


Adult Care Services



ACS Medication Policy

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1. Introduction and scope

Connected Lives has an emphasis on prevention, enablement, and community opportunities for people who need support. Where individuals have been assessed to be able to take their own medication, Hertfordshire County Council's (HCC) Adult Care Services (ACS) aims to encourage and support people to manage this independently.

This policy has been developed to ensure that individuals' health, wellbeing and independence is promoted regarding management of their medicines, and that their needs and any potential risks are identified and fully taken into account.

ACS commissions services that provide care and support to individuals on behalf of HCC. Domiciliary care (also known as homecare) providers should operate in accordance with the principles set out in this document.

This policy applies to situations where people are receiving support in their own home and prescribed medication is part of their care and support plan.

This document applies to ACS staff and commissioned homecare providers, and should be read in conjunction with [National Institute for Health and Care Excellence \(NICE\) guidelines](#) and [Care Quality Commission \(CQC\) Fundamental Standards](#). This policy does not replace the need for care providers to have their own policies and procedures relating to medication. In-House Services staff must follow their own [medication procedures](#).

2. Key guidance and legislation

[Care Act 2014](#)

[Mental Capacity Act 2005](#)

[Connected Lives](#)

[CQC Fundamental Standards](#)

[NICE Guideline NG67: Managing Medicines for Adults Receiving Social Care in the Community](#)

[Hertfordshire Safeguarding Adults Board \(HSAB\) Medication Errors and Safeguarding Guidance](#)

[Hertfordshire Policy on Mental Capacity](#)

[ACS Risk Policy](#)

[NHS Stopping Over Medication of People with a Learning Disability, Autism or Both \(STOMP\) Guidance](#)

[ACS In-House Services Medication Procedures](#)

3. General principles

A person requiring support with medication **must** consent to care staff providing this support, and this should be clearly documented in their care records. If it appears that an individual does not have the capacity to consent, practitioners should complete a mental capacity assessment and, where applicable, make a best interests decision. Please refer to Section 6 of this policy for further information.

Support with medication should be short-term and with a focus on reablement, in accordance with Connected Lives principles. However, it is understood that there are individuals with support needs that prevent them from being able to self-medicate. Staff should assess whether a person can be supported to work towards taking their medication independently. If it is possible and appropriate to do so, the individual should self-administer their medication. Consideration should be given to consulting any relevant medical professionals about any potential risks relating to self-administration of medication. It is also important to ensure that the person administering their own medication is aware of any potential risks and how to request a review of their medication if necessary.

Unpaid carers may support a person with their medication; it is important to ensure that the carer has access to the information and training they may require, and that they feel supported in their role and feel able to safely support in this area. Carers may not wish to provide support with administering medication, and practitioners should help to identify alternative ways to meet the person's medication needs. Carers should also be offered the opportunity for a carer's assessment.

People with a learning disability, autism, or both are more likely to be given psychotropic medicines than other people. Practitioners should endeavour to help meet the aims of [Stopping Over Medication of People with a Learning Disability, Autism or Both \(STOMP\)](#) by:

- encouraging individuals to have regular check-ups about their medication
- ensuring that the individual, their family members, and carers are involved in making decisions about their medication
- providing information about alternative ways to support individuals

Older people with dementia are also more at risk of being overprescribed psychotropic medication and are more likely to require more frequent medication reviews by a medical professional, due to the nature of potential side effects and progression of the condition.

Medicines should be delivered as specified in an individual's care and support plan, and in a way that respects their dignity and privacy. The care and support plan should take into account the person's needs in relation to their social, cultural, emotional, religious, and spiritual identity. Practitioners should endeavour to learn about the person's sense of culture and identity and consider how this may interact with the way they respond to or receive care and support.

Practitioners should assess the level of support required for a person to take their medication, and it is expected that staff are aware of the limits of what support they can provide within their role and level of training. Any support with administering medication that has been assessed to require training and/or qualifications **must** be undertaken by a professional with the relevant and up-to-date training and/or qualifications.

If specialist techniques must be used to administer medication, the person administering the medication must be trained and signed off as competent by an appropriate healthcare professional to carry out the identified task and operate the required device(s). It is expected that this is reassessed annually or whenever there

is cause for concern. This is **not** a generic competence and **must not** be applied to other individuals.

4. Roles and responsibilities of ACS staff

4.1. Staff in social care practice roles

Physical health, mental health and emotional wellbeing is one of the nine categories of wellbeing outlined in the Care Act 2014 that should be promoted and taken into account when assessing and reviewing a person who may have needs for care and support. Enabling and supporting people to manage their health is an important part of this, as well as recognising when some additional help is needed. The assessment with the person may include consideration to the following:

- The person's general health, including how pain is managed
- How consent on decisions relating to medication should be sought
- Identifying medical professionals involved in providing support to the person, and who best to contact regarding any medication concerns
- How someone currently manages their medication, including taking medication, ordering and collecting medication, and medication storage
- Whether the person has nutrition and hydration needs, including the need for nutritional supplements
- If appropriate, discussions around future planning, and any preferences for end of life care

Staff should ensure that care and support plans clearly state the level of medication support that an individual requires; this should be made clear to Brokerage staff so that they do not commission a service to provide a care package that the service is not qualified to deliver. Consideration should be given to consulting medical professionals regarding the use and administration of medication, particularly if this requires specialist support.

Practitioners should highlight circumstances where someone should be supported by health professionals to administer their medication, particularly if there is potential for them to be enabled to self-medicate in the future, or there are circumstances where there is significant risk involved (please see section 7). With consent from the person, practitioners may also consider seeking advice from a medical professional on the following:

- Whether the person's medication could be reduced or simplified
- Information about any time-sensitive medication to be shared with carers
- Any side effects that might be impacting upon the person's wellbeing or behaviour
- Concerns in relation to the person agreeing to take their medication
- Requests for reviews of the person's medication or health

Please refer to [NICE guidance](#) for further information.

Risk assessments around medication management should also be considered; please refer to the [ACS Risk Policy](#) for further information on assessing and managing risk.

4.2. Staff in commissioning, monitoring and brokerage roles

Brokerage staff should clearly state the level of medication support that an individual requires when making referrals to providers, along with any relevant medication risk assessments and medication protocols (where applicable). Where there is uncertainty about this, brokerage staff must check this with the practitioner and team before commissioning a service.

4.3. Staff in nursing roles

Learning Disability Nurses provide specialist support and advice to people with a learning disability, their families and/or carers, and other professionals (as appropriate) regarding medication. Such support and advice can be utilised alongside mainstream prescribing practice when it has been assessed that it would be of benefit in helping the person to experience more equitable health and wellbeing outcomes.

5. Roles and responsibilities of commissioned care providers

This policy does not replace the need for providers to have their own policies and procedures relating to medication; as such, providers should have their own policies in place and ensure they are up-to-date. Care providers are expected to ensure that all their staff have read and understood the relevant policies and procedures in relation to the administration of medication.

Care providers should follow the [eight rights of medication administration](#).

Robust processes should be in place for recording an individual's medicines. Providers should ensure that records are accurate, up-to-date, and accessible, in line with data protection regulations and the individual's expectations for confidentiality.

Care staff must have the relevant training to carry out tasks relating to administering medication. It is expected that they are aware of the limits of what support they can provide within the scope of their role and in accordance with the level of training they have received.

Any medication errors **must** be recorded. Depending on the circumstances of this error, a safeguarding referral may be required; please see section 7 of this document and refer to the [HSAB Medication Errors and Safeguarding Guidance](#) for further information.

6. Mental capacity and consent

Staff should work in accordance with the principles of the [Mental Capacity Act 2005](#) and the [Hertfordshire Policy on Mental Capacity](#).

Individuals who lack capacity to manage their own medication may have capacity to consent to care staff administering their medication. Practitioners should determine whether the individual is able to give consent.

If it appears that an individual does not have the capacity to consent, practitioners should complete a mental capacity assessment and, where applicable, make a best interests decision. If a person who lacks capacity has a Lasting Power of Attorney (LPA) for health and welfare, the LPA makes the best interests decision; the Local Authority does not complete a best interests decision in these circumstances. Please refer to this [practice guidance note](#) for further information.

6.1. Covert medication

Covert medication is the term used when medication is disguised or given secretly to a person so that they are unaware that they are taking medication. Medication is often given covertly in instances where a person may refuse to take medication and could be at risk of serious health conditions if they were to not take the medication. It does not mean that medication is given in food or liquid to ease swallowing or make it more palatable in situations where the person is aware of this.

Decisions to covertly administer medication must be led by health professionals in consultation with the LPA for health and welfare or other relevant decision maker. The least restrictive option should be considered in the first instance and any decisions should be made in line with the principles of the [Mental Capacity Act 2005](#) and [MCA Code of Practice](#). Covert medication administration must be reviewed regularly.

Medication **must not** be administered covertly to anyone who is deemed to have capacity to decide whether they wish to take the medication. Medication administered covertly without appropriate checks and safeguards and without following the principles of the Mental Capacity Act 2005 can be considered an infringement of human rights and in conflict with the [Human Rights Act 1998](#).

In order to administer covert medication:

- There must be a recorded mental capacity assessment which demonstrates that the person cannot consent to having their medication administered covertly.
- There must be a recorded best interests decision that sets out how the decision to administer medication covertly was reached, and why this method is necessary and proportionate and in the person's best interests. This should include consideration of what else has been tried before.
- If the person who lacks capacity has appointed an LPA for health and welfare, they will be the decision maker and should be supported by practitioners to apply the principles of the Mental Capacity Act when making the best interests decision.

7. Safeguarding

Practitioners should consider and identify any possible risks relating to medication and incorporate this into the social care assessment, and, where appropriate, a risk assessment and a risk management plan. Risk assessments should identify how these risks should be managed, as well as who is responsible for managing and mitigating identified risks. Please refer to the [ACS Risk Policy](#) for further information. It is good practice to complete the risk assessment with the person so that they are

fully informed of the risks and potential consequences, and joint decisions can be made about who supports with managing any risks associated with medication.

Staff should refer to the [Hertfordshire Safeguarding Adults Board Medication Errors policy](#) for guidance on reporting medication errors, including when a safeguarding concern must be raised and a referral made to the Adult Safeguarding Team.