

Prevention of Future Deaths Report (Regulation 28): Godfrey Care Response. 27th March 2024.

Coroners Concerns

Godfrey Care were informed by Mr Burgess' mother and the Neurology department of Royal Stoke University that the appropriate dose of Brivaracetam was 4ml twice daily. Medication was withheld between 22-26 July 2022 due to the information not being in writing from the prescriber, however the evidence at inquest was that 10ml twice daily was commenced on 26 July 2022 following a call to the 111 service.

Godfrey Care Response

We intend to review our internal policies and procedures considering the coroners concerns and identify where changes need to be made. Below, we respond to the coroner's areas of concern, setting out what we have already done, what we are doing now, and what we intend to do in the future.

Lessons Learned

On the 1st March 2024, medication communication and lessons learned session completed with all deputy managers, managers, and senior leaders of the organisation. Criteria covered and addressed:

- Emergency admissions
- No labels on medication
- Parents stipulating what agreed dosages are.
- Specialist prescribers (such as neurologists)
- GP prescriptions that differ to specialist prescribers
- Triangulation in these circumstances.
- Run through the reviewed managers monthly medication audit to ensure expectations are clear.

The session was an opportunity to review the effectiveness of Godfrey Care medication procedures, identify what works well and what needs improvement. Key findings and recommendations:

- Weekly medication audits; to be conducted by a competent and trained person such as team leader, deputy manager or manager of a service.
- Verbal medication changes during appointments; written confirmation to be received from the clinician making changes to medication, prior to Godfrey Care staff making any changes to medication. A new prescription to be ordered and received within 48 hours, 72 hours maximum.

Reviewed Policies and Procedures

The following actions will be implemented by 1st April 2024.

1. Local Medication policy implementation, in addition to the organisations external provider's QCS medication policies and procedures (Quality Compliance Systems).

1.1 The local policy is clear in relation to receiving and checking in medication delivered from an alternative provision, other than a pharmacist, such as a family member or a previous care provider. We recognised the need to strengthen our procedure for checking in medication for a person transitioning from a family home or another care provider to Godfrey Care, where medication is not delivered straight from a pharmacist.

9.1 "Receiving and checking in Medication delivered from an alternative provision, such as family member or previous care provider.

All medication to be checked in, check the medication against the MAR sheet given if supplied and document on the back of the MAR the date, the individual medication name and dosage, quantity received and sign.

If the person has moved in with no MAR sheet, (see section 6, transcribing) medication prescribed (transcribed from medication labels), dosage, quantity received, to be handwritten on a new MAR sheet with the details of the person clearly documented at the top, date of birth and any known allergies etc. and signed by two medication competent staff.

If a label has been altered in any way or is illegible or has been removed, the pharmacy responsible for dispensing the medication should be contacted and new prescribed medication labels to be requested. If there are further issues with the prescription labels, then an appropriate health professional must be contacted immediately, and their advice sought before the medication is administered. Medication prescribed dosages must be received in writing by a prescribing clinician prior to administration of medication (see section 18, remote prescription, or direction to administer). Any medication dosages missed, must be reported to an appropriate health professional for their advice, and a safeguarding referral made."

1.2 The local policy is clear in relation to remote medication prescription or direction to administer made by a GP or other clinician. We recognised the importance of triangulation where multiple prescribers are involved with a person we support.

"18. Remote prescription or direction to administer.

At times medication changes mid cycle may be agreed with a GP or other clinician such as neurologist, psychiatrist, or dentist.

A verbal order to change medication is not acceptable on its own. The fax or email prescription or direction to administer must be stapled to the service user's existing MAR. This should be followed up by a new prescription within normally 48 hours (72 hours maximum – bank holidays and weekends). In any event, the changes must have been authorised (via text, email, or fax) by a registered prescriber before the new dosage is administered.

Triangulation: where it is a clinician's responsibility to send the update of changes to a GP surgery, to enable them to update the prescription, this should be followed up with the surgery to ensure the appropriate changes are made and a new prescription ordered.

Suitably trained persons should note that remote prescribing cannot be undertaken in a care service because they do not have access to a stock of medicines."

- 2 The Weekly Medication Audit and Monthly Managers Medication Audit already include a check for legible labels, and have been reviewed to include the following prompt to check:

"Any prescribed medication changes mid cycle has been agreed with GP or other clinician such as neurologist, psychiatrist, or dentist. Written confirmation has been received as evidence to make the changes, and a new prescription with new dosage received within 48 hours, 72 hours maximum?"

- 3 The Staff Medication Competency Assessment has been reviewed and now includes the following questions.

"Can the colleague explain the appropriate steps they would take to clarify unclear or illegible directions?"

Can the colleague explain the steps they would take if the MAR instructions differed to the instructions on the label of the medicine?"

Can the colleague explain the protocol for verbal changes to medication following an appointment?"