Adult Social Care

Making a Difference in the Right Way, Every Day

Medication Management for Community Settings

Policy

Solihull Metropolitan Borough Council

Version	Date	Author Name	Rationale
1.0	20/12/2022	Jason Ward - Governance Lead	Policy Review and Update

CONTENTS

1. Introduction

This policy applies to domiciliary care settings within Solihull where medicines are handled and/or administered by Solihull Metropolitan Borough Council (SMBC) staff and/or agencies contracted to provide care by SMBC.

The Health and Social Care Act 2008 (Regulated activities) Regulations 2010 Part 4 regulation 13 (Management of Medicines) states 'the registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.'
This policy has been informed by NICE guidelines for Managing Medicines for adults in community settings to ensure good practice and to promote safe and effective use of medicines. Staff operating under this policy will be required to refer to these guidelines to ensure their practices are complaint and up to date.

This policy will be reviewed and updated to ensure it reflects current legislation, NHS, Care Quality Commission (CQC) and professional body guidance for safe and efficient working practices on obtaining, administrating, storing and disposing of medicines.

This policy shall apply to:

- Social care practitioners (including care workers and social workers) providing care for people in the community
- Health professionals providing care for people receiving social care in the community, and their support staff
- Commissioners and providers of services for people receiving social care in the community
- People receiving social care in the community, their families and carers

2. Statement

SMBC is committed through both its directly provided and contracted services to ensure the six rights of administering medication: the right person, right medicine, right route, right dose, right time and the person's right to decline (NICE NG67).

Information in this document is intended to safeguard people and to provide a framework for good practice for care staff and service managers.

3. Key Legislation Related To This Policy

All person's and organisations operating under this policy shall be aware and apply the following pieces of legislation:

- The Care Act
- The Health and Social Care Act (Regulated Activities) Regulations
- Health & Social Care Act
- The Controlled Waste Regulations
- Mental Capacity Act

- General Data Protection Regulations
- Equality Act
- The Human Medicines Regulations
- The Misuse of Drugs (Safe Custody) Regulations
- Misuse of Drugs

4. Scope

To promote independence through enabling and supporting people to manage their own medicines as far as they are able.
To assist all SMBC employed, bank, agency and contracted staff working in the domiciliary care settings within Solihull to handle medicines safely.

Local procedures should be developed which are in line with the guidelines and good practice principles outlined in this document.

Agencies or organisations contracted by SMBC to provide domiciliary care services will be required to work in line with the standards set out in this policy. The terms agency and provider are used interchangeably in this policy.

5. Governance For Managing Medicines Safely And Effectively

This policy will be reviewed to set out clear responsibilities for medicines support, and based on current legislation and best available evidence. Commissioners and Registered Care Managers shall ensure oversight of this policy and associated operating procedures.

It is the contractor's responsibility to monitor the care provision, through the appropriate channels, to ensure the care provided is appropriate and continues to be delivered.

6. Responsibilities

All professionals are responsible for their own actions and must exercise their own professional judgment at all times. Any decisions to vary from agreed procedures or guidelines must be documented in the persons care plan and include the reason for variance and the subsequent action taken.

7. Registered Managers

Ensure there are safe and secure systems in place for the handling of medicines and to ensure they are monitored.

Prepare, review and approve any local procedures and to ensure all staff are aware and understand the content of the procedures and that these procedures are updated regularly.

Ensure that only appropriately trained members of staff who have been assessed as competent are involved in the handling and administration of medicines.

Identify the training needs of staff in relation to their duties and in accordance with CQC guidelines and to ensure that suitable training is provided and implemented.

To keep a record of staff training and any updates received. All staff should have an annual review of their knowledge, skills and competencies.

To keep an up to date list of specimen signatures and initials of person able to handle medication in order to facilitate identification of the person who administered each medicine.

To ensure that any incidents relating to medicines are reported as soon as possible as required by the regulator, contractor or under safeguarding procedures, ensuring they are investigated promptly, and any learning is shared.

8. Providers And Contracted Agencies

It is the responsibility of the care provider to respond to the individual person's needs assessment, and to ensure that the appropriate level of assistance is provided on a day to day basis by care staff.

To ensure that they maintain awareness and understanding of the contents of this policy, including any amendments or revisions. To report any incidents relating to medication

It is the responsibility of employer organisations to ensure they have appropriate employee liability insurance.

9. All Care Providers

CARE STAFF, PROVIDERS, AGENCIES, SOCIAL CARE PRACTIONERS

Social care providers should notify a person's general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines (the person or a named contact).
Social care providers should record details of the person's medicines support and who to contact about their medicines (the person or a named contact) in their medical record, when notified that a person is receiving medicines support from a social care provider.

Social care practitioners should seek advice about medicines from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed.

Social care providers have responsibilities for medicines support, they should have robust processes for communicating and sharing information about a person's medicines that take account of the person's expectations for confidentiality.

10. Social Worker Teams And Social Care Facilitators

To ensure that all providers of care are aware of individual person's needs and preferences.

To ensure an assessment of an individual's need for assistance with medication is a fundamental aspect of promoting independent living.

To assess and identify whether a person requires support with medication handling and at what level; making sure this is on a service order and a care plan, including the need for a risk assessment, where appropriate. This should be kept up to date and amended whenever there is a change which affects medicines support.

To hold responsibility for ensuring that reviews are conducted whenever there is a change in the person's circumstances. Such as changes to their medicine regimen, a concern raised, a hospital admission, life event, such as bereavement.

To ensure that any incidents relating to medicines are reported as required by the regulator, Commissioning Care Quality Monitoring Team or under safeguarding procedures; ensuring incidents are investigated promptly and any learning is shared.

To keep track of the lead agency.

To ensure robust systems are in place for the sharing of information between the person, family members/carers, and other health and social care practitioners. This should take into account the persons expectations surrounding confidentiality (NICE NG 67).

11. Employed Carers (Formal Carers/Care Staff

The level of assistance required by person receiving the service will be defined within the person's care plan. It is the responsibility of care staff to follow the care plan and to report any concerns to a supervisor / line manager.

To ensure that they maintain awareness and understanding of the contents of this policy and any local medication-related policies / procedures, including amendments or revisions.

To ensure that they have received appropriate training and have been assessed as competent, and to communicate the need for any further training in relation to this policy to a supervisor/ line manager.

To report any medication errors or concerns to their supervisor immediately and to complete any reporting procedures as required.

12. Person Receiving Care

The needs assessment will identify the level of assistance required to support independent living. If medicines support is required then the person's (or a representative who has been authorised to act in the person's best interests) must agree to and provide care staff with access to the prescription medicines and all

necessary information to enable them to carry out the duties identified in the care plan safely**.**

13. Assessing & Reviewing A Persons Medicines Support Needs

Enabling and supporting people to manage their medicines is an essential part of their support needs, with help from family members or carers if needed. The term 'medicines support' is defined as any support that enables a person to manage their medicines.

Assess a person's medicines support needs as part of the overall care and support plan.

Do not take responsibility for managing a person's medicines unless the overall assessment indicates the need to do so, and this has been agreed as part of local governance arrangements.

Ensure that people assessing a person's medicines support needs (for example, social workers) have the necessary knowledge, skills and experience.

Engage with the person (and their family members or carers if this has been agreed with the person) when assessing a person's medicines support needs. Focus on how the person can be supported to manage their own medicines, taking into account:

- the person's needs and preferences, including their social, cultural, emotional, religious and spiritual needs
- the person's expectations for confidentiality and advance care planning
- the person's understanding of why they are taking their medicines
- what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams
- how they currently manage their medicines, for example, how they order, store and take their medicines
- whether they have any problems taking their medicines, particularly if they are taking multiple medicines
- whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition
- who to contact about their medicines (ideally the person themselves, if they choose to and are able to, or a family member, carer or care coordinator)
- the time and resources likely to be needed.

Record the discussions and decisions about the person's medicines support needs. Include the following information in the person’s support plan:

- the person's needs and preferences
- the person's expectations for confidentiality and advance care planning
- how consent for decisions about medicines will be sought
- details of who to contact about their medicines (the person or a named contact)
- what support is needed for each medicine

- how the medicines support will be given
- who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved
- when the medicines support will be reviewed, for example, after 6 weeks.

Review a person's medicines support to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the provider's care plan or sooner if there are changes in the person's circumstances, such as:

- changes to their medicines regimen
- a concern is raised
- a hospital admission
- a life event, such as a bereavement.

Social care practitioners, care workers and providers should advise people and/or their family members or carers to seek advice from a health professional (for example, the prescriber or a pharmacist) if they have clinical questions about medicines.

Social care practitioners, care workers and providers should encourage and support people and/or their family members or carers to raise any concerns about their medicines. They should explain how to seek help or make a complaint, including who to complain to and the role of advocacy services (if needed), and record this information in the provider's care plan.

Social care practitioners, care workers and providers should ensure that people and/or their family members or carers, and care workers know how to report adverse effects of medicines, including using the Medicines and Healthcare products Regulatory Agency's yellow card scheme.

14. Joint Working Between Health And Social Care

Social care providers should notify a person's general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines (the person or a named contact).

Social care practitioners should seek advice about medicines from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed.

It is the responsibility of health professionals to monitor and evaluate the safety and effectiveness of a person's medicines when medicines support is provided by a care worker.

15. Sharing Information About A Persons Medicines

It is important that information about medicines is shared with the person and their family members or carers, and between health and social care practitioners, to support high-quality care.

Staff and providers have responsibilities for medicines support, they should have robust processes for communicating and sharing information about a person's medicines that take account of the person's expectations for confidentiality. This includes communication with:

- the person and their family members or carers
- care workers and other social care practitioners
- health professionals, for example, the person's GP or supplying pharmacist
- other agencies, for example, when care is shared or the person moves between care settings.

If a person has cognitive decline or fluctuating mental capacity, ensure that the person and their family members or carers are actively involved in discussions and decision-making. Record the person's views and preferences to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

Social care providers and practitioners should have robust processes for handling changes to a person's medicines received verbally from a prescriber, including:

- recording details of the requested change (including who requested the change, the date and time of the request, and who received the request)
- reading back the information that has been recorded to the prescriber
- requesting the change to confirm it is correct (including spelling the name of the medicine)
- asking the prescriber requesting the change to repeat the request to someone else (for example, to the person and/or a family member or carer) whenever possible.

16. Ensuring That Records Are Accurate And Up To Date

The care plan must state the level of assistance required by each person receiving the service with regards to medication.

Providers and social care practitioners are required by law (The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014) to securely maintain accurate and up-to-date records about medicines for each person receiving medicines support.

Providers have responsibilities for medicines support, they should have robust processes to ensure that medicines administration records are accurate and up to date. For example, changes should only be made and checked by people who are trained and assessed as competent to do so.

Care workers must record the medicines support given to a person for each individual medicine on every occasion, in line with Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes details of all support for prescribed and over-the-counter medicines, such as reminding a person to take their medicine, giving the person their medicine and recording whether the person has taken or declined their medicine

Care workers should use a medicines administration record to record any medicines support that they give to a person. This should ideally be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider (if they have the resources to produce them)

Each person receiving the service who has been assessed as requiring regular assistance with their medicines must have a current Medication Administration Record (MAR). The MAR must include:

- the person's name, date of birth and any other available person-specific identifiers, such as the person's NHS number
- the name, formulation and strength of the medicine(s)
- how often or the time the medicine should be taken
- how the medicine is taken or used (route of administration)
- the name of the person's GP practice
- any stop or review date
- any additional information, such as specific instructions for giving a medicine
- any known drug allergies and the type of reaction experienced

Paper or electronic MAR should be:

- be legible
- be signed by the care home staff or care workers
- be clear and accurate
- have the correct date and time (either the exact time or the time of day the medicine was taken, which will be dependent on type of medication)
- be completed as soon as possible after the person has taken the medicine
- avoid jargon and abbreviations

The approved Solihull Council MAR chart should be used. The SMBC Commissioning Brokerage Team will provide an initial blank MAR chart at the point of contracting which the care provider must use.

When a family member or carer gives a medicine (for example, during a day out), agree with the person and/or their family member or carer how this will be recorded.

If a MAR chart is in any way unclear, the relevant medication must not be administered. The manager or on call duty manager must be contacted in the first instance as soon as possible. If appropriate the pharmacist or prescriber can be contacted.

17. Time Sensitive Medication

A medicine that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the dose may lead to serious patient harm (e.g. insulin injections for diabetes, HIV medicines or specific medicines for Parkinson's disease). Information about time sensitive medicines needs to be shared with other agencies involved,), and it needs to be clearly documented on the MAR chart. If a dose of a person’s time sensitive medicines is missed or delayed, then the persons

notes, and MARs must show this. Staff should be able to explain what action they took. This might include contacting the persons GP.

Any concerns about whether a dose has been missed or given but not signed for must be reported immediately to a team manager or supervisor.

18. Medication Care Plans/Prn Protocols

For medicines where there is any ambiguity about when a medicine should be administered and what it is for (e.g. in the case of PRN psychiatric medication), a medication care plan / protocol should be produced by the care agency.

Information on the medication care plan / protocol should be reviewed on an annual basis or sooner if there are changes to the prescription or a need is identified.

A copy of the medication care plan / protocol should be placed alongside the person's MAR(s) and stored on file.

19. Obtaining Medications

The supply of medicines comes under the remit of the Medicines Act 1968. Medicines prescribed for individual people (including dressings and nutritional supplements) are the property of the named person.

The person receiving the service or family / carer is responsible for ensuring medication is ordered as necessary. In some circumstances care staff may take responsibility for ensuring the ordering of medication. If so, this will have been assessed and be on the care plan.

If providers are responsible for ordering a person's medicines they must ensure that the correct amounts of the medicines are available when required, in line with Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When ordering a person's medicines, care workers should:

- record when medicines have been ordered, including the name, strength and quantity of the medicine
- record when medicines have been supplied
- check for any discrepancies between the medicines ordered and those supplied.

If care staff are handling prescriptions, they should be taken securely to the pharmacy in a timescale that ensures continuity of supply and allows time to resolve any discrepancies. This should be noted in the communication record at the person's home including the name strength and quantity of the medicine.

Where staff collect and carry medicines, transport arrangements must be secure and prompt.

When collecting controlled drugs (CDs) from the pharmacy, the CD section on the back of the prescription must be signed by the staff member collecting the CDs, and

ID will need to be shown. The CDs should be taken directly to the person's home once they have been picked up and noted in the communication record kept in the person's home.

If the pharmacist delivers medicine to the person's home, it is important that the pharmacist is made aware of any risks or safety concerns. Pharmacists' delivery procedures should not put the person receiving the service or any member of or visitors to, the household at risk.

20. Emergency Out Of Hours Prescriptions

If a person requires medication outside normal working hours and it is in the person's best interest to start the medication straight away, an out of hours service prescriber may issue a prescription, which can be dispensed at any community pharmacy. If the prescription does not need supplying immediately it should be obtained at the earliest opportunity in normal working hours from the person's regular community pharmacy.

21. Hospital Discharge

When a person is discharged from hospital, the hospital will provide the person with a discharge letter stating all of the medicines and doses that the person should take following discharge. If the hospital confirmed with the person during their inpatient stay that they have a sufficient supply of all medicines at home, a supply will not be provided at discharge as long as there have been no changes. If there have been changes, the new medication will be supplied to cover a period of at least 14 days.

If the person had their medication supplied in a compliance aid prior to admission, and changes to the medication have been made during their stay, the hospital will prescribe the discharge medication for the person to take home. The persons GP will be notified via the discharge information of any changes to medication to enable them to continue to prescribe the correct medication and for pharmacy to dispense in the compliance aid.

22. Supporting People To Take Their Medicines

Supporting people to take their medicines may involve helping people to take their medicines themselves (self-administration) or giving people their medicines (administration).

Providers should have robust processes for care workers who are supporting people to take their medicines, including:

- the 6 rights (R's) of administration
    - right person
    - right medicine
    - right route
    - right dose
    - right time
    - person's right to decline

- what to do if the person is having a meal or sleeping
- what to do if the person is going to be away for a short time, for example, visiting family
- how to give specific formulations of medicines, for example, patches, creams, inhalers, eye drops and liquids using the correct equipment, for example, oral syringes for small doses of liquid medicines
- giving time-sensitive or 'when required' medicines (as stated above)
- what to do if the person has declining or fluctuating mental capacity

Care workers should only provide the medicines support that has been agreed and documented in the provider's care plan.

Providers should record any additional information to help manage time-sensitive and 'when required' medicines in the provider's care plan.

Care workers should only give a medicine to a person if:

- there is authorisation and clear instructions to give the medicine, for example, on the dispensing label of a prescribed medicine and
- the 6 R's of administration have been met (as stated above) and they have been trained and assessed as competent to give the medicine

Before supporting a person to take a dose of their medicine, care workers should ask the person if they have already taken the dose and check the written records to ensure that the dose has not already been given.

Care workers should ask the person if they are ready to take their medicine, before removing it from its packaging, unless this has been agreed and it is recorded in the provider's care plan.

Care workers should give medicines directly from the container they are supplied in. They should not leave doses out for a person to take later unless this has been agreed with the person after a risk assessment and it is recorded in the provider's care plan

When a person declines to take a medicine, care workers should consider waiting a short while before offering it again. They should ask about other factors that may cause the person to decline their medicine, such as being in pain or discomfort.

Providers should ensure that an up-to-date patient information leaflet for each prescribed medicine is kept in the person's home. This includes medicines supplied in monitored dosage systems.

Providers should ensure that care workers are able to prioritise their visits for people who need support with time-sensitive medicines.

23. Giving Medicines To People Without Their Knowledge

COVERT ADMINISTRATION

Covert administration of medicines is when medicines are given in a disguised form without the knowledge or consent of the person receiving them. Covert administration is only likely to be necessary or appropriate where: a person actively refuses their medicine and; that person is assessed not to have the capacity to understand the consequences of their refusal.

Ensure that covert administration of medicines only takes place in accordance with the requirements of the Mental Capacity Act 2005 and good practice frameworks (Mental Capacity Act 2005: Code of Practice) to protect both the person and care workers.

Care workers must not give, or make the decision to give, medicines by covert administration, unless there is clear authorisation and instructions to do this in the persons care plan, in line with the Mental Capacity Act 2005.

Social work teams and providers should work jointly to ensure the process for the administration of covert administration should be as follows:

- ensure there should be an assessment of the person's mental capacity to make a specific decision about their medicines
- seek advice from the prescriber about other options, for example, whether the medicine could be stopped
- hold a best interest meeting to agree whether giving medicines covertly is in the person's best interests
- recording any decisions and who was involved in decision-making
- agreeing where records of the decision are kept and who has access
- planning how medicines will be given covertly, for example, by seeking advice from a pharmacist
- providing authorisation and clear instructions for care workers in the provider's care plan
- ensuring care workers are trained and assessed as competent to give the
- medicine covertly (see also the section on training and competency)
- when the decision to give medicines covertly will be reviewed

The hiding of medicines (covert administration) in food or drink will only occur where a mental capacity assessment has been carried out by the persons GP or other healthcare professional and indicates that the person lacks capacity to make their own decisions; in this case, decisions must be made in the best interests of the person. The decision to covertly administer medication should only be made following appropriate discussion with family members, healthcare professionals, pharmacist and members of the social work team etc.; it must also be clearly documented, communicated to other applicable parties as appropriate (e.g. all providers must be informed where there are multiple agencies involved in the care of

person), and reviewed with changes in circumstances and on at least an annual basis.

24. Secondary Dispensing

Removal of medicines from their original packaging to be left out for the person receiving the service to take at a later time is to be avoided unless in exceptional circumstances. Any assistance of this nature must be risk-assessed by the care agency, must take into account the stability of the medication (pharmacy advice should be sought) and must be documented in the care plan and on the MAR through the use of the correct referenced abbreviation.

25. Transporting, Storing And Disposing of Medicines

Responsibility for transporting, storing and disposing of medicines stays with the person and/or their family members or carers. However, if it has been agreed that a social care provider is responsible, effective medicines management systems need to be in place.

Medicines should be stored where they are readily accessible to all carers and, if some doses are self-administered, the person receiving the service. All medicines should be stored away from children except where a child is the sole or main carer; then the medicines must be accessible to them as necessary.

Medicines should be kept away from heat, damp, and light sources. Medicines must be kept within the original pharmacy-issued labelled packaging.

Certain medicines have defined storage needs (e.g. refrigeration) which must be followed. This information will be on the pharmacy or medicine container label.

Where the labelling of the product defines storage conditions and these are not adhered to, staff should seek advice and guidance from a pharmacist before administering medication.

When a person is assessed to be at risk because of unsecured access to their medicines, providers should agree with the person and/ or their family members or carers whether secure home storage is needed, for example, in a lockable cupboard.

When providers are responsible for storing a person's medicines, they should have robust processes to ensure there is safe access to medicines, particularly for controlled drugs (for more information see NICE's guideline on controlled drugs). Provider processes should include:

- identifying who should have authorised access to the medicines
- seeking advice from a health professional about how to store medicines safely, if needed
- ensuring there is a safe storage place or cupboard for storing medicines, including those supplied in monitored dosage systems
- assessing the need for secure storage, for example, in a lockable cupboard identifying the need for fridge storage

- reviewing storage needs, for example, if the person has declining or fluctuating mental capacity.

26. Monitored Dosage Systems (MDS) - Compliance Aids

All care staff in Solihull can assist and administer medicines from all containers that have been dispensed from a pharmacy, not just compliance aids. Any assessment / decision to initiate an MDS should be made by a health professional and should be made with the best interests of the person in mind, not for the convenience of the care provider. It is the dispensing pharmacist's decision to provide an MDS. The pharmacist will assess the patient to see whether an MDS is a reasonable adjustment and if so, will provide the MDS free of charge under the terms of the Equality Act.

There are many medicines that cannot be put in an MDS pack; therefore any person who has an MDS may have two medication systems in place. If this is the case the carer should be aware of this and is should be noted on the MAR chart.

Medicines must not be re-packed from the original container in which the pharmacy supplied it, unless there are exceptional circumstances as set out in secondary dispensing.

Care staff must be able to identify the individual medicines before they administer them. The medicines supplier (often a pharmacy) should include a list of all medicines supplied, including a description. It can be hard to identify a specific tablet from a MDS compartment that contains many different medicines. This might be necessary if the person no longer wants or needs to take an individual medicine. It might be necessary to get a new MDS and MAR chart, if the change is long term.

There are a variety of MDS packs and carers must ensure they are conversant with how to use the MDS supplied - if not they should ask for guidance from the dispensing pharmacy.

27. High Risk Medications

High risk medicines are medicines that are most likely to cause harm or injury if they are misused or used in error. These may be medicines with narrow therapeutic range or with serious side effects when administered incorrectly e.g. incorrect dose. The medicines most frequently associated with severe harm are opioids, anticoagulants, anaesthetics, insulin, antibiotics (allergy related), chemotherapy, antipsychotics and infusion fluids

Providers and all staff should follow NICE guidelines for managing medicines in the community to ensure safe practice and administration.

Providers are to follow guidance as set out by the Care Quality Commission on high risk medicines, especially for anticoagulants, lithium, valproate and clozapine.

Warfarin (oral anticoagulant) - Care staff should have access to written confirmation of the INR reading and warfarin dosage in the yellow book. Oral anticoagulants should be administered from the original packs dispensed by pharmacy.

Any adverse drug reaction or suspected adverse drug reaction must be reported to the prescriber and/or supplying pharmacist for that individual before further administration.

28. Non-Prescribed Products

Non-prescribed products are items that can be obtained over the counter without prescription and can include herbal remedies. The relevant health care professional (e.g. GP or Pharmacist) should be consulted to ensure these products do not have harmful or negative interactions with other medications or cause adverse reactions for the person

Non-prescribed products taken by the person should be recorded on the person's care plan and logged for reference again the MAR chart.

29. Disposal of Medications

Agree with the person and/or their family members or carers who will be responsible for transporting medicines to or from the person's home. If a social care provider is involved, carry out a risk assessment of transport arrangements.

Agree with the person how their medicines should be stored and disposed of. Encourage the person to take responsibility for this, if they agree and are able to, with support from family members, carers or care workers (if needed). Record this information in their care plan.

When providers are responsible for disposing of any unwanted, damaged, out-of-date or part-used medicines, they must have robust processes, in line with The Controlled Waste (England and Wales) Regulations 2012. These should include:

- obtaining agreement from the person (or their family member or carer)
- how the medicines will be disposed of, usually by returning them to a pharmacy for disposal
- any special considerations, for example, for disposal of controlled drugs, needles and syringes
- what information needs to be recorded, for example, the name and quantity of medicine, the name of the person returning the medicine, the date returned and the name of the pharmacy.

30. Medication Incidents and Errors

All errors relating to prescribing, preparing, dispensing, monitoring, providing advice on medicines and administration / omissions are considered incidents. All 'near misses' should also be reviewed in order to identify potential areas of improvement and learning.

Providers have responsibilities for medicines support, they must have robust processes for medicines-related safeguarding incidents, in line with Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Providers are required to have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes should support a person-centred, 'fair blame' culture that actively encourages people and/or their family members or carers and care workers to report their concerns.

All incidents should be reported to the supervisor / on-call duty manager immediately after they are discovered. If there is any doubt about whether a medicine is a controlled drug, a community pharmacy should be contacted to provide confirmation.

The supervisor should take immediate action to make the person safe, such as contacting the GP and/or pharmacist for advice if a medicine has been given incorrectly. The packaging and medicine should be kept safely for any further investigation.

SMBC staff should complete an incident form for each incident as soon as possible. This helps ensure actions are taken to minimise the recurrence and supports shared learning. The responsible social work team or Social Care Facilitator should also be notified.

Managers must ensure that the person that made the error is competent to continue administering medication. This may involve further training and re- assessment.

If medication is discovered to be missing, the manager or ‘on call’ duty manager should immediately be told. They should then inform the relevant social work team or Social Care Facilitator. At this point, a decision will be made if safeguarding procedures should be opened. Steps should be taken to find out if the medication has already been given; if this is the case, a health professional should be consulted. Full and complete detailed records should be kept. A SMBC incident form or a recording on the persons social care record must be completed.

Commissioners will work jointly with providers to review their medicines-related problems over a period of time to identify and address any trends that may have led to incidents.

- Care workers should raise any concerns about a person's medicines with the social care provider. These concerns may include:
- the person declining to take their medicine
- medicines not being taken in accordance with the prescriber's instructions possible adverse effects (including falls after changes to medicines; see the NICE guideline on falls in older people)
- the person stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- the person's mental capacity to make decisions about their medicines
- changes to the person's physical or mental health.

Care workers and other social care practitioners are required to:

- advise people and/or their family members or carers to seek advice from a health professional (for example, the prescriber or a pharmacist) if they have clinical questions about medicines.

- encourage and support people and/or their family members or carers to raise any concerns about their medicines. They should explain how to seek help or make a complaint, including who to complain to and the role of advocacy services (if needed), and record this information.

- ensure that people and/or their family members or carers, and care workers know how to report adverse effects of medicines, including using the Medicines and Healthcare products Regulatory Agency's yellow card scheme. For further information on requirements for the Yellow Card scheme – see: https://www.gov.uk/guidance/the-yellow-card-scheme-guidance-for-healthcare-professionals

31. Training And Competency

Appropriate training, support and competency assessment for managing medicines is essential to ensure the safety, quality and consistency of care.

All practitioners, staff, care workers involved in the management and administration of medicine will ensure that they:

- receive appropriate training and support
- have the necessary knowledge and skills
- are assessed as competent to give the medicines support being asked of them, including assessment through direct observation
- have an annual review of their knowledge, skills and competencies.

All staff (including managers) should receive training on the safe handling of medicines as appropriate for their job role.

Staff that handle medicines must have received adequate medication training. Medication training must be delivered by suitably trained individuals and, whilst resources such as e-learning and videos can complement such training, they should ideally not be the main delivery method.

In addition to formal training, staff that wish to handle medicines must be assessed as competent by their manager via a competency route advance care planning where a formal assessment is completed and documented.

Staff are not permitted to administer medication to person receiving the service unless they have been assessed as competent, as described above.

Care providers must ensure this training is in place. A new legal requirement was introduced by the Health and Care Act 2022 which states that from the 1st July 2022 all staff must receive training (appropriate to their role) on how to interact appropriate with people with a learning disability and autistic people.

32. Terms Used In This Policy

Carer	The term 'carer' is used to define an informal, unpaid carer only (see also 'care worker').
Care worker	A person who is employed to provide care and support to people in their own home. This includes home care workers, personal assistants (who are directly employed by people who use services) and other support workers.
Practitioners	include, but are not limited to, care workers, case managers, care coordinators, social workers, and social care facilitators.
Provider	an agency or organisation registered with the CQC that is commissioned by the Council to provider care in a community setting.
Provider Care Plan	A written plan that sets out the care and support that providers and the person have agreed will be put in place, following a local authority assessment. It includes details of both personal care and practical support.