



Sign up to our Monthly Newsletter

Welcome to our June 2026 newsletter from Deepness Dementia. We hope you are starting to feel summery and embracing the summer riches.

My name is Jim Campbell and I am the Deepness Newsletter Editor. As always any feedback or what you would like to read in this newsletter, please do get in touch.

This month we have some news about our annual Scottish Dementia Arts Festival, a poem by Deepness's Ronald Amanze and another informative article from Howard Gordon about legal responsibilities for administering IV antibiotics and IV fluids in care homes.

Please share this newsletter with your friends, family and colleagues.



Ducklings on the Union Canal, Edinburgh



Flowers in my garden

If you want to contribute to the newsletter, please get in touch with -
jim@deepnessdementiaradio.com



**Check out below a list of what is coming up in this newsletter.
You can click on the links and skip straight to that article.**

Deepness News...[Update on the Scottish Dementia Arts Festival 2026](#)

Poem by Ronald Amanze...[Art, Poetry and Bad Behaviour](#)

Howard Gordon...[Legal Responsibility for Administering IV Antibiotics and IV Fluids in Care Homes in England](#)

What is Deepness Dementia Media...[Buy The Demented Poet EP](#)

Update on the Scottish Dementia Arts Festival 2026

As you will know, Deepness has now run three Scottish Dementia Arts Festival in Inverness (2023), Edinburgh (2024) and Stirling (2025). Each one has grown more and more and all been a huge success.

At the end of Stirling Dementia Arts Festival in September 2025, we were already planning for the 2026 festival to take place in Dundee. However, as you will be aware, Ron Coleman, sadly died in October 2025 and we were all shook by his sudden exit. Deepness is still in transition and we are struggling to find any funding. So we have made the decision to not run a Scottish Dementia Arts Festival in 2026, however, hope to return in 2027 in Dundee.

As you will be aware, alongside each Dementia Art Festival, we also run The Gathering - a one day event run by people living with dementia, for people living with dementia. These are always loved by everyone who attends, so we are putting our energies into hopefully running one maybe even two Gatherings in 2026.

Planning is still ongoing, but we will bring you updates as soon as we have more concrete plans in place.



'The Three Ron's - Stirling, 2025

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Poem by Ronald Amanze

Art, Poetry and Bad Behaviour



[Listen to the Poem -](#)
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It is important for me to say this clearly,
What I am doing in this work is reframing the narrative.

I am not writing about bad behaviours wrong doing,
I am not interested in reinforcing the language that reduces people to
moments that are misunderstood.

What I am doing is something else,
I am looking closely at how that phrase is used.

How it appears quickly, often without question,
To describe people whose ways of thinking, feeling or responding,
Do not fit expectation.

And I am turning.

Because what I have seen,
And what I have lived, is not simply behaviour being observed,
But people being labelled, mis-read and quietly diminished, by
systems that were meant to support them.

So in this work, bad behaviour – is not the subject, it is the lens.

A way of exposing how interpretation can become assumption.

How language can become limitation and how meaning can
be decided before it is understood.



This is not written in anger, it is written in intention.

To art and poetry, I return to moments that were too quickly named.
I hold them longer.

And look again.

Its what is often called bad behaviour is rarely that simple.

It may be, confusion, it may be, overwhelm, it may be, a form of communication that has not yet been recognised.

Or it may be, something else entirely.

A response to being misunderstood.

This work is not only about critique, its also about reclaiming.

Reclaiming voice, where voice, the narrative.

Reclaiming meaning, where meaning has been imposed.

Reclaiming presence, where presence has been over looked.

Throughout this work, one question remains.

Who defines behaviour.

And who is that definition.

Really built for?

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Legal Responsibility for Administering IV Antibiotics and IV Fluids in Care Homes in England

Law, NICE Guidance and Professional Refusal

Introduction Administering intravenous (IV) antibiotics and IV fluids in care homes engages multiple duties: clinical responsibility for prescribing and safe delivery, provider/regulatory duties to ensure safe medicines management on the premises, professional accountability for delegation, and legal safeguards on consent and capacity. Below is a concise legal and guidance framework, quoted key provisions, practical allocation of responsibilities, and the position on whether a professional can refuse to provide such care.



Howard Gordon

Key legal and regulatory provisions (quotations and sources)

- Care Quality Commission / Regulated Activities Regulations 2014 – Regulation 12 (Safe care and treatment).
- Quote: “Care and treatment must be provided in a safe way for service users.” (Regulation 12(1)).
- Source: CQC guidance on Regulation 12 (Regulated Activities Regulations 2014).

<https://www.cqc.org.uk/guidance-regulation/regulations-enforcement/regulation-12-safe-care-treatment>

- Human Medicines Regulations 2012 / Medicines Act 1968 (prescription and administration of POMs)



- Principle (as reflected in guidance): prescription only medicines must be supplied and administered lawfully and only by or in accordance with the directions of an appropriate practitioner. (See Human Medicines Regulations 2012 and Medicines Act 1968 for statutory provisions on supply and administration).
- Source: Human Medicines Regulations 2012 (legislation.gov.uk) and Medicines Act 1968.

<https://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

<https://www.legislation.gov.uk/ukpga/1968/67/contents>

- Mental Capacity Act 2005 (consent and best interests)
- Principle: where a person lacks capacity, decisions about treatment must be made in their best interests and using the least restrictive option. See MCA and its Code of Practice.

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

CODE: <https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

- Nursing & Midwifery Council (NMC) – Code and delegation/accountability guidance.
- Quote (principle): a registrant “remains accountable for the overall management of the person in their care” when delegating tasks; delegation must be to a competent person and professionally defensible. (See NMC guidance on delegation and accountability).

<https://www.nmc.org.uk/standards/code>

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf>



Nice Guidance (quoted / relevant parts)

- NICE NG15 – Antimicrobial stewardship: systems and processes for effective antimicrobial use.
- Quote (recommendation): “Ensure that roles, responsibilities and accountabilities are clearly defined within an antimicrobial stewardship programme.” (NICE NG15, recommendations on organisational responsibilities).

<https://www.nice.org.uk/guidance/ng15/chapter/Recommendations>

- NICE clinical guidance on intravenous fluid therapy in adults (intravenous fluid therapy guidance / relevant NICE guideline).
- Principle: IV fluid therapy requires prescription, clinical assessment, appropriate monitoring and escalation arrangements; local protocols must ensure safe administration and monitoring outside acute settings. (See NICE guidance on IV fluid therapy / related guideline sections.) <https://www.nice.org.uk/guidance/cg174> (or search “intravenous fluid therapy NICE”). NHS / OPAT guidance.
- NHS England and specialist OPAT guidance: recommend OPAT/community nursing pathways and clear commissioning/governance for delivering IV antimicrobials and fluids outside hospital.

<https://www.england.nhs.uk/long-read/guidance-to-integrated-care-boards-and-providers-on-developing-outpatient-parenteral-antimicrobial-therapy-opat-services/>

Who carries legal responsibility - practical allocation



- Prescriber (doctor, nurse or pharmacist prescriber).
- Responsible and clinically accountable for the decision to prescribe IV antibiotics or IV fluids, specifying monitoring, review and stop criteria.
- NHS clinical services (hospital OPAT teams, community nursing, specialist services).
- Responsible for clinical delivery tasks that require registered clinicians: IV line insertion, preparation (where required), administration of IV medicines/fluids when clinically necessary, clinical monitoring, blood tests and managing complications. Commissioners/NHS bodies must ensure appropriate pathways where clinically indicated (OPAT, community nursing or CHC where eligible).
- Care home provider (registered provider/registered manager).
- Legally obliged under Regulated Activities Regulations/CQC standards to ensure safe care and medicines management on premises (Regulation 12). The provider must ensure policies, environment, infection control, safe storage and that only competent, authorised staff undertake clinical tasks – and must facilitate NHS teams and joint working arrangements.
- Registered nurses working in the home.
- Professionally accountable for clinical decisions, for safe delegation, competence assessments and supervision in line with NMC guidance.
- Delegation to unregistered staff.~
- Legally and professionally possible only in very limited, well governed circumstances with documented competence frameworks, local policy and explicit authorisation; typically IV administration is undertaken by registered clinicians rather than unregistered care staff.



Consent and capacity

- All IV treatments must follow consent law. If the resident lacks capacity, the MCA 2005 requires a documented best interests decision, involving family/representatives led by any Power of Attorney and considering least restrictive options.

Relevant risks and unlawful practice

- Administering IV medicines/fluids without lawful prescription, without appropriate clinician involvement, or by untrained/unauthorised staff risks regulatory enforcement (CQC), disciplinary action for registrants (NMC), and civil/criminal liability for providers.

Can a professional refuse to provide IV antibiotics or IV fluids in a care home?

- Yes, but with strict limits:

Professionals (clinicians or nurses) may decline to provide a particular intervention (for reasons including scope of competence, safety concerns, conscientious objection where applicable). However refusal does not absolve the professional or employer from responsibility to ensure the patient's care needs are met.

- Obligations on refusal:

1. The professional must ensure immediate safety: provide emergency care if needed and must not abandon the patient.
2. They must inform the employer and the person (and family) promptly, document reasons, and arrange a timely handover or alternative provision (refer to another clinician/team, request OPAT/community nursing, escalate to commissioners).



3. If refusal is based on inability/insufficient competence or resource, the employer/provider and commissioners must seek alternative safe arrangements; mere unwillingness without arranging alternatives is unacceptable.
4. Professional standards (NMC) require registrants to act to safeguard people and to raise concerns if systems fail; conscientious objection must not result in abandonment or failure to provide necessary care.
5. If a clinician refuses on grounds that delivering IV therapy in that setting is unsafe, the provider should carry out a risk assessment and jointly consider alternatives (OPAT, hospital transfer, nurse placement). Any decision to move a resident must follow lawful assessment, involve consent/capacity processes (MCA) and consider least restrictive options.

Practical actions where IV care is refused or unavailable

- Request urgent clinical review, CHC screening if needs are primarily health driven, and a written care plan specifying who will deliver IV care and contingency arrangements.
- Ask the provider/NHS to document why IV therapy cannot be provided in the home and what alternatives have been explored.
- Use complaints/escalation routes (NHS complaints, local authority, CQC) if safe provision is not arranged; seek independent legal or advocacy support if there is an immediate risk to life or unlawful abandonment.



Key references (select)

- Regulated Activities Regulations 2014 – Regulation 12 (Safe care and treatment) and CQC guidance -

<https://www.cqc.org.uk/guidance-regulation/regulations-enforcement/regulation-12-safe-care-treatment>

- Human Medicines Regulations 2012; Medicines Act 1968 -

<https://www.legislation.gov.uk/uksi/2012/1916/contents/made>

<https://www.legislation.gov.uk/ukpga/1968/67/contents>

- Mental Capacity Act 2005 and Code of Practice -

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

- NMC Code and delegation/accountability guidance -

<https://www.nmc.org.uk/standards/code/>

<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf>

- NICE NG15 – Antimicrobial stewardship: systems and processes for effective antimicrobial use -

<https://www.nice.org.uk/guidance/ng15/chapter/Recommendations>

- NICE guidance on intravenous fluid therapy in adults (CG174 / related guidance) - <https://www.nice.org.uk/guidance/cg174>

- NHS England – OPAT/community IV therapy guidance -

<https://www.england.nhs.uk/long-read/guidance-to-integrated-care-boards-and-providers-on-developing-outpatient-parenteral-antimicrobial-therapy-opat-services/>



The Right to Life

The right to life in international law is a foundational human right. It dictates that every human being has the inherent right to life, meaning no one can be arbitrarily or unlawfully deprived of their life by the state or private entities.

This principle forms the basis of international human rights law and outlines several key obligations and rules across global treaties: Core Treaties:

The primary binding framework is Article 6 of the International Covenant on Civil and Political Rights (ICCPR).

<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>

The right to life is also enshrined as a non-derogable right in Article 3 of the Universal Declaration of Human Rights (UDHR). No Derogation: It is considered a supreme, customary right that cannot be suspended, even during public emergencies or armed conflicts.

<https://www.un.org/en/about-us/universal-declaration-of-human-rights>

Duty to Protect

Governments are required to actively protect individuals from foreseeable threats, prevent unlawful violence, and thoroughly investigate any arbitrary or state-sponsored killings.

In international human rights case law (such as the landmark [Vincent Lambert v. France](#) case), a clear line is drawn between the intentional deprivation of life and **therapeutic abstention**. [1, 2].



- **When it is Legitimate:** If a care home resident is in the terminal phase of an incurable illness (e.g., advanced dementia), aggressive interventions like IV line insertions can cause immense distress, physical agitation, and fluid overload (causing fluid in the lungs). In this context, withholding IV lines and switching to comfort-based, palliative care is legally recognized as allowing a natural death with dignity, rather than a violation of the right to life.
- **When it constitutes a Violation:** If the treatments are withheld arbitrarily—due to ageism, lack of care home staffing, cost-cutting, or a systemic failure to diagnose an otherwise treatable condition in a stable patient—it constitutes a direct violation of the operational duty to protect life.

To remain aligned with the right to life, medical professionals must satisfy three strict requirements before withholding fluids and antibiotics: [1, 2].

- **Patient Autonomy & Advance Directives :** If a mentally competent resident has explicitly requests or refuses IV interventions or outlined this in a valid advance directive (Living Will), the professional must respect this. Overriding a competent patient's choice violates their bodily integrity.
- **The "Best Interests" Standard:** If the patient lacks capacity (e.g., severe cognitive decline), the professional cannot make a unilateral decision. They must conduct a comprehensive assessment involving family or legal surrogates (Power of Attorney). The decision to withhold must be strictly rooted in the patient's clinical welfare—concluding that the burden of the treatment heavily outweighs the benefit noy because of age or Neurodegenerative condition.
- **The Principle of Equivalence:** Care home residents have the right to the same quality of healthcare available to the general public. Clinicians cannot withhold IV treatments simply because a patient resides in a long-term care facility rather than a hospital acute care ward.



Conclusion

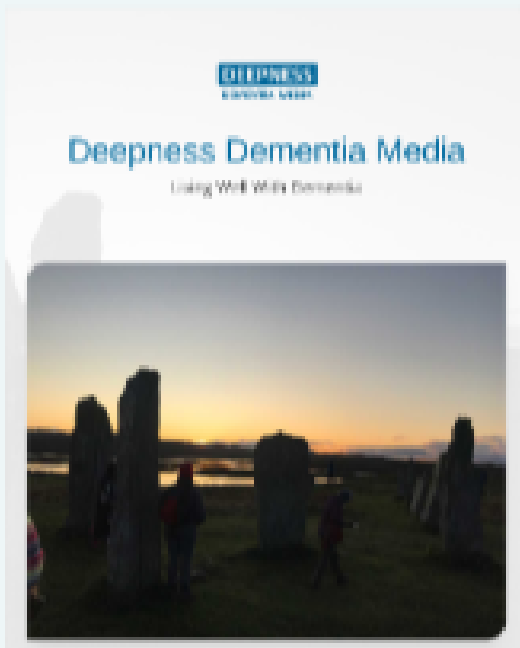
Responsibility is shared but distinct: prescribers and NHS clinical services hold primary clinical responsibility for IV antibiotics and fluids; care home providers are legally required to ensure safety on their premises and to enable appropriate clinical arrangements; registered nurses retain professional accountability for delegation.

Professionals can decline to provide treatment in specific circumstances, but must secure safe alternatives, document actions, acting withing the persons right to life under International Law and must not abandon the person.

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Dementia Media is a platform that gives people tools for living well with dementia designed collaboratively with those with dementia leading the process. By coming together in a supportive, energetic common space makes up a huge difference to the well-being of those going through dementia. As opposed to providing a cure, our goal is to help people become autonomous and get the most out of life. We bring a series of innovative projects - such as our radio station, online education courses, and much more - that use technology and music in a way that keeps people connected and stimulated.

“I didn’t want to die without leaving something for my family to enjoy and remember my strengths,” he says of the thinking behind the EP. “The whole concept was to create something that was a legacy for the person, and as soon as I thought about wanting to do that for myself I knew it was something other people would want to do, to leave our mark on society. It’s almost like leaving our families a gift.”

The Demented Poets EP is on sale now via Bandcamp iTunes and other outlets:

Bandcamp - <https://thedementedpoets.bandcamp.com>

Spotify - <https://open.spotify.com/album/6pngYVybZ3qUf6XMhOOFuK>

Deezer - <https://www.deezer.com/en/album/258048592>

iTunes / Apple Music - <https://music.apple.com/us/album/the-demented-poets-ep/1585080810>

Amazon - <https://www.amazon.com/dp/B09FRVYQ1F>

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