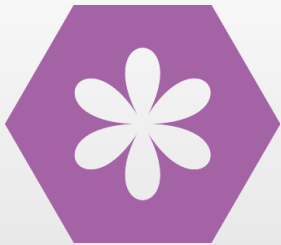


Medication Observation for Senior Staff



Knowledge Inspiration Growth Compassion Reflection Achievement



INVESTORS IN PEOPLE®
We invest in people Gold



Introductions



Name? Which service?

What would you like from today's session?

Housekeeping:

Phones

Breaks

Confidentiality



Aim of the session

By the end of this session you will be able to carry out the Creative Support Medication Observation confidently with your staff.





Learning Objectives

Understand the medication observation record and supervision

Be able to suggest strategies to implement to ensure safe medication administration

Know how to complete the CS observations

Know how to complete the medication assessment and support plan



Training requirements

During Covid-19:

- We are offering all new starters the e-learning course. There is a test at the end of this.
- There is also a webinar available for refreshers or as an extra to the e-learning. There is no test at the end, just questions throughout.
- We can do classroom sessions, but only when it is safe to do so.



Training requirements: classroom

- Staff will complete a theory session in the morning.
- The afternoon is an assessed practical session. They have to get 75% to pass the practical.
- This is followed by a multiple choice test, which they must pass with 21 out of 28.
- Managers will be informed if they fail. You will need to support them with further development.



Manager's responsibility

- Staff must have seen medication procedures prior to attending any form of training.
- They will have observed competent staff administering medication.
- They will need to be familiar with dosette boxes and boxed medication.



Responsibility



Training requirements

- Staff completing a renewal can come directly to the classroom session, e-learning or webinar.
- Update is required every 3 years but staff must be aware of their local policies as they may differ slightly due to LA contract requirements.





Observations

- They must still complete a **minimum of 3 successful observations** before being deemed competent to administer.
- **Annual observations** of practice in the workplace are necessary to maintain competence; these should be recorded and evidence kept in the staff supervision file.





NICE

National Institute for
Health and Care Excellence

Managing medication
for adults receiving
social care in the
community.

Creative Support have
processes for medicines-related
training and competency
assessment, to ensure staff
receive:

- ✓ appropriate training and support
- ✓ have the necessary knowledge and skills
- ✓ are assessed as competent to give the medicines support being asked of them, including assessment through direct observation
- ✓ have an annual review of their knowledge, skills



What if.....?

If you have any doubts about a staff member's capability, you must not let them administer medication until you are sure they are competent.



Activity 1: Minimising risk

Complete the exercise on minimising risk



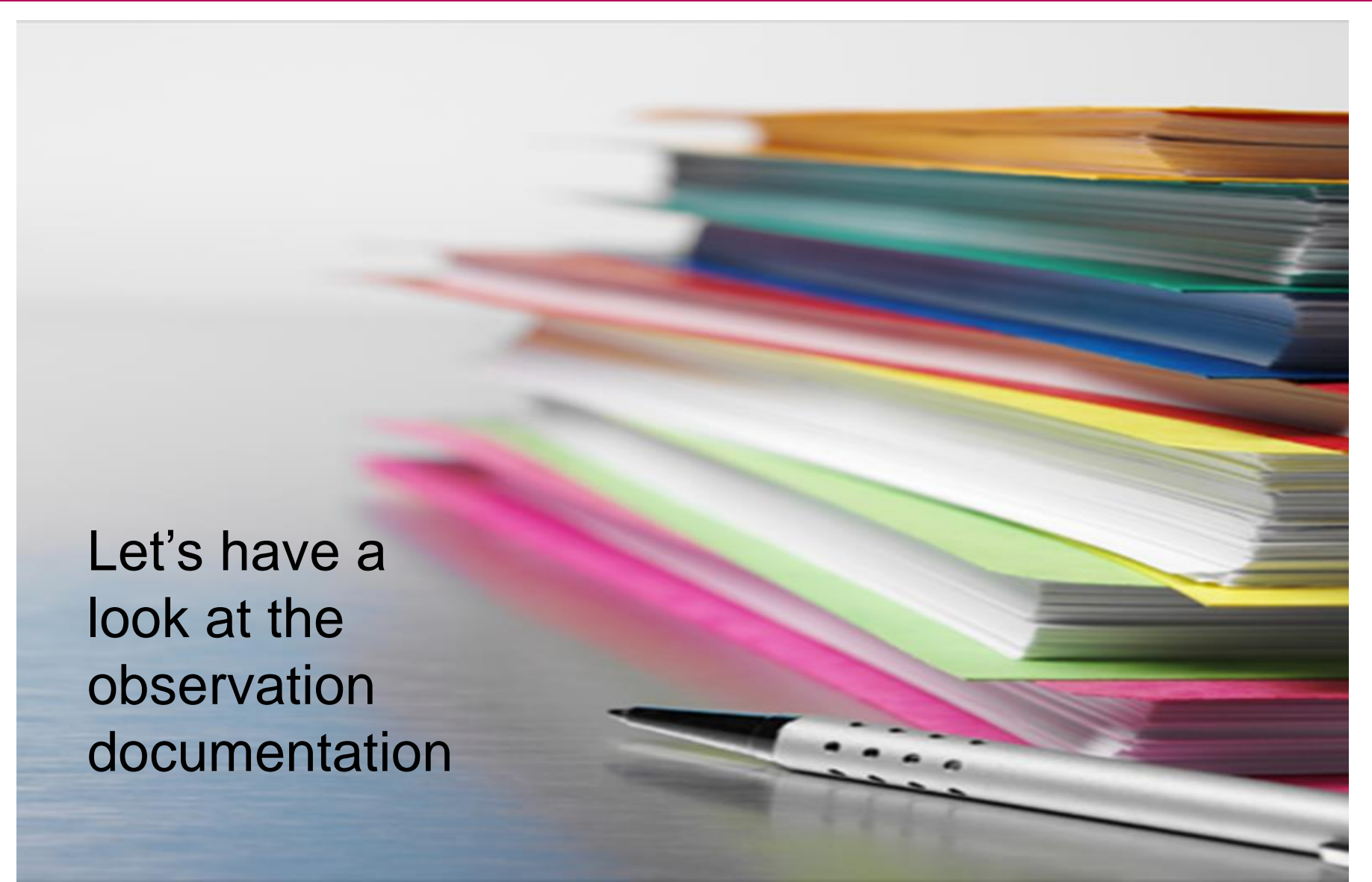
Observation

- You are signing next to the criteria to show that this has been **discussed and understood or observed**.
- **There must be a tick in every box for every one of their first 3 observations.** (new forms from August 2020)
- It is imperative staff **understand** before you sign the outcome as achieved.
- Write detailed feedback



Activity 2

Let's have a
look at the
observation
documentation





Once deemed competent

- Once 3 observations have been completed and you deem the staff competent, a competency declaration form must be completed.
- You can then archive the 3 observations.



Yearly/error observations

- You use the same form as you do for the first 3 observations.
- The new forms have the space to select what kind of observation you are completing.
- If you are doing a yearly refresher or an error observation, you can complete the parts that you feel are relevant. A tick is not required in every box.



Medication supervision

Activity 3

- You will be given a section of the medication supervision and discuss (in pairs) the answers you would expect from staff.
- Feedback to group.



Medication assessment and support plan

Activity 4

- I will allocate sections of the plan (to pairs).
- Think about what information we would expect in each, i.e. what action plans do we expect.



Preparing to observe

- **Who** do you need?
- **How** do you prepare – both yourself and the staff member?



How often?

When to observe?

Appropriate gaps

Length of observations



How to do it?

How to discuss?

When to discuss?





Questioning techniques

What types of questions can you use?

You are asking someone about their preference for vanilla ice cream.

Make this first in to a closed question....

Now an open question....





Powerful questions

Examples:

1. What's happening now?
2. How is the current situation affecting you / others / the organisation?
3. What are the factors you need to consider?
4. How will it feel to have this handled?

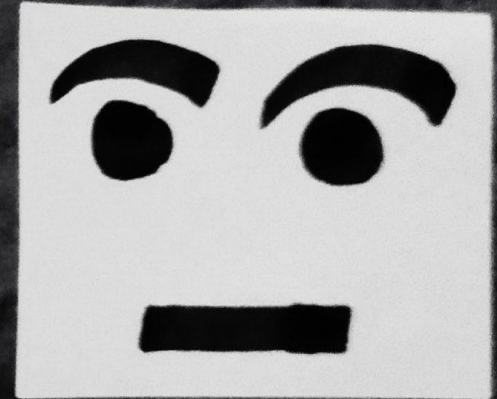
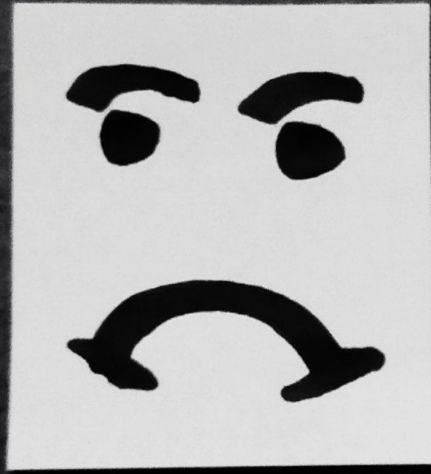
Discover Possibilities:

1. What could happen?
2. What have you tried to address this issue?
3. Has there been any progress (no matter how small) ?
4. What would your colleagues / friends / customers / children suggest doing?
5. If money, time or people weren't a consideration – what would you do?
6. What do you really want to do?
7. What would be the best possible outcome?
8. What potential other outcomes could happen?



Feedback

How to give it, both positive and negative?





Giving and receiving feedback





Giving and receiving feedback

7 criteria for effective feedback:

- 1 The feedback provider is credible in the eyes of the feedback recipient
- 2 The feedback provider is trusted by the feedback recipient
- 3 The feedback is conveyed with good intentions
- 4 The timing and circumstances of giving the feedback are appropriate
- 5 The feedback is given in an interactive manner
- 6 The feedback message is clear
- 7 The feedback is helpful to recipient



You are uncertain of
someone's
competence

If someone makes an
error

What do you do?

What do you do?



Managers' responsibilities

12.12. Corporate policy.

All Creative Support Managers are responsible for ensuring that the corporate and local medication policies (where required by local authority) are implemented in practice.

In accordance with The Care Act 2014, managers have a duty of candour that following a medication error the information will be passed on to any relevant parties.



Corporate policy

It is essential that managers understand their responsibilities in respect of medication and complete the following as a minimum:

Complete and implement a local policy for the services that they hold responsibility for if required by local authority.

To ensure that the local and corporate policy are embedded into the service induction.

To ensure that all staff are observed and deemed as competent to administer medication.

To ensure that all staff are trained to the correct standard and that training and observations are up to date in line with the corporate policy guidelines.

To take immediate action following medication errors in line with guidance in the corporate policy.



Corporate policy

To ensure that all medication errors are reported to safeguarding and CQC in line with guidance from senior management.

To foster good practice in respect of medication at all times, to ensure that team meetings, formal and informal supervisions give staff sufficient opportunities to discuss medication issues or concerns.

Implement and maintain an appropriate level of spot checks (appendix 13) in line with contractual requirements, assessed need and good practice.

Implement and maintain appropriate levels of stock checks (appendix 14) in respect of controlled substances, contract requirements and good practice.

Ensure the rotas allocation of lists and domiciliary “runs” are completed in a manner that ensure priority for individuals with medication and provides appropriate gaps between support /care visits where medication is administered.



NICE guidelines

Managing medicines for adults receiving social care in the community

[1.1 Governance for managing medicines safely and effectively](#)

[1.2 Assessing and reviewing a person's medicines support needs](#)

[1.3 Joint working between health and social care](#)

[1.4 Sharing information about a person's medicines](#)

[1.5 Ensuring that records are accurate and up to date](#)

[1.6 Managing concerns about medicines](#)

[1.7 Supporting people to take their medicines](#)

[1.8 Giving medicines to people without their knowledge \(covert administration\)](#)

[1.9 Ordering and supplying medicines](#)

[1.10 Transporting, storing and disposing of medicines](#)

[1.11 Training and competency](#)



New service users

- New service users must be assessed as to safe storage and ability to self medicate.
- There must be MDT discussion, service user views, any current providers and family members' views. All to evidenced.
- Medication assessment and support plan to be completed.
- Mental capacity assessment, best interests and DoLS if necessary.
- Detailed PRN protocols.



Medication errors

- Missed medication
- Over dosing of medication (administered by staff)
- Under dosing of medication (administered by staff)
- Incorrect administration (wrong person, wrong time, wrong route)
- Poor record keeping, including failure to sign or incorrect signage (wrong date, wrong time, wrong medication etc.)



Medication errors

All medication errors must be reported to a senior member of staff, duty manager or on call immediately. Medication errors can be allocated to 1 of 4 levels, these are dependent on type of error, severity or potential severity and outcome all of which require further action.





The policy

Managers should refer to Appendix 8 for guidance on how to manage different level medication errors.



Here's an outline

Level 1: Medication error or mistake including:

- Inaccurate dispensing from packaging (correct medication / wrong day)
- Poor or no recording on MAR chart
- Failure to complete and/or record stock checks
- Failure to effectively store medication

Outcomes include

- No harm caused to individuals
- Internally identified “gaps” in staff



Here's an outline

Level 2: Medication error including:

- Over or under dosing of medication
- Missed medication
- Administering medication at the wrong time or the wrong day

Outcomes include

- Potential or immediate harm caused to an individual



Here's an outline

Level 3: Medication error including:

- Unauthorised covert medication administration
- Administering medication to the wrong person

Outcomes include

- medication error causing serious / Significant harm to a person leading to the need of medical treatment



Here's an outline

Level 4: Medication error including:

- one medication error causing catastrophic harm to one person/hospitalisation/irreparable damage/service user death.
- Medication theft or intentional medication mismanagement (withholding medication)



Competency

Staff must be deemed as competent to administer medication and this should always been re-assessed following a medication error by the completion of further medication observations.

Where Level 2, 3 or 4 errors have occurred, the reinstatement of the staff member to administer medication must only occur if authorised by a Service Manager or Service Director as part of an agreed approach.



MEDICATION ERROR ACTIONS

MEDICATION ERRORS MUST NOT BE TREATED AS TRIVIAL AND MUST ALL BE REPORTED

Medication error including:

- Inaccurate dispensing from packaging (correct medication / wrong day)
- Poor or no recording on MARS
- Failure to complete and/ or record stock checks.
- Failure to effectively store medication

Outcomes include

- No harm caused.
- Internally identified "gaps" in staff

LEVEL 1

1. Report immediately to senior manager/ on call/ duty manager
2. Staff Member suspended from medication
2. Medication Supervision
3. Medication Observation

Medication error including:

- Over or under dosing of medication
- Missed medication
- Administering medication at the wrong time/ day

Outcomes include

- Potential or immediate harm caused to an individual

LEVEL 2

1. Staff Member suspended from medication
2. Contact Medical Practitioner for advice
3. Safeguarding Alert raised
4. Incident Report completed
5. CQC Notification
6. Duty Manager/ On Call informed
7. Formal Investigation Procedures
8. Training + Observations
9. Possible Disciplinary Procedures

Medication error including:

- Unauthorised covert medication administration.
- Administering medication to the wrong individuals

Outcomes include

- Medication error causing serious / significant harm to a person leading to the need for medical treatment

Medication error including:

- One medication error causing catastrophic harm to one person / hospitalisation / irreparable damage / death
- Medication theft or intentional mismanagement (withholding required medication)

LEVEL 3/4

1. Staff member Suspended from medication
2. Immediate Medical Attention obtained
3. Safeguarding Alert raised
4. Incident Report completed
5. Duty Manager/ On Call informed
6. Formal Investigation
7. Formal Disciplinary Procedures
8. Criminal Investigation /Coroners Enquiry



Actions

Level 1 Error:

- Staff member suspended from medication administration
- Medication Observation and/or Medication Supervision
- Reinstated only after clear demonstration of competence



Actions

Level 2 Error:

- Staff member suspended from medication
- Formal investigation procedures
- Potential serious misconduct
- Re-training (classroom/webinar based training)
- Medication observation



Actions

Level 3 & 4 Error:

- Staff member suspended from medication
- Potential gross misconduct
- Formal investigatory procedures
- Criminal investigation
- Coroner's enquiry



Follow up

Where investigatory processes are required, senior staff should seek guidance from Human Resources and/or a Service Director.

The local policy (if required) should cover the following points in respect of medication errors:



Follow up

Outline of the immediate actions to be taken to ensure the health and well-being of service users following a medication error, including the provision of medical advice and assistance as required.

Clear overview of contractual requirements in respect of medication errors and their recording/reporting.



Follow up

Clear overview of the paperwork requirements such as incident reports, safeguarding notifications and who these need to be sent to.

Clear overview of the expectations from the Local Authority in respect of raising safeguarding alerts for medication errors.

Where no requirements are provided it must be made clear that all meds errors are reported to a manager, on call or duty manager at Head Office so that a safeguarding alert can be made.



Are your objectives achieved?

- Revisit your own aims and objectives
- Reflect on how you might build on what you have learned today and what you might do next. Use the Reflective Practice Supervision template if you wish.
- Have your questions been answered?



Knowledge Inspiration Growth Compassion Reflection Achievement



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