Common safeguarding issues – Maladministration of medication

There are isolated cases of medication being mismanaged intentionally, such as the misappropriation and misuse of drugs by staff. There are more widespread issues regarding the misuse of sedatives to control challenging behaviour. There is no doubt that such issues are extremely serious and should be referred through safeguarding procedures.

The issue of poor management of medication, however, is far more common. Recent research for the Department of Health shows that 7 out of 10 residents are exposed to at least one medication error per day. Mistakes are made by people across the process from the GP to the pharmacist and care home staff. In the care home, incidents occur where the resident is accidentally given the wrong medication, given too much or too little of their own medication or given it at the wrong time. Most errors do not result in significant harm but mistakes can lead to serious and, in some cases, fatal consequences.

Good medical care also includes the proper use of non-oral medication, equipment and appliances including catheter care, use of oxygen etc. Only trained staff should be providing such care.

Prevention checklist

* All residents should be supported to manage their own medicines unless they are assessed as lacking mental capacity to do so.
* Medication should be stored in the resident's room in a locked cupboard. An assessment should be made of the risk to each resident and to others as a result of them having unsupervised access to the cupboard.
* Robust systems for medication administration and record-keeping are clearly set out in the home's procedures. There is evidence that the manager checks adherence on a regular basis.
* All staff responsible for administration of medication receive regular training and can demonstrate that they are competent in this area of practice.
* Training includes administration procedures, knowledge of the medicines and expected effects of taking them, including side-effects and knowledge of the conditions or illnesses being treated.
* Staff are aware that they should report concerns about over-medication through safeguarding procedures.
* The home has an open and supportive culture. Staff discovering an error feel confident in reporting it and are not tempted to cover it up.
* Staffing levels are always adequate to enable staff to adhere properly to agreed practice and protocols on the administration of medication.
* The GP carries out regular reviews of all patients receiving medication and there is a focus on the reduction of medication where possible.
* The home works with the GP and pharmacist to examine mistakes with a view to improvement.
* Staff receive support from community health professionals in the management of health conditions.
* The home has a multi-agency and person-centred approach to the management of challenging behaviour.
* Where the decision to use, or not use, medication could be considered as serious medical treatment, staff should adhere to the Mental Capacity Act. If a person lacks capacity, and there are no relatives or friends to act in their best interests, staff should refer to an Independent Mental Capacity Advocate (IMCA).
* **[The Royal Pharmaceutical Society: The Handling of Medicines in Social Care](http://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf%22%20%5Ct%20%22_blank%22%20%5Co%20%22Opens%20in%20a%20new%20window)**