**GUIDANCE: MEDICATION INCIDENTS AND SAFEGUARDING**

Most isolated medication incidents, including where a person misses or receives the wrong medication, will not constitute abuse or neglect and will be more appropriately dealt with outside safeguarding procedures, though e.g. quality, safety or complaints routes.

Conversely, where there are concerns that the medication incident constitutes abuse or neglect, including gross negligence or intentional misuse of medication, then the local multiagency safeguarding adults procedures should also be followed, after taking any immediate action needed to minimise harm.

In addition you may be required to report medication incidents to e.g. the CQC or whoever commissions the service. **The Bradford Medication Support Guidance for Care Homes and Home Care organisations provides useful further information. (Link)**

**The following table gives examples of situations and suggested responses (See overleaf for Key and further guidance)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Medication issues: Is it abuse or neglect and need does it need reporting to the Local Authority safeguarding Adults team?*** | | | | |
| ***Unlikely*** | ***Possibly*** | ***Probably*** | ***Definitely*** | ***Definitely & Consider Safeguarding Adults Review*** |
| *Isolated prescribing or dispensing error(s) not leading to mal-administration*  *Isolated medication administration error(s), including, missing, wrong dose, time or person.* | *Re-occurring prescribing or dispensing error(s) not leading to mal-administration.*  *Reoccurring medication administration error(s), including, missing, wrong dose, time or person.*  *Failing to report prescribing and dispensing errors by self or others* | *Covert (hiding) medication without documented best interest decision and agreed care plans?*  *Failing to report or document a medicines administration error according to agency policy and procedure.*  *Failing to monitor or seek appropriate medical advice and support following medication error.* | *Widespread use of covert medication without personalised care plans and best interest decisions.*  *Intentional misuse of medication by an individual, used to threaten, control or harm a person.*  *Deliberate falsification of medication records by an individual following an error*  *Harm as a result of failure to seek appropriate medical advice and support following medication error.* | *Medication incident caused by gross neglect causing death or irreversible harm to a person.*  *Culture of using medication to threaten, control or harm a person.*  *Failure of quality and monitoring of medication leading to death or irreversible harm to a person.* |

**This guidance should be read in conjunction with the Joint Multi-Agency Safeguarding Adults Policy & Procedures and decisions should be underpinned by the six safeguarding principles: Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability.**

**Every event or concern must be considered on it’s own merits, to determine whether there are concerns about abuse or neglect, that need to be shared with the local authority so that they can undertake safeguarding enquiries.**

**General Considerations**

* Whether the concern is about abuse (including neglect) of an adult(s) at risk.
* What the adult at risk wants to happen (or their best interests if they lack mental capacity to make the decision).
* Risk of abuse and neglect to others who may not be able to protect themselves from abuse.
* Whether safeguarding enquiries are needed reduce risk of further abuse.
* The severity of harm or risk of harm.
* The adult’s vital interests (to prevent serious harm or distress or life threatening situations).

***KEY***

**Unlikely: Could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Possibly: Consider safeguarding procedures, but could be addressed through single agency action, e.g. care management, quality or incident management systems, complaints or personnel policies.**

**Probably: Likely to require safeguarding adults procedures or discussion with local authority safeguarding team**

**Definitely: High expectation that concern will be shared with local authority though safeguarding Adults Procedures.**

**Definitely and SAR: High expectation that concern will be shared with local authority and considered for a Safeguarding Adult Review.**