Medicines Policy Standards for Care Providers

**Self-Audit Tool**

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# 1 Introduction

1.1 This audit tool should be used in conjunction with the [Buckinghamshire Medicines Policy Standards for Care Providers](http://www.buckscc.gov.uk/media/2933684/standards-for-medicines-policy-02-15.pdf). The standards document has many elements within each standard and each should be considered in completing the audit.

1.2 The audit has been designed to support providers to check the compliance of their adult care medicines policies against the agreed standards guidance to develop and sustain good practice in key areas. Not all of the standards may be relevant to all care providers; therefore consideration should be given to all standards that are applicable

1.3 The standards have been developed to support high quality use of medicines. They are based on NICE guidelines on managing medicines in care homes and have been adapted for local use by a multi-agency working group. Additional local guidance for medicines management is available on the Buckinghamshire County Council Quality in Care Team website <http://www.buckscc.gov.uk/social-care/care-for-adults/provider-information/quality-in-care/policies-and-guidelines/> .

1.4 The standards have been ratified by Aylesbury Vale and Chiltern CCG Medicines Management Joint Executive Committee and Buckinghamshire County Council.

1.5 For the purpose of this document and to promote clarity for care and support providers the following principles are applied;

* If a service user has been assessed as not having capacity to make a specific decision, health professionals should follow the code of practice that accompanies the Mental Capacity Act and the supplementary code of practice on deprivation of liberty safeguards.
* In prescribing medications the prescriber should (where possible) always account for the needs and preferences of the individual.
* Medications should be dispensed as per prescription and dispensed in a way that promotes independence, choice and safe administration as a priority.
* Families and carers should have the opportunity to be involved in decisions about treatment and care.
* Individuals will be encouraged to self-administer prescribed medications wherever possible and appropriate to their needs
* Medications administration must be appropriately documented according to organisational policy.
* Where a health or social care worker undertakes medicines administration they must be trained and competent to undertake administration by that prescribed route.
* Each provider is expected to identify a medicines training and competency process and programme that recognises the needs of their service users and staff members.
* Where specialist medication administration training is required (either due to the route of administration or risks associated with specific drug types) then it is the responsibility of the provider to access and provide this training for all staff required to undertake that role.
* Delegation of tasks, including medication administration, remains the responsibility of the professional who delegated the task. However; the individual undertaking the task has a responsibility to ensure that they are competent to undertake it. Further guidance is available from the Nursing and Midwifery Council <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf>

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# 2. Training and skills of care and support staff

2.1 Care and support providers must ensure that designated staff administer medicines only when they have had the necessary training and are assessed as competent. Providers must ensure that staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines to service users.

2.2 Care and support providers should set up an internal and/or external learning and development programme so that their staff members can gain the necessary skills for managing and administering medicines. The programme should meet the requirements of the regulators, service users and training needs of staff.

2.3 Care and support providers should consider using an 'accredited learning' provider so that staff members who are responsible for managing and administering medicines can be assessed by an external assessor.

2.4 Staff members must have induction training that is relevant to the type of home they are working in (adult nursing/care homes, children’s homes or domiciliary care). All care staff (including registered nurses as part of their continuing professional development) involved in managing and administering medicines should successfully complete any training needed to fulfil the learning and development requirements for their role.

2.5 Care and support providers must ensure that all care staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines. Providers should identify any other training needed by care and support staff responsible for managing and administering medicines. If there is a medicines-related safety incident, this review may need to be more frequent to identify support, learning and development needs.

2.6 Health professionals working in, or providing services to, care and support settings should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for service users receiving care and support.

# 3. Audit Form

**Key codes of the audit form:**

|  |  |
| --- | --- |
|  | **There are no concerns** |
|  | **People are generally safe. There are inconsistencied** |
|  | **People are at significant risk and medication management does not meet statutory requirements.** |

Please tick the relevant column below

| **NICE Standard** | **Area checked** | **Compliant** | **Moderate concern** | **Major concern** | **Evidence – Where about is this in the policy** | **Actions – If not in the policy what action will be taken and timescales** |
| --- | --- | --- | --- | --- | --- | --- |
|  | The provider has a medicines policy that is in line with NICE Guidelines standards.  |[ ] [ ] [ ]  Click here to enter text. | Click here to enter text. |
| 1 | Staff follow processes for sharing information about a service user’s medicines, including when they transfer between care settings  | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 2 |  Records about medicines are accurate, up to date and stored securely, i.e. care/support plans, risk assessments. Medication Administration Records etc. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 3 | Medicines are identified, reported, reviewed. There is evidence that the home learnt from previous medication errors. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 4 | Medicines-related safeguarding incidents are managed as per policy. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 5 | Service users’ medication is accurately listed a process for accurately listing individual’s medicines (medicines reconciliation) and people are involved in the handling of their medicines. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 6 | Medication is reviewed regularly as per policy. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 7 | The staff team retains responsibility for ordering medicines from the GP practice and medication is ordered as per policy. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 8 | Medication is received, stored and disposed safely as per policy. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 9 | Service users are supported to look after their own medication (self-administration) in as much as they can as per policy. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 10 | A person centred approach is followed during the administration of medication and staff members administer medication as per policy. This includes administration of PRN medicines. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 11 | Covert administration medication only takes place in the context of existing legal and good practice frameworks to protect both the service user who is receiving the medicine(s) and staff involved in administering the medicines. The medication policy is followed where medication is administered covertly. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 12 | Non-prescription medicines and other over-the-counter-products (homely remedies) for treating minor ailments are managed and administered as per policy. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |
| 13 | The medicines policy is regularly reviewed. | [ ]  | [ ]  | [ ]  | Click here to enter text. | Click here to enter text. |

# 4. References

* National Institute for Health and Care Excellence (NICE). Managing medicines in care homes. March 2014
* National Institute for Health and Care Excellence (NICE). Managing medicines in care homes. NICE quality standard. Draft for consultation. October 2014