

**Date:** 8 July 2004

**Venue:** The Memorial Hall, Bodhyfryd, Wrexham

**Title:** Adults with Learning Disabilities : Assessment, Care Planning and Medication

## **Purpose**

1. This paper is written in response to an enquiry by Gwenda Thomas AM following evidence presented to the Committee on 26 May 2004. The enquiry relates to persons with a learning disability who may be discharged from hospital with medication requirements and who may need support in managing their medication. Mrs Thomas wanted to know what guidance is given in connection with care plans / assessment to cover medication issues.

## **Summary**

2. The main guidance relating to assessment and care management is contained within the Unified Assessment Guidance published in April 2002. The Care Standards Act 2000 Regulatory and National Minimum Standards regimes for domiciliary care; care homes for younger adults; care homes for older people and adult placement schemes are also pertinent. Separate Guidance in relation to the prescription and management of medication forms part of clinical guidance and is outside the normal scope of assessment and care planning and is not covered in this paper.

## **Unified Assessment Process**

3. Issued jointly to Health and Social Services in April 2002 Creating a Unified and Fair System for Assessing and Managing Care Guidance consolidated the former Welsh Office Guidance 'Managing Care' (April 1991). The Guidance placed responsibility jointly on NHS bodies and local authorities to ensure multi-agency working in assessing and planning to meet individual needs. Paper to Note HSS (2)-

09-04(p5) sets out the timetable for the key milestones for implementation of this guidance.

4. Medication use and the ability to self-medicate are covered within the Clinical Domain of the Unified Assessment guidance. This Domain also covers the history of medical conditions and diagnosis and recent hospitalisations. As part of the normal hospital discharge co-ordination arrangements, information about a persons diagnosis and medications should be communicated to the relevant care co-ordinator. Where necessary, the Unified Assessment process should be used to determine the needs of the individual, the impact of those needs on the person's independence in the immediate and longer term, and of any risks involved to that person, their family and others close to them.

5. The Guidance recognises the key role of GPs and states:

"GPs are in an excellent position to contribute valuable information to the assessment process. Basic personal information can be collected at the time of registration and then shared in an agreed format. Medical information about key diagnoses and medication, summarised in an agreed way, is also of great help to other decision makers".

6. The Unified Assessment Summary Record is also required to contain a list of medication taken, this record is shared by all appropriate agencies.

### **Care Standards Act 2000 Regulatory and National Minimum Standards Regimes:**

7. The Domiciliary Care regime covers medication in several of its regulatory and national minimum standards requirements. The main ones are:

- National Minimum Standard 10.1 requires the domiciliary service provider to have a clear, written policy and procedure which is adhered to by staff and which identifies parameters and circumstances for assisting with medication and health related tasks and identifies the limits to assistance and tasks which may not be undertaken without specialist training.
- National Minimum Standard 10.2 requires such policies to include procedures for the storage, ordering, administration and disposal of medications – including the procedure for obtaining prescriptions and dispensing medicines, the purchase and use of over the counter medications, and for recording information.
- National Minimum Standard 10.3 requires staff only to provide assistance with medication, administering medication or undertaking other health related tasks, when they have received the appropriate training and are assessed as competent. In addition this Standard requires the service users consent to assistance to be given and for such assistance to be requested on the service delivery plan (part of the Unified Assessment process) by a named assessor.
- National Minimum Standard 10.9 requires that where packages of care may be provided on a

multi-agency basis, policies and procedures on medication and health related activities are agreed and followed. In addition this Standard requires the key worker, usually a health care professional from one agency who visits on a regular basis, to take responsibility for leading on medication and health related activities in the delivery of a package of care to individual service users.

- National Minimum Standard 12.1 requires an assessment to be undertaken, by an appropriately trained and qualified person, of the potential risks to service users and staff associated with the delivery of the service user's package of care including where appropriate, the risks associated with assisting with medication and other health related activities.

8. The Care Homes for Older People regime also covers medication in several of its regulatory and national minimum standards requirements. The main part is in National Minimum Standard 17 with the stated outcome for this Standard including that services users are protected by the home's policies and procedures for dealing with medicines. This Standard also allows service users who are not receiving nursing care, to take responsibility for their own medication if they wish, within a sound risk management framework. Where residents are receiving nursing care, Standard 17.7 requires all medicines to be administered by a medical practitioner or registered nurse.

9. The Care Homes for Younger Adults regime again covers medication in several of its regulatory and national minimum standards requirements. The main part is in National Minimum Standard 20 with the stated outcome that service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medications. Standard 20.1 requires the registered person and staff to support service users to retain, administer and control their own medication within a risk management framework.

10. The Adult Placement regime is due to be considered in plenary on 6 July 2004 and again covers medication in several of its regulatory and national minimum standards requirements. The main part is in National Minimum Standard 18 where requirements include for the service user to be encouraged and supported to retain, administer and control their own medication within a risk management framework.

11. Within all four of these Care Standards Act 2000 Regulatory and National Minimum Standards regimes, the extent and impact of an individual's learning disability would be taken fully into account in any risk management assessment.

### **Financial Implications:**

12. There are none arising from this paper to note.

### **Action for Health and Social Services Committee:**

13. The Committee is asked to note the content of this paper.

**Jane Hutt**  
**Minister for Health & Social Services**