with Medication – good practice guidelines (Ceretas Jan 2006)

Administration of Medication UK Home Care Association (UKHCA) Jan 2006-weblink here

Managing Medication in Learning Disability Social Care Settings – A guide and training framework for social care organisations' Association for Real Change (2006)

<http://www.arcuk.org.uk/silo/files/76.pdf>

The Handling of Medicines in Social Care – Royal Pharmaceutical Society (2007)

<http://www.rpsgb.org/pdfs/handlingmedsocialcare.pdf>

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