
Controlled Drugs Management in Domiciliary Care Policy

Policy Statement

Most people receiving care in their own homes are prescribed some form of medication at some time as part of their treatment, including controlled drugs.

Many people are able to administer their medication safely themselves and require no help. However, others will require assistance, ranging from help collecting their medication, simple reminders to take their medication, and actual administration of medication.

In some cases, this might include the administration of controlled drugs.

This policy shows how the care provider handles medicines that are classed as controlled drugs. "Controlled drugs" refer to those medications that have been identified as potentially addictive or hazardous and thus require special provisions if they are to be prescribed, kept and used.

Such drugs are covered under the Misuse of Drugs Act 1971, as amended, which classifies them into three separate categories according to their capacity for harm: Class A, Class B and Class C. The Misuse of Drugs Regulations 2001 further classifies the drugs into five schedules relating to lawful possession and supply.

The care service recognises that the safe administration of medication is a vitally important area for people and providers. While the majority of people can, with the appropriate support, manage their medication effectively themselves, some may require their medication to be managed for them.

The care service supports the NHS STOMP initiative in respect of the overprescription of psychotropic and other drugs to control behaviour that are often inappropriately prescribed, particularly for people with a learning disability and autistic people. From its observations it will always question the prescribers about any situation where it considers there has been overprescribing that is affecting the health and wellbeing of the individual concerned.

Legislation and Guidance

The policy and procedures which the service has developed are in line with the applicable national standards for health and social care, relevant legislation and best practice guidance relating to the management and administration of medication in adult social care, including:

- The Medicines Act 1968

- The Misuse of Drugs Act 1971
- The Misuse of Drugs Regulations 2001
- The Misuse of Drugs (Safe Custody) Regulations 1973
- NG11 *Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities Whose Behaviour Challenges* (May 2015), National Institute for Health and Care Excellence (NICE)
- NG67 *Managing medicines for adults receiving social care in the community* (March 2017) National Institute for Health and Care Excellence (NICE)
- QS171 *Medicines management for people receiving social care in the community* (July 2018) National Institute for Health and Care Excellence (NICE)
- NG46 *Controlled drugs: safe use and management* (April 2016) National Institute for Health and Care Excellence (NICE)
- *The Safe and Secure Handling of Medicines* (December 2018) Royal Pharmaceutical Society. (This is written primarily for healthcare settings. However, the RPS state that some of its content is applicable to adult social care settings and can be used to inform social care policies.)

Procedures

Needs Assessment

Any need for medication support, including support taking controlled drugs, should be identified at the needs assessment stage and recorded in the person's plan of care.

Obtaining Controlled Drugs

If it is identified at the assessment stage that care staff will be responsible for helping with ordering prescriptions or for collecting medicines from the community pharmacy or dispensing GP practice, the arrangements must be fully documented in the support plan.

Care staff collecting controlled drugs prescriptions from the pharmacy or dispensing practice should be prepared to provide personal identification if requested to do so. They should carry the drugs in a bag which disguises it and not stop anywhere else en-route to ensure the medication is not stolen or misplaced.

Management of Controlled Drugs in a Person's Home

Once a controlled drug is in the person's own home, it should be treated the same as any other medication.

People should be encouraged to keep all medication safely and securely. All drugs, including controlled drugs, should be kept away from children and vulnerable people.

Where there is an identified need for staff to actually administer medication, including controlled drugs, the person's consent must be documented. If the person is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual and comply with the requirements of the Mental Capacity Act.

In this service, controlled drugs, as with all other medication, must only be administered by designated, appropriately trained members of staff.

When administering medication, including controlled drugs, staff should always follow the service's written medication administration policies. They must always:

- check that the medication is written in the medical administration records (MAR) chart
- only administer medication from the original bottle or packet
- know the therapeutic use of the medication administered, its normal dose, side effects, precautions and the contra-indications of its use — this is particularly important where the person is taking a controlled drug
- ensure that, where the person is taking a controlled drug, they follow any specified protocol agreed in their care plan.

If a risk is identified during the needs assessment, then systems will be put in place to ensure that controlled drugs are managed safely. This may include locking controlled drugs away, either with the person's consent or with a best interests' decision.

Refusal or non-administration of prescribed controlled drugs and the reason for this must be recorded on the MAR sheet and in the person's notes and reported to the line manager immediately.

Any mistake or error in administering controlled drugs must be reported to a line manager, supervisor or responsible medical practitioner without delay.

Any adverse events, incidents, errors and near-misses involving controlled drugs should be thoroughly investigated.

Monitoring of Medication

Staff should always be aware of the nature of the medication being taken by the people they support, including controlled drugs, and should report any change in condition that might be due to the medication or its side effects. Reports should be made immediately to their line manager or supervisor, or to the GP or community pharmacist.

The organisation will work closely with community pharmacy services and with people's GPs to ensure that staff are provided with adequate support relating to controlled drugs.

Disposal of Unwanted Medication

Unwanted controlled drugs must be disposed of in line with local procedures, which might involve contacting a licensed waste disposal service contracted to the local authority. Where necessary, the service will seek advice from the supplying community pharmacist in order to follow the correct procedures.

Care staff must never attempt to dispose of unwanted medication in an inappropriate way.

Implementation

The service will ensure that the procedures contained within this policy are followed by all staff. The management will identify any areas of significant risk and take action to control this risk, promoting and demonstrating good practice associated with controlled drug use at all times.

All staff involved with the administration of medication must ensure they are familiar with this policy. They will be expected to follow correct procedures when undertaking any task involving controlled drugs and report any concerns relating to risks associated with controlled drugs to their line manager.

Training

All new staff will receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems. This will include information about controlled drugs and the procedures and necessary safeguards relating to them.

Those with specific duties and responsibilities for the administration of medicines will be expected to attend additional training and subsequent updates.

Care staff should never undertake any duties or roles relating to the administration of controlled drugs that they have not been trained to do or for which they do not feel competent. Staff may at any time request clarification or information relating to controlled drugs from their line manager.

Review

Signed: _____

Date: _____

Policy review date: _____
