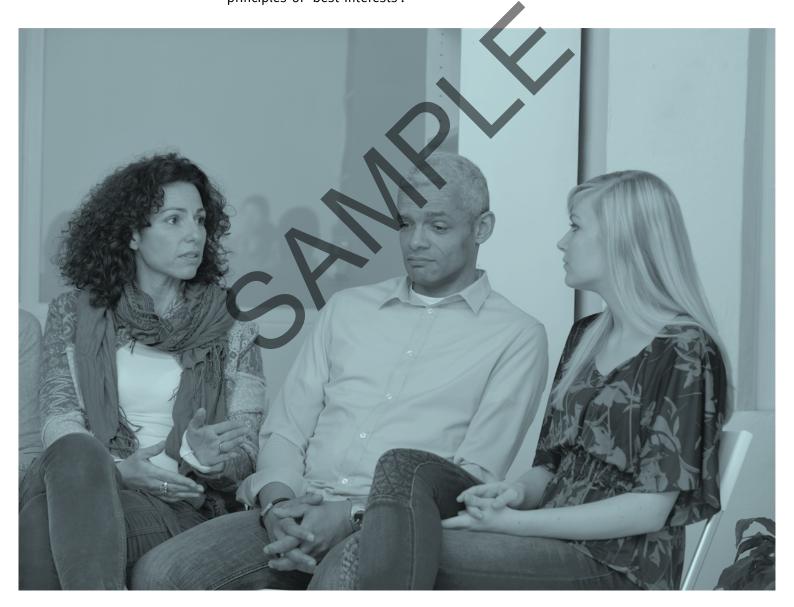


- **Best interests** Anything done for or on behalf of an individual without capacity must be in their best interests.
- Least restrictive intervention Anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

The MCA Code of Practice (2007) for service providers gives guidance and information on how the Mental Capacity Act must be followed in practice for anyone who works with or supports people who lack capacity to make their own decisions.

The guidelines in the Code provide information about actions to be taken if people lack capacity to make decisions about medical treatment, and about the principles of 'best interests'.



LAWS AND REGULATIONS ON THE SUPPLY, STORAGE AND ADMINISTRATION OF MEDICINES EXIST TO ENSURE INDIVIDUALS' SAFETY, AS MEDICINES ARE HARMFUL IF USED INCORRECTLY. MANY LAWS ARE DESIGNED TO PROTECT PEOPLE'S RIGHTS TO MAKE THEIR OWN DECISIONS, WHERE POSSIBLE.

Mental Capacity Act 2005

Medicines should only be administered to an individual with their consent. Some situations may arise when an individual does not want to take medication and doesn't understand the implications to their health and well-being. The Mental Capacity Act makes provisions to safeguard individuals in this position and provides guidance to practitioners on how to act if they find themselves in this situation.



Medicines have the potential to benefit people, but can cause harm if not used or handled in the way they are intended to be. Laws are in place to protect individuals receiving treatment.

Laws relating specifically to medication

In addition to the laws you have already looked at, there are those that relate specifically to medicines, the way they are classified and any restrictions placed on the way they are prescribed, stored or supplied.

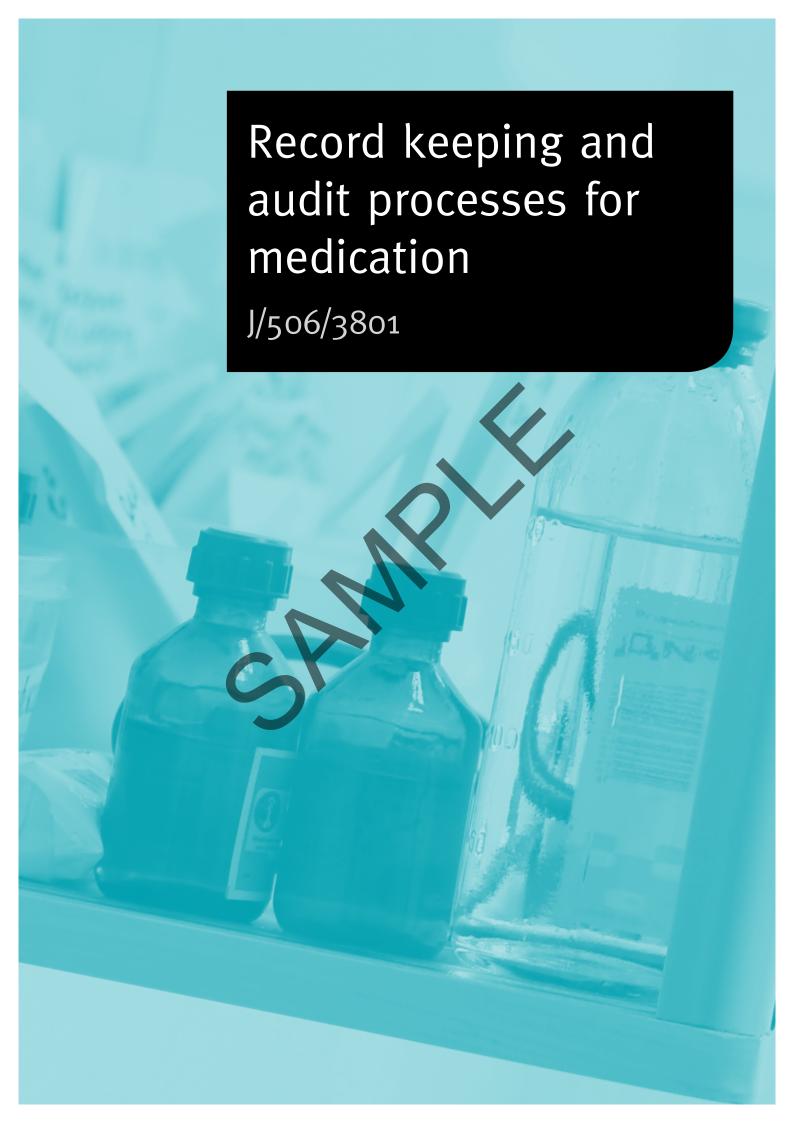
These are:

- Human Medicines Regulations 2012.
- The Misuse of Drugs Act 1971.

Human Medicines Regulations 2012

The Human Medicines Regulations 2012 have been implemented as a result of the Medicines and Healthcare Products Regulatory Agency's (MHRA) review of medicines legislation in the UK. The regulations replace nearly all previous law relating to medicines in the UK, including most of the Medicines Act of 1968.

There are criteria for the prescribing, supply, storage and administration of medicines, and medicines are classified into three main groups (classifications) according to how they are supplied. You looked at these classifications in Section 2, and may need to look back as a reminder for the next activity.



This unit looks at the responsibilities and accountability of staff in relation to handling medication. It reviews how health and social care staff provide evidence for audits and inspections, and the different records that need to be kept in order to comply with legal requirements. You will learn how the regulatory body, the Care Quality Commission, carries out inspections to monitor the safety of medicines management by health and social care providers. In addition, the link between safeguarding and working practices relating to handling medicines is explored.

Aims

When you have worked through this unit you will:

- Understand the audit process in relation to medication transactions and stock levels.
- Understand how information is recorded and confidentiality maintained.
- Understand the health and social care worker's role in relation to accountability and responsibility.
- Understand the importance of safeguarding individuals in relation to medication use.

Content

This unit contains four sections:

Section 1: Medication stock and transactions

Section 2: Sharing information and confidentiality

Section 3: Accountability and responsibility

Section 4: Safeguarding and medicines

A MAR SHEET.

Start date

This is the date at which the MAR commences and for each week within the 28-day cycle.

Individual's details

Details relevant to their medication needs, for example name and address for identity, date of birth to indicate their age, any allergies and their GP's name.

Details of medication received or destroyed.

As medication is received, the date and quantity is recorded and the person receiving them signs here. In the same way, medication returned or destroyed is recorded so that all medication is accounted for.

М	DICATION	AD	MINISTI	RATION RI	ECORD					
	MEDICATION ADMINISTRATION RECORD						Pharmacy No. Document No.			
NAME Florence Beech	rence Beech						D.O.в 3 March 1938			
ALLERGIES None known							DOCTOR Dr Ash			
ADDRESS Willow Bank, Oakton, OA1	5SG									
START DATE 13.10.2014			28	V		ST	ART DAY N	1 onday		
	COMMENO DATE	$\overline{}$	WEEK 1	13.10.2014	WEEK 2	20.10	.2014 WEEK	3 27.10.201	4 WEEK	
MEDICATION	TIME		1 2 3	4 5 6 7	1 2 3	4 5	6 7 1 2	3 4 5 6 7	7 1 2 3	
Fluoxetine capsules 20mg	08.00 12.00	Y					-			
Swallow one capsule at bedtime with	18.00		t -0							
water. Do not chew the capsules.	22.00		TB							
received 12.10.14 quant. 28 by SF	returned 08.00			quant.	b	/ •	destroyed		quant.	
Paracetamol tablets 500mg	12.00									
Swallow one or two tablets four to six hourly as required for pain in knees. Do not take	18.00									
more than two at any one time or exceed the	22.00									
maximum dose of eight in 24 hours. Do not take any other medicines containing paracetamol.							_			
received 1210.14 quant. 28 by SF	returned			quant.	b	y	destroyed		quant.	
	08.00	W	eeks							
dication	12.00 18.00									
ch medication is completed in	22.00		•	ons are c	•					
ew box. Full details should	22.00			ay cycle a						
recorded so that the person		th	e sever	columns	s repres	ents				
ninistering has all the information	returned	th	e days	of the we	eek.		destroyed		quant.	
cessary to administer the medicine	08.00									
prescribed, including its name,	12.00		This is where health and social care staff record administration or any discrepancies,						aff	
ength, dose, form, route and	18.00								icies,	
tructions.	22.00			for exa	mple if	medi	cation wa	s not give	en	
uucuons.				for any	reasor	. Diffe	erent code	es are usu	ually	
				_			rganisatio		•	
				•			, such as	•		

Here are some suggested answers to Activity A17:

- Face-to-face Make sure that you can't be overheard; close the door, or
 move to somewhere more private. Make sure that the person you are
 sharing information with is authorised, and check their identity if necessary.
- Over the telephone If you are in an open-plan office, be aware that others can hear you. Make sure you are satisfied with the identity of the other person. If you are not sure, phone back to satisfy yourself that the person is who they say they are (the receptionist in a GP surgery, for instance).
- Written Mark records as 'confidential' using an envelope that can be sealed, and make sure it is addressed to an authorised person. Store in a locked cabinet accessible to authorised people only, and do not leave them out in view of other people, for example on the office desk during handover or when talking to visitors. All paper records should be shredded when no longer needed.
- **Electronic** Password systems are used to stop access by unauthorised people to information kept on computers. Never give anyone else your password. Use a screen saver, so that other people can't see details displayed, and position the monitor away from public view. If you are sending a fax, use a cover sheet marked 'confidential' and phone the recipient first to arrange for it to be received by an authorised person or in a 'safe haven'.

A care home stores prescriptions on the notice board in the office ready for collection. What problems could arise from this practice?

This is an example of how confidentiality could be breached. If other staff, non-care staff and visitors come into the office for any reason, they could unintentionally view medical information about individuals. The prescriptions should be locked in a drawer or cabinet accessible only to authorised staff.

Individual rights

Legislation

The main piece of legislation relevant to sharing information and confidentiality is the Data Protection Act 1998. This requires any organisation that keeps personal records on computer to register as a data user and to comply with specific regulations.

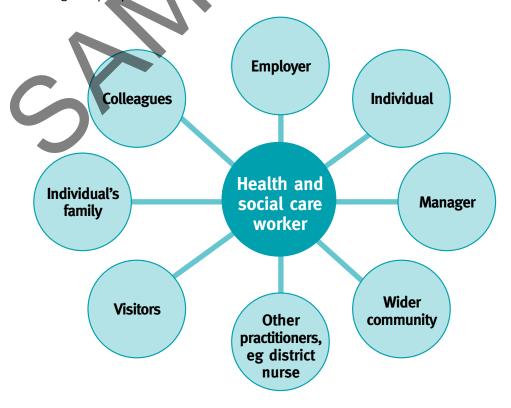
The main points are:

- Information systems must be registered.
- Only **specific information** can be stored on these systems.
- Access to the information within organisations must be limited to authorised people.



Think about the different people health and social care workers are accountable to. Make a list of these below.

Remember that accountability means being able to account for your actions when they impact on others. A health and social care worker can be accountable to a range of people.



A health and social care worker is accountable to all the people in this diagram. This is because their actions can impact on others in different situations.

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Responsibility

Accountability and responsibility are linked to one another. Responsibility means being given the authority to act independently. It usually involves having to make your own decisions about how to act in different situations, and being able to explain why you came to the decision that led to your actions (being accountable). If a health and social care worker feels unable to make a decision independently, they should seek advice and guidance from a senior member of staff or their supervisor.

Make a list of examples of a health and social care worker's different responsibilities in relation to medication.

You can check your answers at the end of this module.