



City of Westminster



Managing Medication in homelessness services

Briefing for frontline services

Let's end homelessness together

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Introduction

Medication management is a concern for many homelessness services where staff are supporting people with a range of physical and mental health needs, who are not always able to store and take their medication without help. Frontline teams should be supported in their approach to medication management by clear organisational guidelines that are regularly reviewed.

This briefing aims to set out the basic principles for medication management in homelessness services, as a starting point for organisations to develop their own policies and procedures (P&P).

Regulations and quality standards

The Care Quality Commission (CQC) inspects medication procedures in registered services. Services that support with, or administer, medicines and do not provide personal care, do not fall under the scope of regulation with CQC (see www.cqc.org.uk/content/supported-living-schemes). Staff in a service not regulated by CQC can still help their residents with medication management, but their organisation will need policies and procedures to ensure that medication is managed appropriately. These policies and procedures should be regularly reviewed, including audits and consultation to check how the P&Ps work in practice. In developing local P&Ps, managers might find it useful to review the Health and Social Care Act regulations, in particular Regulation 12: Safe care and treatment (see Resources below).

Safe processes are needed within any service providing support with medication management. According to The Medicines Act 1968, a person may administer a prescribed medicine to another person in accordance with the directions of the prescriber. This does not include injections (except naloxone) or other invasive procedures. It means that staff in unregulated services can support people to take their medication, as long as they are competent to do so i.e. their organisation has provided adequate guidelines, practical resources, training and ongoing support.

A person-centred approach optimises medication management. The dignity, privacy, choice and control of individuals receiving medication should be central to an organisation's approach:

“A person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicines” (*NICE, Medicines optimisation quality standard*)

Key principles

Consider these principles when developing a policy:

1. Staff training and competency – are staff on board, trained and happy to support clients? Do you have a named member of staff on shift who is responsible for medication?
2. Safe processes – think about the worst case scenario when considering safe processes e.g. a client having access to controlled drugs and threatening to commit suicide by taking them in one go, or staff make an error filling a dosette box. Look for practical solutions e.g. work through a risk/safety plan with the client to manage the worst case scenario, and make it policy that staff never fill dosette boxes as this should be done by a pharmacist.

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3. Person-centred choice – what works for one client won't work for another. How do you assess the client's level of medication management to know whether or how to support them? Should clients sign something to agree to the approach to their medication management?
4. Safe storage – the need for storage will vary depending on the project. What is safe within your service (consider clients/staff/visitors)? How are controlled drugs stored? How can individuals be given control over storage of their own medicines (e.g. in-room lockers)?
5. Contemporaneous records – records can take any form. They don't need to be a MAR¹ sheet, but they need to make sense, to be clear and complete, and to ensure staff accountability. You should record when medication is picked up on behalf of the client, and any medication that is returned to the chemist.
6. Audits and checks – are you able to check the medication processes/audit them? How often do you need to check that processes are being followed?
7. Communication with healthcare professionals – do you have links with your local GP/pharmacy? The GP can issue prescriptions for blister packs if needed. The pharmacy will blister pack the medication and deliver to your service (you may wish to explain how your service works with medication e.g. if you don't centrally store medication, do you need them to deliver blister packs directly to service users and get receipt of delivery from them directly?). Your local pharmacy will also be able to provide information on medication risks.

The 6 Rs

The residents of many homelessness services will be capable of managing their own medication, and it is good practice to support them to continue to do this. For people who need some additional support, medication management should be part of progression towards greater independence. Staff should regularly discuss with the individual whether they are exercising choice and control to their full potential, and whether it's time for staff to hand back responsibility for some or all of that person's medication management. Bear in mind that people might well need skills in self-managing medication after they move on.

Where people do need the additional support, services should follow the 6 Rs of medication administration:

1. Right person
2. Right medicine
3. Right route
4. Right dose
5. Right time
6. Person's right to refuse

Administration of medication in homelessness services is not about putting medicine in a person's mouth. It includes prompting/reminding, checking that prescribing advice is followed and keeping a record, including when someone declines to take their medication. It might also include providing an appropriate environment e.g. a private space with handwashing facilities. The level of support offered will vary from client to client. The

¹ Medication Administration Record

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approach towards agreeing the type of support with each person should be included in the organisation's P&P, with an emphasis on choice and control.

Where someone does need support to manage their medication, staff should consider:

- Do you know what should be given and when?
- Do you know about non-prescribed as well as prescribed medicines? What is the interaction of non-prescribed with prescribed medicines?
- Can you tell from the records what has been given, when and by whom?
- Medicines must only be given to the person for whom they are prescribed, as they are the property of the individual they are prescribed to
- Medicines are available and not out of stock – consider processes needed to re-order medication
- Medicines are not frequently omitted or regularly refused – consider whether you are aware of refusals and at what point do you talk to someone if they are regularly refusing?

Consideration should be given to agency/temporary staff and new starters, and how they will be trained to follow the organisation's P&Ps.

Self-management of medication

When people are supported to look after their own medicines it should be done when they wish and when they are able to do so in a way that is safe. Self-management of medication can take many forms. You must:

- Assess risks, both for the individual and others
- Explore support options, for example reminders and recording by individuals:
www.peopelfirstinfo.org.uk/health-and-well-being/taking-care-of-yourself/taking-medication.aspx
- Provide safe storage
- Monitor (e.g. agreement with client to check in once a week)
- Keep clear records to show responsibility

When someone is spending time away from the service and needs to take medication in that time:

- Best practice is that medicines remain in the original labelled container supplied by the pharmacy
- Work with pharmacy and GP to facilitate
- Where, following a risk assessment, this is not deemed to be appropriate, then systems must be put in place to ensure that the correct medicine is given to the right person
- If it is not possible to risk assess, e.g. due to lack of time, it is safer for the client to have the medication than not have it.

Staff training

All staff who support people with their medicines should be trained and deemed competent to undertake this task. This doesn't just include training – NICE guidance recommends that a competency assessment is completed every 12 months. Managers can check with staff during supervision, or assess during audit.

Controlled drugs²

Where people have been prescribed controlled drugs (e.g. methadone, subutex, diazepam), they are not in breach of the law by possessing them. Staff should speak with clients about whether they have been prescribed controlled drugs, to aid risk assessment for individuals and the service as a whole. Where possible, with consent, staff should work with an individual and their prescriber to avoid large quantities of controlled drugs being prescribed at one time. This can help to reduce risks such as overdose or theft.

Where possible, people should have a lockable cupboard in their room where they can safely store controlled drugs prescribed to them. If this is not possible, safety plans should be drawn up in discussion with police and local drug agencies to manage risk – holding a prescription for controlled drugs should not be a barrier to people accessing homelessness services.

People should be advised to keep drugs in their original packaging with the labels intact. This ensures that, should the drugs be found somewhere unsafe, they can be immediately returned to the person who has the right to possess them.

Staff should never store controlled drugs as they risk breaching the Misuse of Drugs Act 1971.

For further information on issues such as unlabelled drugs, finding drugs in communal areas and recording actions around controlled drugs, please refer to Homeless Link's sample drugs policy and the Kfx website (see Resources, below). These issues should be covered by an organisation's Drugs P&P, which should be developed or reviewed in conjunction with the Managing Medication P&P to avoid conflicting messages.

Police aren't always responsive to requests for support to dispose of controlled medication. You can contact Controlled Drug Liaison Officers (CDLO) who should be able to do this for you, either by requesting to speak to them when calling the Police, or looking for local CDLO at: www.apcdlo.org.uk/contact.html

Naloxone

Naloxone reverses opioid overdose and can save a person's life. It can be administered by a trained member of staff, and a spare dose can be kept behind reception so staff can administer during an overdose. These should be made available from your local substance use service. Full guidance:

www.homeless.org.uk/our-work/resources/naloxone-in-homelessness-services

² Sample Drugs Policy (High Tolerance), Homeless Link and Kevin Flemen, www.homeless.org.uk/our-work/resources/naloxone-in-homelessness-services/naloxone-resources-and-further-reading

Resources

Ensure your medication policy is a working document, which everyone has access to. A brief summary of the policy may be needed if it is too long for easy reference.

CQC regulations:

www.cqc.org.uk/content/regulations-service-providers-and-managers

NICE checklist for care home medicines policy, provides a useful checklist on what to consider:

www.nice.org.uk/guidance/sc1/resources

NICE guidance on medicines optimisation:

www.nice.org.uk/guidance/qs120

NICE Managing medicines in care homes guidance:

www.nice.org.uk/guidance/sc1

Homeless Link and KFx Sample Drugs Policy (High Tolerance), in particular p29-32 on possession and storage of prescribed controlled drugs:

www.homeless.org.uk/our-work/resources/naloxone-in-homelessness-services/naloxone-resources-and-further-reading

KFx briefings and resources on drugs:

www.kfx.org.uk/resources.php

Homeless Link's Naloxone guidance:

www.homeless.org.uk/our-work/resources/naloxone-in-homelessness-services

Contact St Mungo's for a copy of their P&P as a basis for development:

quality@mungos.org

Staff training:

www.sitra.org/training

FAQs

1. When administering medication, how much do staff need to know about the medication?

In this setting, you would not be expected to do more than read the patient information sheet which would provide all the information needed. Staff are only expected to know what basic medication is for e.g. should know that if a client has opened their bowels they shouldn't be given a laxative, should know what the most important medication for the client to take.

2. Are staff allowed to pick up prescriptions?

Yes, with consent. If controlled drug, then they should take a letter of consent, signed by the manager, client and staff member.

3. A lot of clients will experience fluctuating capacity - what are the issues services should be aware of?

The staff member supporting the client with medication will need to make a decision on whether the medication is given to the client or withheld. For example, if the client is intoxicated does the medication interact with alcohol? This should be recorded. This should be covered in the P&P.

4. How about medication compliance aids?

Clients can be assessed under the Disability Act and, if deemed to need extra help to take medication, funding will be allocated to them for this. However, it is generally deemed that the original packaging is safer than compliance aids (unless blister packed via pharmacy).

5. If a client refuses medication, what should be done by staff?

Record the reasons why. Have a conversation with client about the impact of not taking their medication and ask why they are refusing. Include in risk assessment. Consider a medication review with the GP.

6. Numerous alcohol dependent service users are discharged from hospital with medication that states 'avoid alcohol'. What should staff do?

Have a conversation with pharmacist: what will the effects be, will the drug be effective? Talk to the client about the effectiveness of the medication whilst drinking.

7. If a member of staff does not follow the prescriber's instructions for medication correctly, will s/he be liable for any resulting harm or loss? For instance, if a client is supposed to take antibiotics for 2 weeks and the client doesn't agree?

This would need to be covered in the P&P. As long as the records accurately explain why the medication wasn't taken then they won't be liable under the law. If the staff member didn't follow the prescriber's instructions and accurately record this on a MAR sheet, then a competency review will be needed.



What we do

Homeless Link is the national membership charity for organisations working directly with people who become homeless in England. We work to make services better and campaign for policy change that will help end homelessness.

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