

Medication Risk Assessment Guidance

Purpose

This form is used to highlight the risks associated with the administration of medication and the risk reduction measures which can be put in place. It seeks to meet:

Domiciliary Care - National Minimum Care Standards 10.4 and 12
Care Homes for Adults (18-65 years) National Minimum Care Standards 9 and 20
Care Homes for Older People National Minimum Care Standards 3 and 9

This guidance should be read in conjunction with the Directorate's policy for the appropriate care setting.

The Process

Risk assessment is the basis of good practice in the delivery of services. The potential service user along with their carers and all involved professionals should be actively involved in the process as sound risk assessment and the reduction of such risks in a systematic way improves the safety of all involved.

Consider the number of people involved in the delivery of this service e.g. domiciliary care staff, day centre staff etc as all will need to be trained and made aware of the assessment and the risk reduction measures.

The completed risk assessment should be stored in the home with a copy on the service user's office file and in any other establishment they may access.

When to use the medication risk assessment.

When the outcome of an assessment of need highlights that there are medication issues, which need to be addressed for the safety and well being of the individual. When medication administration is required there are also likely to be issues for the member of staff assisting with this.

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Location is the place where the medication takes place and therefore it is possible that there could be more than location listed.

The level of risk should be identified against the likelihood of an incident occurring and, should it happen, the severity of the consequences e.g. if the service user has a known history of overdoses which have required emergency medical treatment, then the risk would be high.

The initial risk should be identified and assessed and then re-assessed after appropriate control measures have been put in place. It is unrealistic to totally eliminate risk, the aim is to minimise and control it.

Ordering and Collection of medication: In accordance with the Community and Adult Care Directorate's policy all alternatives should be explored before care staff assume the responsibility of ordering or collecting medication. This would include considering family, neighbours, volunteers and delivery by the pharmacy.

Storage arrangements: The safe keeping of medicines should be seen as a priority both in terms of preserving the efficacy of the medication and by keeping them stored securely to prevent inappropriate use.

Controlled drugs: This would only currently apply to staff in day centres and residential care units but special regulations apply to this type of medication. Details can be found in the appropriate policy but include a separate drugs register, appropriate training, storage arrangements to a specified format etc.

Disposal issues: The safe disposal of medication needs to be addressed. Most pharmacists will provide a bottle for wasted doses and all pharmacists in Gloucestershire are able to dispose of any unwanted medication. Normally it would be expected that the person who collects the medication would take an active part in its disposal but if the medicines are delivered by the pharmacy, the drivers are not responsible for returning medication so an alternative must be found. N.B. Care homes with nursing care are now responsible for the disposal of their own medication.

Compliance/ Capability issues: Non-compliance might occur for a variety of reasons. Some people may have memory problems whilst others find it difficult to adhere to a medication regime for physical problems.

Other: There may be other issues specific to an individual case, which require control measures to be introduced to minimise risk.