



Derby City Council

# **Medication Policy Statement Procedures and Guidelines**

**Adults, Health and Housing**

## Document History

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1	2005	Policy approved by DMT
2	2015	Review of entire policy, procedures and guidelines in line with the Care Act 2014 and national updated standards and guidance.

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## Adults, Health and Housing Medicines Management Policy

### POLICY PURPOSE

1. This policy outlines the Adults, Health and Housing Directorate's vision for medicines management in Social Care. It also describes the directorate's commitment to enable and safeguard the wellbeing of its customers, employees and anyone else that could be affected.
2. People living in or with support from social care have the same rights as any other. Respect for the customer and their rights as an individual should be at the heart of the medication process. It should be assumed that every customer can self-medicate until assessment of the customer proves otherwise.
3. Medicines play an important part in helping customers remain independent. It is important that customers take their medicines, and should always be helped to manage their own medication where this is possible and appropriate in order to retain their independence. This will be done through the use of medication assessments.
4. Treatment and care should be personalised, based on the individual's needs and preferences. Customers are all individuals and as such this policy must be applied with regard to the individual's beliefs, wishes, experience and ability. Employees should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into a person-centred approach to care.
5. As all medicines are potentially harmful it is important that employees who provide care are confident about their role in the management of medication. This policy intends to clarify for employees working in social care, the range of duties that can be undertaken in relation to medicines. It advises how these duties and tasks can be undertaken safely and in accordance with best practice.
6. The fair blame guidelines are an important concept of this policy. All employees have an important role to play in risk identification, assessment and management. To support employees in this, the directorate tries to provide a fair and consistent working environment and does not seek to apportion blame. We hope this encourages a culture of openness and willingness to admit mistakes. Employees therefore are actively encouraged to report any situation

where things have, or could have gone wrong. Information, training counselling and support will be provided for any employee that find themselves in such a situation. The directorate sincerely wishes to learn from events and situations so that management processes can be continuously improved.

7. The policy has been reviewed and revised to reflect the general duties of the Care Act 2014, particularly the promotion of people's wellbeing and to enable people to prevent and delay the need for care and support.
8. The policy reflects the NICE good practice guidelines on 'Managing Medicines in Care Homes' (2014), the Royal Pharmaceutical Society's principles (2007) that underpin safe handling of medicines in social care, the Essential standards of quality and safety outcome 9 (regulation 13) of the Care Quality Commission, now replaced by Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 12(2)(f) and 12(2)(g) and the tools developed by the National Care Forum.
9. Employees will deal with matters relating to social care only. They are not responsible for making decisions of a health-related nature. Medical advice must be sought from the customer's GP or other member of the primary care team, or any other relevant health care professional.
10. Employees will not undertake invasive nursing procedures or other tasks that are defined as health related and not social care. There may be exceptional circumstances when an employee has received training and is deemed competent, in line with guidance from this policy. This includes those tasks that family or carers might undertake having been shown and supervised by a district nurse. It should be made clear in the care plan which tasks employees may undertake.
11. In the event of an issue being identified relating to medication that is not reflected in this policy, appropriate advice and guidance should be sought from the line manager, health professional, Health and Safety Adviser, in-house pharmacist or the out of hours Careline support service, who will take steps to clarify the situation.
12. Assistance or involvement with medication by Derby City Council social care employees will only be given as part of another service provided by the city council for example residential, day service, domiciliary service. Not as a stand-alone service provision.

### **Policy application**

13. This policy applies to council employees, customers, commissioned services and others within the private, voluntary and independent sector including personal assistants. Where the term 'employee' is used within the policy this refers to all those persons working in any of the aforementioned work settings or roles.

## **Commitment to best practice and legal compliance**

14. The Directorate is committed to meeting its legal obligations under:

- Care Act 2014
- Medicines Act 1968
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Safeguarding Vulnerable Groups Act 2006
- Royal Pharmaceutical Society of Great Britain Handling of Medicines in Social Care 2007
- Care Quality Commission Regulations 2009
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12
- Skills for Care National Minimum Training Standards for Health Care Support Workers and Adult Social Care Workers in England 2013 (Qualification and Credit Framework Unit 80)
- Skills for Care Recommendations for CQC Providers – Medication Administration Training (standard 8) October 2014
- Care Certificate Standards 2015. Standard 13.5 Understanding medication and healthcare tasks 2015
- National Institute for Health and Care Excellence (NICE) Guideline, Managing Medicines in Care Homes March 2014
- National Care Forum – Management of Medicines Assessment Tools
- Medicines and Healthcare products Regulatory Agency (MHRA)

15. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12(2)(f) where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users to meet their needs;

- Medicines must be available in the necessary quantities at all times to prevent the risks associated with medicines that are not administered as prescribed. This includes those who manage their own medicines.
- Must have sufficient medication available in case of emergencies
- Sufficient equipment and/or medical devices that are necessary to meet people's needs should be available at all times and kept in working order. They should be available when needed and within a reasonable time without posing a risk.
- Equipment, medicines and/or medical devices that are necessary to meet people's needs should be available when they are transferred between services or providers.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12(2) (g) the proper and safe management of medicines:

- Employees responsible for the management and administration of medication must be suitably trained and competent and this should be kept under review.

- Employees must follow policies and procedures about managing medicines, including those related to infection control.
- These policies and procedures should be in line with current legislation and guidance and address: supply and ordering, storage, dispensing and preparation, administration, disposal and recording.

16. The NICE guidance on managing medicines in care homes provides recommendations for good practice on the systems and processes for managing medicines. The guidance is for people and organisations involved with managing medicines in care homes. It is anticipated that health and social care providers will need to work together to ensure that care home customers benefit from the good practice recommendations in this guideline. Areas covered by the guidance are prescribing, handling and administering medicines to customers living in care homes and the provision of care or services relating to medicines in care homes.

17. Principles of safe and appropriate handling of medicines (RPSGB , The Handling of Medicines in Social Care, 2007)

- Customers who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
- Employees know which medicines each person has and the social care service keeps a complete account of medicines.
- Employees who help people with their medicines are competent.
- Medicines are given safely and correctly, and employees preserve the dignity and privacy of the individual when they give medicines to them.
- Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.
- Medicines are stored safely.
- Social care service has access to advice from a pharmacist
- Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.



## **Principles**

### **Self-Administration**

18. At the point of access to social care, a medication assessment, which forms part of the care plan, must be carried out to assess the customer's ability to self-administer their medication. This process must ensure that the customer understands that medicines must be kept safely and that facilities are available for them to comply with this.
19. The assessor should determine who else may be involved. This should be done individually for each customer and should involve the customer and their family member or carer, care staff with the training and skills for assessment. Other health and social care practitioners should be involved as appropriate.
20. At all subsequent reviews of the customer's care plan the person undertaking the review must check whether adjustments need to be made to the medicines management arrangements.
21. Self-administration of medicines is not an 'all or nothing' situation. A customer can maintain control over their medicines 'active participation' providing that employees can assist a customer in taking them.
22. Providers must ensure that records are made and kept when customers are supplied with medicines for taking themselves or when medicines are reminded to take their medicines themselves.

For example:

- A customer who has suffered a stroke and is unable to manipulate containers may choose to retain custody of medicines and ask employees to assist at the time they choose to take the medicine.
  - A customer may be able to safely manage external application of creams but may need employee help to administer tablets or other prescribed medication.
23. Employees undertaking assessments should liaise with the community pharmacist to ensure that where possible, the medicines are dispensed in containers that the customer can open/ access to retain independence. Also the use of compliance aids should be considered to enable customers to remain independently responsible for their own medicines.

### **Supporting with medicines administration**

24. Where appropriate, customers will receive relevant information about their medication.

25. Where customers are unable to self-medicate safely, an assessment will be undertaken to determine the most appropriate method of supporting a customer, this could be by active participation or offering full support with administering medication.
26. All care plans will identify whether, and at what level, the customer requires help to take their medicines.
27. All employees supervising the taking of medication will be responsible for ensuring that the medicines are administered strictly in accordance with the instructions of the prescriber.
28. Doses must not be varied or changed without written medical authority. Such changes must be recorded on the MAR sheet and the customer's care plan.
29. Employees cannot action verbal instructions from a prescriber to change or initiate treatments for prescribed medicines. Written and signed confirmation, by secure fax/ email if necessary, must be received from the health professional before any alteration is made.
30. In all care settings where it is agreed that employees will assist customers with taking medicines (prescribed and non-prescribed) the medicines must be administered from the original package in which they were dispensed by the pharmacist or supplied by the manufacturer, adhering to the instruction on the label/ leaflet.
31. Medicines must never be 'secondary dispensed' i.e. taken out of their original container or package and put into another container for someone else to administer to the customer at a later time unless planned and authorised by a health professional.
32. Medicines must only be given to the customer for whom they have been prescribed, labelled and supplied. They must not under any circumstance be given to another customer.
33. Employees must never alter labels, dosage or time of administration of prescribed medicines. If labels become detached or are illegible, the medicine in the container must not be given and the prompt advice of the supplying pharmacist or out of hour's health help line should be sought.
34. Where possible side-effects of medicines have been communicated by the prescriber or pharmacist to an employee, they must ensure that this information is shared with all employees as appropriate and recorded on the customer's care plan. If an employee notices side-effects then they can contact the pharmacist, prescriber or Out of hours health help line to seek advice and report this to their manager.
35. Crushing of tablets or the opening of capsules unless specified is not advocated, as it is an 'off licence' use of the medication. However, with written

authorisation from the GP, this is acceptable practice (Refer to off licence and covert guidance).

36. Medicines must not be forcibly given. This includes the crushing of tablets etc. into food or drinks in order to deceive. (Refer to covert medication guidance).
37. Medicines must never be used for social control or punishment.
38. Home care employees will not assist customers to take medication, prescribed or non-prescribed, unless it is part of a comprehensive care plan.
39. In all care settings, employees must only assist with the administration of medicines when they have been trained and deemed competent to do the task. They must be instructed in the application of this policy and undertake training and observed competency assessment prior to engaging in the administration of medicines. On-going refresher training should also be provided.

### **Roles and Responsibilities**

As an Assessor:

40. The council assumes that all customer are able to manage their own medications and where this is not possible will ensure that all customers are given the same opportunities to be involved in decisions about their treatment and care and they get the support they need to help them take a full part in making decisions.
41. An initial assessment will be undertaken which will identify whether the customer requires support and at what level. This will be recorded on the medication assessment tool and shared with the appropriate provider.
42. On-going medication reviews (at least annually) will be undertaken by the appropriate provider but may require a multidisciplinary approach, involving both health and social care professionals and the customer's family or carer.

As a Commissioner:

43. The council requires providers to ensure their policies; procedures and processes meet the standards set within the council's medication policy. This can be achieved by adopting the council's policy or by demonstrating the same standards within the provider's own policy.

44. The council will ensure providers' policies, processes and local arrangements are in place, are reviewed and make clear who is accountable and responsible for using medicines safely and effectively across all settings.
45. The council will monitor provider organisations' management of medicines through the contracting arrangements.
46. The council requires all providers to comply with the council's incident reporting process for identifying, reporting, reviewing and learning from medication errors.
47. The council requires all services to comply with the Derby Safeguarding Adults Procedures.

As a Provider:

48. The council will ensure a medicines policy is in line with current legislation and the best available evidence.
49. The council will ensure all those involved in medicines management are trained and deemed competent in line with current national training standards, the requirements of the regulators and those of the customers.
50. The council will ensure that employees who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines.
51. The council will ensure that all medicines records and information complies with the council's data protection policy and guidance.
52. The council will ensure that all medicines-related errors or near-misses are identified, reported, reviewed and investigated following guidance within this policy.
53. Customers can use advocacy and independent complaints services where they have concerns about medicines.
54. The council will ensure that medicines prescribed for a customer are not used by other customers.
55. The council will ensure that all medicines administration records are up to date and accurate.

## **Support and Information**

This document has been written with support and advice from Dr John Grenville, Secretary of the Derbyshire Local Medical Committee, Alison Holmes, Epilepsy Specialist Nurse and the SDCCG medicines management team.

For further information or guidance please contact Shabnum Aslam, Medicines Management Pharmacist SDCCG or Darren Allsobrook Health and Safety Adviser, Derby City Council.

## **Document control**

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## **Outcomes of training and observed practice - Competency**

- Employees will be encouraged to promote enablement where appropriate to allow customers to self-administer where possible. Or following an assessment, the customer will be supported with active participation or to administer medications in a safe and correct manner by trained competent employees.
- Managers and employees receive medication training from an approved trainer, to ensure they are confident in their handling and management of medication processes and procedures and to enable them to maintain the customer's health and well-being and to feel supported whilst doing so.

### **Managers should ensure**

- 1 Registered managers are responsible for judging the competence of their employee's ability to safely administer medication for customers.
- 2 Those employees who have completed the approved training should then be observed and supervised by a competent person in advance of administering medication for the first time. This should be an occupationally competent person working for the provider and not the external trainer.
- 3 That the culture of their unit/ organisation values training and ensures that employees have a thorough understanding of the importance of medication to the health and wellbeing of customers.
- 4 That service managers and team managers receive medication policy briefings as part of their induction.
- 5 That all relevant employees undertake medicines training. This will involve the attendance of a theoretical based training session but must also involve practical training/competency assessment in the place of work.
- 6 That the employees are confident and competent in their understanding of medication guidelines, protocols and procedures.
- 7 That those employees who lack confidence or whose competence is in doubt are supported through supervisions and further training.
- 8 That errors are investigated and consideration will be given to further training of employees (see Fair Blame guidelines).
- 9 That all employees are instructed individually from qualified health care professionals for the tasks that social care undertakes for specific named customers e.g. administration of feeds via PEG tubes.

## **Employees will**

- 1 Receive training upon induction, regular refresher training and on-going assessment practical assessments to ensure their competence.
- 2 Receive an annual review of their knowledge, skills and competencies relating to managing and administering medicines. If there is a medicines related safety incident, this review may need to be more frequent.
- 3 Apply the training outcomes in the workplace.
- 4 Ensure that they diligently apply the individual instruction from qualified health care professionals for specific named individuals and keep comprehensive records of the procedure undertaken and required in the training in accordance to the medication policy.

*Refer to appendix for 'Competency assessment checklist' used on observational assessment of employee.*

## **Training Standards**

- Skills for Care National Minimum Training Standards for Health Care Support Workers and Adult Social Care Workers in England 2013 (Qualification and Credit Framework Unit 80)
- Skills for Care Recommendations for CQC Providers – Medication Administration Training (standard 8) October 2014
- Care Certificate Standards 2015. Standard 13.5 Understanding medication and healthcare tasks 2015





Derby City Council

# **Administration of Medication**

**Adults, Health and  
Housing**



## A: Essential Practice for all Providers

In all situations, the following rules must be applied.

Providers must consider the following in a medicines administration process:

### The 6 Rights of administration:

- **Right Customer**
  - Check customer name against the care plan, medication and MAR sheet.
  - In care homes and day services a photograph of the customer must present to confirm identity. This should be taken upon admission to the care setting dated and reviewed or updated annually
  - Providers must ensure that medicines prescribed for a customer are not used by any other customer.
  
- **Right Medicine**
  - Check customer's name against the medication label, packaging and contents, all must match.
  - Check strength is correct (Strength is the amount of drug in each dose form)
  - Check there have not been any recent changes to the medication
  - Check the dosage instructions before giving medication
  - Check expiry dates, the medication has not exceeded its expiry date
  - Check for any additional labels and warnings
  
- **Right Route**
  - Check the way in which the medication is to be administered
  - Medications can only be administered by the oral or topical routes
  - Nutritional feeds can be administered by other routes specified within the care plan by employees once received training from a health professional e.g. Nutritional feeds via a PEG tube.
  
- **Right Dose**
  - Check that the dose on both the MAR chart and medication label match (dose is the amount of medication to be given to the customer)
  - That the dose has not already been administered by checking the MAR chart- if there is a discrepancy the unit manager, key worker, or the pharmacist should be consulted before the medicine is given
  - Check for changes to the dose
  - Record the actual amount given where a variable dose is administered
  - Check that you have the right measuring device for liquid doses
  - Doses should be equally spaced.
  
- **Right Time**
  - Check that the dose time is clearly identified on the MAR sheet and / or the medication label. For example, '*Take one tablet in the morning*' clearly identifies when this medication is to be given. However '*take*

*one tablet daily*' leaves this open to interpretation, unless the dose column on the MAR sheet is marked as to identify the time.

- Check for any additional labels, warnings or specific instructions such as 'before food' or 'avoid grapefruit juice'

- **Right of the Customer to Refuse**

- The customer has the right not to take the medication (see further guidance – Customer's right to refuse medication)

Do not give the medication if one or more of the above rights is incorrect. Seek further guidance, initially from your line manager.

**Before giving medication:**

- Inform the customer that their medication is due
- Wash hands and any other utensils before use.
- Follow the 'six rights'
- Use disposable gloves when appropriate.
- Check for allergies.
- Check verbally that the customer has not already taken or been given the medication.
- Check the dose has not already been administered by checking the MAR sheet or if in an MDS (monitored dosage system) that the medication is there. If there is a discrepancy, consult managers, community pharmacist or the NHS Out of hours health help line.

**When giving medicines:**

- Only administer medication from labelled bottles, containers and compliance aids.
- Don't give medicines from unlabelled or illegibly labelled bottles, blister packs or containers.
- Don't transfer medication from their original containers.
- Don't prepare medicines or drugs in advance of administration. Once prepared they must be used immediately or discarded.
- Don't leave medicines unattended for customers to take at a later time.
- Don't handle medications directly when administering as far as is practicable.
- Don't give discoloured solutions, disfigured tablets, substances etc. These must be stored safely and returned to the pharmacist (see guideline 7).

**When administering liquids:**

- Shake the bottle by gently turning it upside down several times.
- When pouring, hold the bottle with its label on top so that the liquid falls away from the label.
- Pour into a measured dosage container appropriate for the volume of the drug to be given and appropriate to the requirements of the customer.

- Measuring devices include a graduated medicine cup, medicine spoons or an oral syringe and bottle adapter.
- When using a graduated medicine cup, ensure that the cup is placed on a flat surface and the liquid is poured into the cup and observed at eye level.
- If the medication is refused, the liquid medicine must never be poured back into the original bottle. It should be signed off as refused and disposed of safely.

### **When the medication has been given:**

Complete the records for each individual customer as soon as the medication has been taken by the customer. The record must include the following information:

- Exactly what was given (name, strength and form of the medication).
- When it was given (time, date)
- Who administered the medication and/ or the correct code dependent on the MAR sheet used.

### **Customer's right to refuse medication**

When an individual expresses a choice not to take a prescribed medication, the following actions should be taken:

- An entry must be made on the MAR and the staff should record the circumstances and reason why the resident has refused the medicine (if the resident will give a reason), unless there is already an agreed plan of what to do when that resident refuses their medicines.
- The manager must be informed, and they may seek further guidance from the GP, pharmacist or out of hours health help line (dependant on the medication and the number of doses refused).
- A record of the decision made by the customer must be made on the customer's care plan.
- If the resident agrees the carer should tell the prescriber about any on-going refusal and inform the supplying pharmacy to prevent further supply to the care home or person's own home.

### **Omitted Medication**

If a dosage of a regularly prescribed medication is intentionally omitted by the responsible person, for any reason e.g. not giving lactulose because the customer has developed diarrhoea, the following action must be taken:

- An entry must be made on the MAR sheet.
- A record must be made on the customer's care plan.

- The manager must be informed. They will then make a judgement regarding whether to seek advice from the prescriber.
- If a second dose is to be intentionally omitted, the advice of the prescriber must be sought prior to this decision being carried out.

### **Death of a Customer**

- In the event of a death, all medication (including prescribed, homely and topical preparations) must be retained for at least seven (7) days, or until otherwise told it can be returned for disposal. The medication may be required for evidence by the Coroner as part of their on-going investigation.

## **B: Essential Practice for Residential Care Homes**

### **Registered manager**

- The unit manager (registered manager) has overall responsibility for :
  - Ensuring compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 12(2)(f) and 12(2)(g), the eight principles of the RPSGB and the NICE guidelines on Managing Medicines in Care Homes.
  - Ensuring systems and procedures around medicines management are implemented and followed.
  - Determining the best system for supplying medicines to each customer in a personalised way based on the customer's health and care needs, the aim of maintaining the resident's independence wherever possible.
  - ensuring this is done by monitoring and auditing the systems and procedures in place by:
    - Undertaking the monthly process of ordering and booking in the prescribed medication supplied by the community pharmacy against those items ordered.
    - Undertaking weekly audit of controlled drugs against the register.
    - Carrying out monthly audits of the completed medication cycles on the MAR sheets.
    - Undertaking monthly audits of homely remedy stocks.
    - Ensure all staff are competent and medication training is up to date
    - Carrying out annual medication competency assessments of all staff involved in the administration of medication.
    - Overseeing the reporting of medication errors and ensuring appropriate action is taken to prevent further errors occurring.
    - Ensuring that every resident has a medication assessment and an individualised medication information sheet in place.
    - Engaging in the medication administration process by carrying out a medication round at least once weekly in the establishment.
    - Making a referral to safeguarding if the safeguarding threshold is reached
    - Reporting to CQC any untoward medicines-related incident (see Fair Blame guidance).

### **Designated persons**

- This is anyone deemed by the registered manager to be competent to carry out medicines management duties.
- These employees will complete medication training prior to being given this responsibility (theoretical and practical competency assessment). The responsibilities of the designated /responsible person on duty include:
  - Assisting with the ordering of medicines

- assisting with the monthly process of booking and checking of prescribed medication received from the community pharmacy against ordered items.
- liaising with healthcare professionals where necessary
- the receipt and registration of medicines.
- the safe storage and custody of medicines
- monitoring supplies and appropriate levels of stock of medicines including homely remedies.
- undertaking the administration of medicines
- accurate record keeping
- complete and continually review assessments with customers to determine whether they are able to self- administer medicines.
- continual checking of MAR sheets after each round and 'red dot' procedure. (see 'Record of administration' below)
- completion of medication incident report forms in accordance with the policy
- safely managing the disposal and return of medication

### **Ordering Medicines**

- Care home providers should ensure that at least two employees have the training and skills to order medicines, following the system required by the supplying community pharmacy. In exceptional circumstances ordering can be done by one employee.
- Care home providers should retain responsibility for ordering medicines from the GP practice and should not delegate this task to the supplying pharmacy.
- Previous usage of the medicines should be reviewed before ordering and checking stock.
- The care home should manage and maintain records of medicines requested for customers in order to check all items ordered are required, correctly received and that no inadvertent change to the medication ordered has been made on arrival of the prescription or medication.
- The care home must retain up to date records of current medication provided for each customer and ensure that stock levels for each person are kept at an appropriate level to avoid running out. Equally, medicines should not be stockpiled or over ordered.
- Protected time should be allowed for the ordering of medicines, in particular for the monthly order.

### **Receipt of medicines**

- Medication received from the pharmacy supplier must be checked against the record held by the care home of items ordered to make sure that all medicines ordered have been prescribed and supplied correctly.
- Protected time must be given to employees when booking in medications, particularly the monthly cycle.
- All other medicines (prescribed and non-prescribed) brought into the home, from whatever source i.e. those from the customer's home, discharge



medicines from hospital, those brought from another care home or those brought in by friends/ relatives, must be recorded at the point of admission.

- This information should be obtained from the label on the medicine, not from verbal instruction from customer/ carer.
- If in doubt, or where there is any contradiction in dose or directions, consult the prescriber.
- For respite and short stay customers, this procedure must be undertaken at each admission.
- Where medicines received for a customer differ unexpectedly from those received for the same customer in the past, the home should check with the GP or pharmacist before giving the medicine.

## **Storage**

- A lockable drawer or similar facility must be provided for customers who self-medicate.
- Where medicines are administered these must be stored in a lockable medicine cupboard of solid construction.
- The keys to the medicine cupboard must not be left in the vicinity of the cupboard but must remain in the possession of the designated person or person delegated with the responsibility of administering medicines.
- Where facilities exist, medicine cupboards must be housed in the room that has been provided for use as a medical room. The temperature of this room must not exceed 25 degrees centigrade. A daily record must be taken and if temperatures are found to be outside this range, the community pharmacist must be contacted for advice.
- Any specific storage needs indicated on the label e.g. storage in a cool place, must be followed.
- Any medicines that are required to be stored in a refrigerator should be held in a separate locked refrigerator used only for this purpose. The temperature of the fridge should be monitored daily, using a max/ min thermometer and the temperature recorded (normal range is between 2 and 8 degrees centigrade). If temperatures are found to be outside this range, the community pharmacist must be contacted for advice. The refrigerator should be cleaned and defrosted regularly.
- For controlled drugs storage, see separate guideline.
- When medicines are to be transported around the home it must be done in a secure manner, using a lockable medicines trolley. Employees must never leave the trolley unattended without ensuring that it is securely locked.

For storage of controlled drugs see separate guideline.

## **Administering Medicines**

- A tabard (designated for use during the medication administration round) must be worn by the member of staff administering medication. The purpose of this is to alert others to the fact that medications are being administered and to prevent / reduce interruptions occurring during the administration round.

Health professionals entering the establishment and staff and customers in the home are made more aware and told not to disturb a member of staff wearing a tabard unless in an emergency.

- Where customers have been assessed as self-medicating, the employee will need to indicate this on the MAR sheet. Regular reviews should be undertaken.

### **Use of 'Runners'**

- The manager carrying out the administration of medication may sometimes request the care assistant to administer medication. This is not deemed good practice but if occurs the following procedure must be followed:
  1. Upon this request the care assistant **must** sign the back of the relevant MAR sheet, stating clearly that they understand which resident they are going to give the medication to. They must write the date and time of administration, customer name and the care assistant must print their name and sign with a full signature, not their initials.
  2. The manager will then prepare the medication for the care assistant to administer.
  3. Once the medication has been given to the customer, the care assistant along with the manager must initial the front of the MAR sheet in the appropriate space. The care assistant signs to confirm that the medication has been taken. The manager signs to confirm they have prepared the medication.

### **Time of Administration**

The time of administration should be carefully considered and respond to customer's need and wishes. A personalised approach should be taken rather than focusing on rounds based on meal times. However, thought should be given to situations such as when medicines are required in advance of food and where medicines have specific dosage times. For example, the administration of products such as eye drops or inhalers may not be appropriate to be administered at the dining table.

### **Record of Administration**

- A Medication Administration Record (MAR) will be used for each individual.
- If a gap is discovered on the MAR sheet where a signature for administration should be, it is good practice for a red dot to be put where the signature belongs. This would then trigger an incident report form to be completed within 24 hours by the person who was identified as making the error.

See guideline for further detail of MAR sheet procedures

## **Further Advice**

You must never ask the residents to confirm either their own name or that of another customer. Only other staff and the MAR sheet photo ID can confirm this.

Care assistants must never pass the medication on to another care assistant to give.

Medication must never be prepared in advance of administration. You must always check that the customer is awake and ready to accept their medication.

## **Retention of records**

- On discharge from the home it is a requirement that records (including MAR sheets) are retained for 3 years in the case of adults and 15 years in the case of children.
- Controlled drug registers must be kept for a minimum period of 2 years.

## **Administration of medicines away from the care home**

- When going on holiday, specific arrangements should be made for the period of the holiday and the medicines are to be given to the customer or the person who will be caring for them during the holiday.
- Where a customer is undertaking a planned activity (e.g. day trip) and needs to take medication with them, this should be dispensed into a suitable container labelled with the name of the customer, the name and strength of medicine, and the date and times that the medicine is to be taken by the designated/ responsible person.
- Where the designated/ responsible person is accompanying the customer on the activity, they should take responsibility for giving them the medication.
- Where they are not to accompany the customer, they must ensure that the employee or any other adult who will be responsible for giving the medication has clear verbal and written instruction on what to do and signs for receipt and return of the medicine.
- Where the customer is going on an activity organised by another organisation, the unit manager must satisfy themselves that that organisation has procedures in place that will ensure the customer safely receives the correct medication.



## **C: Essential Practice for Day Services**

### **Self-Administration**

Customers should be encouraged to retain responsibility for their own medicines while attending the day service (where possible). This outcome should be decided through completion of the medication assessment tool.

Customers who are assessed as being able to self-administer using an appropriate risk assessment tool, should be advised that the medication should be carried in a suitable container and kept safely on their person at all times if possible.

### **Administration of Medicines**

- Where customers are assessed as requiring assistance with administration of medication, the prescriber or pharmacist can be asked to assess whether an alternative preparation or pattern of administering the medicines can be used e.g. tablets being taken 2 or 3 times a day instead of 4 or giving the medicine at a different time of day to avoid having to give medicines in a day services setting.
- Where it is agreed employees are to assist customers with taking medication, the level of assistance must be clearly recorded, both on the assessment and in the care plan.
- Where a customer regularly attend day services (e.g. 4/5 days a week) and requires assistance with taking medication, the assessor/ care co-ordinator should liaise with the prescriber/ pharmacist to provide separate supplies for day care.
- Where a customer attends day services less often e.g. once or twice a week the carer should be asked to provide the medicines in a clearly labelled and appropriate container.
- Where employees are assisting customers to take their medicines, the 'Good Practice guide' should be followed.

### **Designated Person**

In each day service setting, the centre manager will be or will designate a person who will identify employees competent to administer medicines. Designated/ responsible persons will complete medication training before undertaking this responsibility.

### **Receipt of Medicines**

- On admission to the day service the medicines to be given to customers will be recorded on a MAR sheet see guideline for handwritten MAR sheets.
- On each attendance the medication being received should be checked against the record and the MAR should be amended if the prescription has been changed.

- This information should be obtained from the label on the medicine, not from verbal instruction from customer/ carer.
- If in doubt, or where there is any contradiction, consult the pharmacist, prescriber or an out of hour's health service.

### **Storage**

- Where medicines are to be administered, the instructions for storage must be followed.
- Where it is not possible to provide a lockable medicines cupboard, the medicines should be kept in a locked cupboard with each customer's supply of medicines being kept in a separate named container.
- The same storage requirements should be followed for controlled drugs as the CD regulations do not apply in a day centre setting.

### **Retaining Medicines in Day Services**

If medicines are to be retained in the unit overnight, they must be securely locked away.

### **Administration of Medicines in the Day Centre**

See 'Essential practice in Residential Care Homes'

### **Administration of Medicines away from the Day Centre**

- Where a customer is undertaking an activity (e.g. day trip) and needs to take medication with them, this should be dispensed into a suitable container (tablet bottle) labelled with the name of the customer, the name and strength of the medicine, the date and times that the medicine is to be taken by the designated/ responsible person.
- Where the designated/ responsible person is accompanying the customer on the activity, they should take responsibility for giving them the medication.
- Where they are not to accompany the customer, they must ensure that the member of staff or any other responsible adult who will be responsible for giving the medication has clear verbal and written instruction of what to do and signs for receipt of the medicine.
- Where the customer is going on an activity organised by another organisation, the unit managers must satisfy themselves that that organisation has procedures in place that will ensure the customer safely receives the correct medication

## **D: Essential Practice for Home Care Settings**

### **Principles**

- We will maintain individual's independence at home
- We will always encourage customers to manage their own medicines where this is appropriate and possible.
- Where there is no carer or other responsible adult willing and able to assist customers to take their medicines at home, or where the customer requests that informal carers are not to be involved in administration of their medication, home care employees will undertake this task as part of an agreed care plan.
- We will ensure that any assistance provided is by competent employees.
- Employees are not expected to undertake tasks that nurses, GPs or pharmacists should do.
- Our employees and independent sector employees, commissioned by us will continue to assist with medication, in line with the medicines management policy if the need for assistance coincides with a visit for social care purposes. We are not able to contract for or provide 'medication only' calls.

### **The Process**

- A referral for the customer is received or a review is required following a contact.
- The assessor will visit the customer and carry out the initial assessment or review. If this assessment identifies that a customer is taking medication then the assessor will complete the medication assessment tool – see appendix
- Assessment Outcomes:
  - The customer is able to self- medicate without any home care input- No further action required on medication.
  - The customer is able to self-medicate with support from assistive technology.
  - A family member or informal carer or personal assistant supports them without any home care support- No further action required on medication.

- Medication calls do not coincide with social care calls so support will be provided by either health care professional or any of the above.
- Medication calls do coincide with social care calls so assistance from a home care provider can be commissioned to support a customer to take their medication at the same time.
- The levels of support provided can include verbal reminders, preparation and or physical assistance or application of the medication.
- Where customers are receiving support with their medication by a paid carer, a medication administration record (MAR sheet) must be provided by the community pharmacist or other health professional and kept at the customer's home for the duration of the current cycle.

### **What Home Care Providers CAN do**

- Collecting prescriptions from surgery and medicines from the pharmacy only when there is no alternative means of collection.
- Verbally reminding people to take medicine
- Preparing medications for the customer to administer e.g.:
  - Shaking and measuring liquid medicines/Mixing, preparing soluble medicines
  - Taking medicines out of pharmacy-labelled bottles, original packaged containers or monitored dosage systems.
  - Compliance aids are not advised, original containers are better for reminding and administering. Each individual tablet can be identified.
- Assist/apply medications to the customer e.g.:
  - Placing medications in the customers mouth, applying medications onto the customers body, pressing inhaler devices or supporting the use of the spacer
- Any other tasks contained within guideline ten.

### **What Home Care Providers CAN'T do**

- Any invasive procedure
- Any procedure that requires home care providers to make medical judgements.

*See guideline 10 for further clarification*

### **Record of administration**

- Following administration of the medication, the home care provider must complete the Medication Administration Record (MAR).
- They will put the appropriate code in the top box and initial the lower box (under the correct date and dose time).



- They should use the codes on the MAR sheet; R, P, A, X (see definitions below).
- The MAR sheet will last for up to four weeks. No more than one overlay can be attached to each form.

#### **Definitions of MAR sheet codes:**

- R= Verbal reminder:** Asking a person if they have taken their medication or reminding them that it is time for them to take it.
- P= Prepared only:** Handling the medication in some way, either by shaking a bottle of liquid medication, mixing soluble medicines, taking tablets out of containers (but not having to put them into peoples' hands), pouring liquids into measuring cups or onto a spoon, or squeezing a tube of ointment for use so that the customer can take the medication themselves.
- A= Assisted/ Applied:** Placing medications in the customer's mouth, applying medications onto the customer's body, instilling drops, pressing inhaler devices or supporting the use of a spacer device.
- X= Refused / Other:** A customer refuses to take their medication or the medication is not given for whatever reason.

#### **Error in Administration**

- In the event of a mistake being made **employees must:**
  - Inform the home care provider manager who will consult the prescriber or pharmacist for advice. If out of hours, contact out of hours health support.
  - The home care provider manager will also complete an incident report form (see guideline two).
  - Follow advice and instructions given.
  - Inform the customer and their carer what has happened
  - Record the incident on the MAR sheet detailing the error
- In the event of a mistake being made **Managers will:**
  - Record the details of the incident and complete the report form. See guideline two.
  - Fully investigate the incident and establish any causes for the mistake.
  - Consider whether any action needs to be taken with regard the employee or employees involved.

## **Storage**

- As part of the assessment process, the controls for the safety and storage of the medication will be identified.
- The customer remains responsible for the medication and should be advised to store their medication in accordance with the instructions provided with the medication.
- However, where it has been deemed that the customer is unable to take safe control or lacks capacity to manage their medication home care assistants are responsible for the administration of medicines. They should be stored safely and appropriately in accordance with the instructions provided. Other relatives, carers and health professionals should be informed where it is stored.
- Medication that requires storing in the refrigerator should be held in a separate re-sealable container to avoid cross contamination with foodstuffs.

## **Return of Medication**

- All medication prescribed for the customer is their property and must never be removed by workers from the customer's home without first obtaining consent from the customer.
- Employees must never dispose of medication.
- Medication that is out of date or no longer used must be returned to the pharmacy, having consulted with the home care manager and customer. This should be documented by the carer in the customer's file listing the medication disposed of.

## **E: Role of the Pharmacist**

- Pharmacists are responsible for the supply of medicines and appliances prescribed by a doctor or non-medical prescriber.
- Pharmacists provide advice to patients and carers on the proper use, storage and disposal of medicines and appliances. They are also able to offer advice on self-care, promotion of healthy lifestyles and signposting to other NHS/Social care services.
- Community pharmacists keep computerised records of the medication that their regular patients receive on prescription. These records provide useful information and can indicate potential drug interactions.
- It is useful for the community pharmacist to be informed of any admissions to hospital so that whilst in hospital, the dispensing of medication can be avoided and wastage can be prevented.
- The pharmacist may need to liaise with the GP to clarify directions or doses of medication. Where the pharmacist is not able to do this, a faxback form may be used by the care staff to clarify with the GP the correct information needed before the medication can be administered.

### **Care Home setting**

- In a care home the pharmaceutical advice may be provided by the pharmacy supplier.
- The community pharmacist may make advisory visits to the home.

### **Domiciliary Care setting**

- Pharmacists can assess the customer's ability to take their medication correctly and can make appropriate adjustments under the Equality Act of 2010 to help the customer take their medicines as intended by the prescriber. This may include the provision of a blister pack, large print label, easy to open tops etc.
- Pharmacists will advise on the use of alternative packaging of medicines by carrying out an assessment of the customer. Monitored dosage systems (MDS) may enable a customer to retain responsibility for their own medication. Home care assistants should contact their line manager if they consider that a customer may benefit (ie. may be able to continue to retain responsibility for their medication) from a monitored dosage system or other compliance aid.
- It is the pharmacist's decision whether or not to supply an MDS/ MCA (multi-compartment compliance aid) under the Equality Act, which will then be free

of charge to the patient. There is no need for the supply of 7-day prescriptions to support this service. A 28-day prescription should be issued for all patients with stable medication and four trays of seven days of medication will be supplied.

- Seven day prescriptions will be reserved for :
  - Patients who require flexibility in dosing schedule and medication is likely to change frequently.
  - When there is a risk to the patient or to others if too much medication is stored at home.

### **CCG Position Statement on the Supply of Multi-Compartment Compliance Aids (MCAs)**

There are increasing demands on GPs and community pharmacists to supply MCAs to assist patients to use their medicines correctly. The Royal Pharmaceutical Society (RPS) has recently published a report which includes guidance and recommendations for health and social care professionals. The report suggests that, although MCAs may be of value to help some patients, they are not the best intervention for all patients and alternative options should be considered. Each patient's needs must be assessed on an individual basis and any intervention must be tailored to the patient's specific requirements.

#### **Royal Pharmaceutical Society recommendations:**

1. The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to patients in the absence of a specific need requiring an MCA as an adherence intervention.
2. In support of independence and enable patients who can safely self-administer their medicines should be encouraged to do so and where they are unable to do so, there must be appropriate training for carers so that they are able to administer medicines from original packaging.
3. Every patient identified as having medicines adherence issues should have a robust individual assessment to identify the best intervention based on their needs and the evidence currently available. This assessment should incorporate a clinical medication review, any reasons for non-adherence, medicines suitability, a consideration of all possible options to support the patient and follow up.
4. Where a patient assessment indicates an MCA is the intervention of choice, it is important that this is supported with the provision of information, appropriate counselling and follow up for the patient and that the health or social care professional is aware of the legal, professional and practice considerations.

The decision to supply MCAs should only be made after taking all factors into consideration.

The following information relates specifically to the supply of MCAs. It does not refer to the arrangements for the supply of any other type of medicines compliance support.

The provision of 7 day scripts remains at the discretion of the prescriber. This should be used to facilitate the most appropriate care for a patient and not as a method of funding MCAs.

Community Pharmacists who decide not to provide MCAs, as they either feel the patient does not meet the Equality Act 2010 criteria or that provision of an MCA is not a reasonable adjustment, will need to keep records clearly showing the rationale for the decision.

In all cases, supply of MCAs under the Equality Act 2010 requirements would be on the basis that the Community Pharmacist considers it to be a reasonable adjustment.

### **SDCCG Position Statement**

**1.** If a patient is assessed by the community pharmacist as needing MCAs under the Equality Act 2010 with no other clinical or pharmaceutical issues, MCAs should be provided by the pharmacist (free of charge to the patient) via 28 day scripts. Four weeks supply of MCAs should be dispensed at each interval. This applies to patients living in the community, those receiving social care support, and self-medicating patients living in residential homes.

**2.** If a patient is assessed by the community pharmacist as needing MCAs under the Equality Act 2010, but there is a clinical or pharmaceutical issue involved requiring weekly dispensing (e.g. the medicines are only suitable for weekly dispensing; the patient is at risk of overdose or medicines regime changing frequently), MCAs should be provided by the pharmacist (free of charge to the patient) via 7 day scripts. One week of MCAs will be dispensed at each interval. This applies to patients living in the community, those receiving social care support, and self-medicating patients living in residential homes.

**3.** If a GP believes that a patient would benefit from MCAs, but on assessment by the community pharmacist the patient does not meet the Equality Act 2010 requirements, then the GP can choose to provide 7 days scripts with the pharmacist dispensing the MCAs on a weekly basis, so long as the pharmacist is happy to provide the service in this manner. Alternatively, arrangements could be made for the patient to pay the pharmacist for providing an MCA service, or other local arrangements made.

**4.** GPs and other healthcare professionals are reminded that they too have a duty to make reasonable adjustments to the management of patients' medicines under the Equality Act 2010; in the first instance this should include rationalisation of the medication and administration times, but this may include the prescribing of weekly prescriptions. Weekly prescriptions should only be provided where the pharmacist will be issuing one week's supply of medicines at weekly intervals and that they will immediately notify the GP / prescriber should this situation change. This should be facilitated using the Request Form for Weekly Prescriptions and the pharmacist should send this completed form to the GP.

5. The GP can only make a reasonable adjustment as a GP. They cannot make an adjustment to a Pharmacist's Equality Act 2010 assessment.

6. If a patient or their carer (including provider carers) need or want an MCA but the patient does not meet the Equality Act 2010 requirements, then this will be outside the scope of the NHS and will be negotiated between the patient, their GP and the community pharmacist. Refer to bullet 3 for possible supply options.

7. If Care Homes want patients' medicines to be supplied in MCAs as part of their internal policies, then this will be outside the scope of the NHS and will be negotiated between the nursing home and the community pharmacist.

#### **Note on Adult Social Care**

Derby City Council providers will provide medication assistance to patients already receiving home care support as a last resort. The health sector will try all possible avenues of supporting patients to self-medicate first, which may include the supply of MCAs if appropriate. Therefore, there may be instances where patients with social care support are also receiving MCAs, as this enables the patient to safely self-medicate without social care needing to provide this additional support.

***Derbyshire Medicines Management on behalf of Erewash CCG, Hardwick CCG, North Derbyshire CCG & Southern Derbyshire CCG CCG Position Statement on the supply of Multi-Compartment Aids (MCAs) First produced: November 2011 Reviewed: May 2014 Review date: April 2016.***



Derby City Council

# GUIDELINES

**Derby City Council**  
**Adults, Health and Housing**





## **GUIDELINE ONE: When Required Medication – PRN**

**Definition of PRN** – Is shorthand for an expression, rendered in Latin –“Pro Re Nata”, which translates as “as need arises” and is used to communicate that administration is intended to be “as necessary” only.

**Outcome:** That medication is available when the customer requires them and staff are trained to administer them in an appropriate manner.

### **Quality standard:**

The customer, their families, carers and advocates can expect:

- To receive PRN medication in accordance with the prescriber’s directions
- That ‘medicines will be used to cure prevent disease, or to relieve symptoms but never to punish or control behaviour

Staff can expect:

- To receive training in the administration of PRN medication.
- Only to administer PRN medication supported by clear prescriber directions in the form of written instructions or a faxback form.

### **Procedures:**

#### **Provider Managers will ensure:**

1. Written instructions or a ‘faxback form’ are in place for a specific named individual. Examples of written instructions include: explicit directions on a pharmacy label; and; explicit instructions contained in a letter, secure email or note from the prescriber.
2. The need to administer PRN Medication will be reflected in the providers care plan.
3. For PRN medication written instructions, care plan, faxback form or secure email will detail:
  - a. Name of customer and prescriber details
  - b. Describe the medication and route of administration
  - c. The condition or indication for which the medication needs to be administered and what the medicine is expected to do.
  - d. Dose to be given
  - e. Maximum dosage per 24 hour period
  - f. Minimum time intervals between doses
  - g. Name of prescriber. This could be a non-medical prescriber (NMP) who has liaised with a GP but in this situation there must be a name belonging to the NMP as well as the GP’s name who has authorised the NMP to sign the faxback.

4. The written instructions, faxback form or copy of email must be kept with the MAR sheets.
5. Will need to monitor the administration of PRN and take appropriate action such as seeking medical advice if continual administration is taking place to seek a medication review.
6. PRN medication prescribed for managing behaviour requires an individual protocol and must be reviewed on a three monthly basis in a multi-disciplinary review meeting.
7. Checks should be made of the stability of the medication, checking appropriate storage and use-by dates.
8. Training should be updated as appropriate. Managers must keep a record of employees trained in their current workforce. Employees receive a certificate of competency to perform the procedure. Training records must be kept.
9. Employees are not asked to administer PRN medication or any other medication if they have not received the appropriate training. They can act as a witness where required or identify the customer to relief employees or managers who have been trained.
10. The administration of PRN medication should be clearly recorded on the MAR sheet with the actual dose administered .
11. Medication prescribed to the customer and for PRN use must be readily available and stored appropriately.

### **Note for Care Home Provider Managers**

If a patient is taking 'When Required' (PRN) Medication, it can be carried forward at the end of the month to the next month and does not have to be discarded providing:

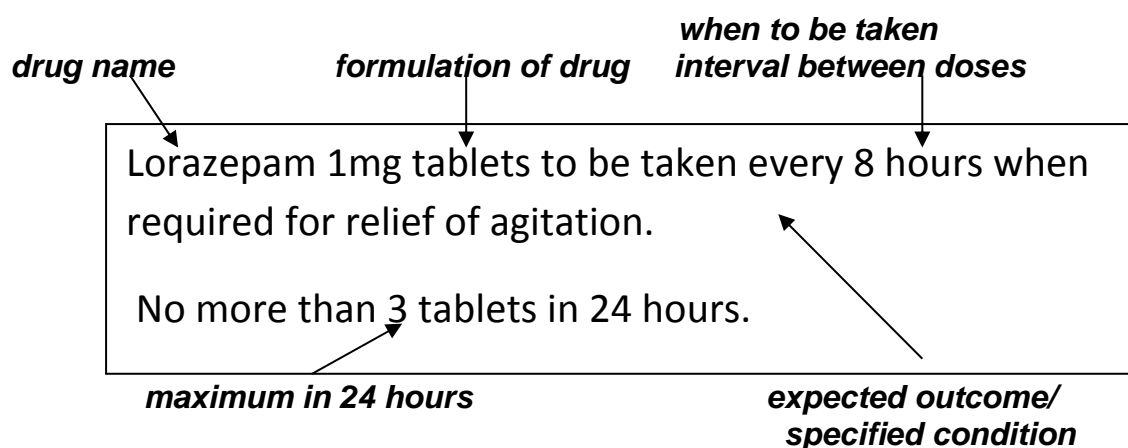
- The medication is still being prescribed by the doctor at the same dose and frequency
- The medication is in an original pack with an expiry date so it can be checked that the medication is still in date. Examples include paracetamol tablets, salbutamol inhaler, senna tablets etc.
- The care home will have to indicate the quantity of medication brought forward to enable a stock check to be carried out.

Please note that the care home will also have to consider how it handles repeat prescriptions for 'when required' medicines because if the stock of medication is carried forward, they will need to ensure that this medication is not requested along with the other repeat medicines, to ensure that the medication is not prescribed and not dispensed. This will enable a cost effective approach and reduce the wastage and costs of medicines.

**All those who may administer medication:**

- 1) Ensure that they have received appropriate training.
- 2) Only administer PRN medication if there are specific written instructions in place, ensuring these directions are followed for each individual customer.
- 3) Be given access to the medication as appropriate.
- 4) When administering medication, a record of the medication administered must be made on the MAR sheet including number of doses given if variable and time the medication was administered
- 5) Can administer PRN medication alone. Under certain circumstances employees should work in pairs if the guidelines and Care Plans state.
- 6) Seek medical attention or advice as appropriate. If the customer continues to show distress, contact GP, Pharmacist, or out of hours service. Individual guidelines should be consulted.
- 7) In all establishments, for 'when required' controlled drugs, a double signature will be required – refer to controlled drugs guidelines.
- 8) For when required medicines that are offered but not needed, the front of the MAR sheet may be marked with the letters 'NR' (not required). This may be written next to the X and carers initials, rather than writing a note on the back of the MAR sheet to explain why the medicine was not administered.

**Good practice pharmacy label highlighting specific instruction regarding PRN medication**





## **GUIDELINE TWO: Medication Incidents and Fair Blame**

**Outcome:** If a medication administration error occurs or the correct procedures are not followed which could result in an error occurring, it should be reported to the provider manager and a medication administration incident form will be completed and acted upon to prevent the error recurring.

### **Quality Standard:**

Those administering medication should expect:

- Not to be asked to administer medication until trained and deemed competent
- To receive training in accordance with the national standards as part of their induction.
- That the manager identifies, through achievement and development process, if refresher or update medication training is required.
- Carers and pharmacists to comply with the medication policy by presenting medication in suitably labelled and packaged containers.
- To be supported by colleagues, customers, relatives and managers when they are administering medication by creating an environment which enables employees:
  - to undertake this task free of any expectation that they will undertake any other duties,
  - be free of interruptions by customers.

### **General Principles:**

- A fair and consistent working environment that does not seek to apportion blame.
- Staff are encouraged to report any situation where things have or could have gone wrong.
- The full facts must be reported within 24 hours of the error occurring or being discovered and the root cause of the medicine related incident must be determined.

### **Procedures:**

Employees will ensure:

- That medication is presented in clearly labelled appropriate container with a pharmacist's label.
- That a medication administration record sheet is completed by the pharmacist and is at the customer's home or at the establishment.
- That the MAR sheet is completed accurately.
- That any incidents of non-compliance are recorded on the MAR sheet. Where this becomes habitual this should be reported to a manager.

- That they concentrate on the important task of administering medication to the exclusion of all other duties and distractions.
- That they report any instance of a medication error immediately to their manager and if required, seek medical advice from the customer's GP, Out of hours health help line or from the community pharmacist.
- That they assist the manager with the completion of a medication incident report form. A copy will then need to be sent to the departmental health and safety adviser, and also to the departmental pharmacist.
- That they discuss annually in an achievement and development session their medication training needs; such as if they require updating or refreshing.

Provider Managers will ensure:

- That employees receive appropriate medication training and /or refresher training as identified.
- That employees feel confident about their role and responsibilities and feel that their line managers will reinforce the importance of the task with customers and carers.
- That medication policies and procedures and forms are audited annually or at the point where there is a change in medication.
- Unit managers should maintain an awareness of the quantities of medication in stock and ensure that excess is not kept.
- That procedures, policies and training in a supportive workplace environment are intended to reduce the risk of medication error and the associated risks to customers and employees.
- That errors must be reported (see appendix for Medication Incident Report Form). Failure to do so could result in serious consequences for the customer and for the individual employee.
- That employees who report errors immediately will be supported.
- That all members of staff have an important role to play in risk identification, assessment and management. To support staff in this, the department tries to provide a fair and consistent working environment and does not seek to apportion blame. We hope that this will encourage a culture of openness and willingness to admit mistakes. Staff are therefore actively encouraged to report any situation where things have, or could have gone wrong.
- When errors are reported or identified, the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action.
- If it is found from the investigation that employees have not followed guidelines and safe practice or have acted illegally, maliciously, negligently or recklessly in line with their duty of care, an investigatory interview may be undertaken in line with Derby City Council's disciplinary procedures.
- Medicines-related incidents should be reported to the local safeguarding committee as per the threshold guidance.
- Providers should have a clear process for reporting medicines-related safeguarding incidents under local safeguarding processes and to the Care Quality Commission (CQC).

- There is no requirement to notify CQC about all medicines errors, but a notification would be required if the cause or effect of a medicine error met the criteria to notify one of the following:
  - A death
  - An injury
  - Abuse, or an allegation of abuse
  - An incident reported to or investigated by the policeWhere relevant, you should make it clear that a medicine error was a known or possible cause or effect of these incidents or events being notified.
  
- Reviewers of the medication incident will use the Derby City Council tool to identify the level of consequence and severity of the incident and subsequent actions that are required to be taken by the manager or provider.





## How to use the Consequence/Severity Tool

		Likelihood				
		1	2	3	4	5
Actual Harm to Customer		Rare	Unlikely	Possible	Likely	Almost certain
↓	Impact	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so unless practice is altered	Might happen or recur occasionally unless practice is altered	Will probably happen/recur OR History of incidents/repeated incorrect doses	Will undoubtedly happen/recur, possibly frequently AND History of repeated incidents/systems not followed
	1	<b>Negligible(No harm)</b>  Near miss or harm prevented	<b>Example 1</b>  $1 \times 1 = 1$			
2	<b>Minor (minimal harm)</b>  Customer required extra observation or minor treatment					
3	<b>Moderate (short-term harm)</b>  Customer required further treatment or procedure			<b>Example 3</b>  $3 \times 3 = 9$		
4	<b>Major (permanent or long-term harm)</b>  Customer required permanent or long-term treatment					
5	<b>Catastrophic</b>  Customer died as a direct consequence of the error/ incident			<b>Example 4</b>  $5 \times 3 = 15$		

MULTIPLY THE TWO NUMBERS TOGETHER TO GET A FINAL SCORE WHICH WILL INDICATE GUIDANCE ON ACTION TO BE TAKEN

## **Examples:**

### **Example 1: Low Risk:**

1. Care worker fails to sign for one medication as is interrupted by a colleague. The care worker has always signed the MAR sheet correctly before. The customer received medication and no harm occurred.

### **Example 2: Moderate Risk:**

2. Care worker fails to sign for several medications on the current MAR sheet. The customer received their medication. They have a history of not signing MAR sheets and have attended training previously. This will undoubtedly reoccur again if their practice does not change.

### **Example 3: High Risk:**

3. A dose has been incorrectly transcribed by a manager onto the MAR sheet and the customer is repeatedly given an overdose of medication. Checks made by GP, antidote prescribed and administered to correct the consequences of the overdose.

### **Example 4: Extreme Risk:**

4. Controlled drug arrives at the care home, is booked in by two staff and entered into the CD register. The staff fail to notice that the actual medication strength is stronger than was prescribed (The label states 10mg the medication is actually 60mg) Three doses are administered; the customer dies as a result. The home has a poor record of managing controlled drugs.

## Risk Scoring / Outcome

- 1-3: Low risk:** Discussion one to one with line manager
- 4-6: Moderate risk:** Observed medicine administration during supervision  
Documented discussion one to one with line manager  
Consider need for attendance on medication training course  
Consider safeguarding referral
- 8-12: High risk:** Observed medicine supervision during supervision  
Documented discussion one to one with line manager  
Consider need for attendance on medication training course  
Systems review by manager  
Consider safeguarding referral  
Managing Individual Capability  
Consider immediate suspension from administration of medicines until competency restored.
- 15-25: Extreme risk:** Observed medicine supervision during supervision  
Documented discussion one to one with line manager  
Attendance on medication training course  
Systems review by manager  
Managing Individual Capability  
Consider immediate suspension from administration of medicines until competency restored.  
Consider CQC input and consider referral to safeguarding



## **GUIDELINE THREE : Controlled Drugs**

**Definition of Controlled Drug:** Controlled drugs are those drugs defined in the Misuse of Drugs (Safe Custody) Regulations 1971, as 'dangerous or otherwise harmful drugs'. The regulations specify requirements for storage and record keeping. In order to meet legal requirements that govern controlled drugs, each residential establishment must be equipped with facilities for the safe storage of such drugs.

**Outcome:** Controls which apply to drugs in this class must be strictly followed.

### **Quality Standard:**

The customer, their families and carers can expect:

- To safely receive their controlled drug in accordance with the prescriber's directions.

Staff can expect:

- To be made aware either by the packaging or by the pharmacist, that they are dealing with a controlled drug.
- A controlled drugs register to be present in every establishment.
- These standards apply to care home establishments only (including day centres).
- These drugs are not classed as controlled drugs when in the customer's own home and there are no differences in administration of these drugs compared to other drugs when the customer is in their own home.

### **General Principles:**

Storage:

- The structural requirements in relation to cabinets and rooms for the safe storage of controlled drugs must be met by Regulation 3(3) Schedule 2 of The Misuse of Drugs (Safe Custody) Regulations 1973.
- A cabinet meeting these requirements can be secured within a wall mounted locked cupboard or placed upon a wall of solid construction within a locked room.
- The cupboard must be attached to a solid brick wall or if such a wall is not available in the storage room, it should be fitted to a wall that has a steel plate mounted behind it. It should be attached using either Rawl or Rag bolts.
- In no circumstance must the controlled drugs cabinet remain free standing.
- The controlled drugs cabinet key must be kept apart from the keys for other medicines. The key must be kept in the possession of the designated person or their deputy and must never be left in a drawer or suspended from a hook. The controlled drugs cabinet must never be removed from the premises.

Receipt of Controlled Drugs:

- The pharmacy supplier will inform you that a controlled drug has been dispensed and supplied. You will be asked to sign and complete a Controlled Drugs delivery note. A copy will be retained by the Pharmacist and a copy by the home.
- The Controlled Drugs must be booked into the CD register (which must be a bound book with numbered pages) and locked away into the CD Cupboard by two people as soon as they arrive at the home, recording the following information:
  1. Date on which the drug arrived in the establishment
  2. Name of person requiring the drug
  3. The quantity received
  4. Form in which the medication has been received
  5. A separate page must be used for each customer and each strength if the same drug is used
  6. The type of drug must be specified at the top of each page
  7. The index of the register must be completed
  8. Two signatures of those booking in the drugs must be recorded

#### Administering and recording:

- All procedures for general administration apply.
- Administration shall be by the designated person and witnessed by a second person (an employee) who has been instructed in the 'administering and recording of controlled drug procedures'. This can be a trained carer who is aware of/ understands what they are checking.
- The witness must oversee the whole of the process. Both persons will sign the medication administration record (MAR) sheet as well as the controlled drug register.
- An entry must also be made in the establishment's controlled drug register which shall contain:
  1. Entries must be made at the time of administration
  2. Amount of drug removed for return to the pharmacist
  3. Date of return
  4. Removal for return by and witnessed by
  5. No cancellation, obliteration or alteration must be made; correction must be dated and a note in the margin or footnote
  6. Entries must be in ink
  7. The book must not be used for any other purpose
  8. The book must be kept at the establishment
  9. A separate page must be used for each customer and drug and strength.

#### Returning controlled drugs to the pharmacy:

- In a home providing nursing care controlled drugs must be destroyed by two registered nurses using a suitable CD destruction kit.

- Records of destruction must be kept in the CD register and of the date the CDs were destroyed, the amount destroyed and the remaining balance with signatures of the nurse and witness.
- In all other homes the CD must be returned to the pharmacy for destruction.
- This return should be recorded in both the CD register and the 'returns' book showing:
  1. Date the CDs were sent to the pharmacy
  2. The amount sent
  3. The remaining balance with the signatures of the two people responsible (in CD register).
  4. The signature and name of the person from the pharmacy to whom the CD was handed (in the returns book).

**Procedures:**

- If a customer wishes to have help to administer their controlled medication, this must be in their care plan.
- Where administration is by a health professional, they must complete the entry on the administration record and in the controlled drugs book, witnessed by the responsible designated employee for that establishment.
- All controlled drugs will be marked with 'CD' on the original manufacturer's packaging, but not on the pharmacy labelling. If in doubt, seek advice from your line manager, pharmacist or Out of hours health help line.
- Some controlled drugs do not legally have to be entered into the controlled drugs register (e.g. Temazepam tablets). However, these drugs must be stored in the same way as other controlled drugs that are entered into the register. As good safeguarding practice, we require all temazepam administrations to be double signed and recorded in the controlled drug register. There may be other 'CD No Reg' (CD no regulation) drugs that also fall into this category- seek pharmaceutical advice if unsure).
- Some drugs are exempt from the storage regulations (Midazolam). However it is good practice to store it in a CD cupboard unless it is being used as rescue medication.





## **GUIDELINE FOUR: Problems with Medication**

**Outcome:** The medication is given safely and correctly

### **Quality Standard**

The customer, their families, carers and advocates can expect:

- To receive the correct dose of medication at the correct time

Staff can expect:

- To receive training on sources of advice and drug administration procedures
- Only to administer medication that is properly labelled and packaged by the pharmacy

*What sort of difficulties can employees encounter*

1. Medication arriving in unlabelled or incorrectly labelled containers
2. Medication labelled PRN (as required) where it is not clear what may trigger the requirement for the medication to be given.
3. Dosage instructions are not sufficiently explicit.
4. Medication 'missed'- not given at the correct time.
5. MAR sheets not signed
6. Medication given to the wrong person.
7. Customer that refuses to take the medication
8. Customer does not take all the product- spat out/spilt/ refused.
9. Medication has run out or supply has been exhausted
10. Medication is out of date

### **General Principles**

Dealing with a customer's medication is an important task. When employees are booking in, checking or administering medication they should give it their full attention and should be free from all other responsibilities and directions.

In a care home setting, ignore the telephone, doorbell and the requests of customers and colleagues.

In the event of an untoward incident that colleagues cannot deal with, take a few seconds to lock the medication away; take the key with you.

### **Procedures**

If the medication is incorrectly labelled or labelled with insufficient information:

- Contact the customer's GP or pharmacist to seek clarification. Send a faxback to get the correction in writing.

- If the difficulties are encountered out of hours, contact Out of hours health help line, or an out of hours pharmacy.
- If you are unable to get the assistance or advice you need contact a line manager.
- If a customer's medication is missed for any reason or you find a MAR sheet not signed, don't guess- seek advice from GP, pharmacist or line manager.
- If the medication is given to the wrong person, it is very important that employees seek advice immediately from a GP, pharmacist or Out of hours health help line if out of hours. If you are unable to get the response that the situation warrants, you should contact the hospital A&E department.
- Follow the medical advice given and as soon as is practicable inform a line manager.
- Complete a medication incident report form .
- It is important that employees have the opportunity to evaluate the events leading up to the incident in order that systems and practices can be reviewed and/ or adjusted to ensure remedies are in place to avoid a recurrence.

## **GUIDELINE FIVE: Covert Medication**

**Definition of Covert:** 'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person.

### **Outcome**

The practice of offering medication covertly, for example in food or drink using lawful practice and appropriate documentation which clearly states the decision reached and the reasoning behind it.

### **Quality Standard**

The customer, family, carers and advocates can expect:

- Only to be given medication covertly if it is in the customer's best interests.
- A clear distinction to be made between those customers who have capacity to refuse medication and those whose refusal should be respected, and those who lack this capacity.

Staff can expect to receive guidance with regard to:

- The circumstances in which this may be appropriate
- Justification for the administration
- The procedures which need to be followed within that administration
- Procedures for the recording of the process

### **General Principles**

All decisions about covert medication should be guided by the five core principles of the Mental Capacity Act (2005):

1. A presumption of capacity- every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
2. Individuals being supported to make their own decisions- a person must be given all practicable help before anyone treats them as not being able to make their own decisions.
3. Unwise decisions- just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
4. Best interests- an act done or decision made under the Act for or on behalf of a person who lacks capacity must be done in their best interests.
5. Less restrictive option- anything done for or on behalf of a person who lacks capacity should consider options that are less restrictive of their basic rights and freedoms if they are as effective as the proposed option.

## Procedures

The following points should be considered before administering a medicine covertly:

### Necessity

- Is the treatment so essential it needs to be given by deception?
- Practitioners should base their clinical decisions on clinical decisions where available.

### Capacity

- Does the customer have the capacity to decide about medical treatment?
- The customer must have been assessed in accordance with the Mental Capacity Act 2005. This process should be timely and documented.

### Benefit

- Is the treatment of benefit to the customer?
- Treatment must be for the benefit of the individual and not to benefit others
- Is there an evidence based indication for the medication?
- Are there any potential risks of any possible adverse effects that might be caused by administering the medicine covertly, outweighed by the benefit obtained e.g. change in absorption or risk of customer tasting medicine and then refusing all food and drink.

### Least restriction of freedom

- Is the covert method the best way to achieve administration of medication?
- Any covert administration must not compromise the individual's freedom.
- Is the chosen method for covert administration the best way of providing the medicine to the person and also causes the person the least distress?

### Take the person's past and present wishes into account

- Has an advance statement been made?
- It is important to take into account anything the person may have said to family and friends or involve an independent advocacy.

### Consult others

- Has there been full discussion within a multidisciplinary team with expert pharmacy guidance?
- This is essential and in addition there must be some consultation out with the clinical team. Consideration must also be made of ethical, cultural or religious beliefs.

### Encourage the person to use existing skills

- Have all means of expression been explored?
- The person should have every opportunity to understand the need for medical treatment and communicate decisions.

Provider managers will ensure:

- The use of covert administration should be included in the care plan once decided by the health team.
- This decision should be communicated in writing and countersigned by the health team. This would usually involve a Consultant Psychiatrist, GP or Psychologist.
- The proposed treatment and possible methods of administration should be discussed with the pharmacist who will need to consider the pharmaceutical stability of the medication.
- The treatment plan should normally be subject to weekly review initially, and if the requirement of covert medication does persist, full reviews at less frequent intervals should take place depending on individual circumstances.

All those who may administer medication will ensure:

- That no medicine is crushed or opened without the prescriber's written instruction to do so. Any person giving crushed tablets or opened capsules to a customer without directions from the prescriber and without making the appropriate checks could be held liable for any harm caused.
- Documentation exists allowing the medication to be given covertly, before administration takes place.
- The method of administration should be clearly recorded on the medication administration record and these directions accurately followed.
- Even with completed risk assessment and following the involvement of all relevant parties, it is imperative that good record keeping should support duty of care arguments.

**See below for recommended template for use by carer and prescriber**



## COVERT ADMINISTRATION OF MEDICINES

*Pages 1 and 2 to be completed at time of first covert administration assessment and all subsequent reviews*

### To be completed by medication administrator:

Patient Name	
NHS Number	
Date of Birth	
Location/ Address	
Date	

1	When was the patient last encouraged to take their medication? (provide date)	
2	What problems were encountered?	
3	Has the person expressed views that are relevant to the present treatment? If so, what were those views?	

**To be completed by prescriber:**

<p>Covert treatment may only be considered for a person who lacks capacity. Outline the assessment of mental capacity (see appendix for guidance)</p> <p>Parties involved in assessment (name and signature):</p> <p>Care Manager:</p> <p>Pharmacist:</p> <p>Patient rep:</p> <p>Other:</p> <p>Assessed by:</p> <p>Signature:</p> <p>Date of assessment:</p> <p>Next review Date:</p>	<p>Assessment:</p>
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## Medication Review including requirement and method for covert administration

To be completed by prescriber and pharmacist in conjunction with care staff and any other interested parties (e.g. relative)

	<b>Benefit of drug outweighs potential risks (see appendix) – give reason</b>	<b>Any view expressed by patient? (All means of expression should be explored)</b>	<b>Alternative methods considered (e.g. Liquid)</b>	<b>Action taken (e.g. Medication stopped, formulation change)</b>	<b>Covert administration required?</b>	<b>Method of covert administration</b>
<b>Medication 1:</b>						
<b>Medication 2:</b>						
<b>Medication 3:</b>						
<b>Medication 4:</b>						
<b>Medication 5:</b>						

*For patients with more than 5 medicines to be given covertly, please copy this page as necessary*



## **GUIDELINE SIX: Off Licence Medication**

### **(Tablet Crushing and Capsule Opening)**

**Definition of 'off licence'** - Drugs may be used outside the terms of their product licence, e.g. in children or the elderly or for an unlicensed indication. If a tablet is crushed or a capsule opened, its use is then outside the product licence i.e. the pharmaceutical company cannot then guarantee the quality, safety and efficacy of the medicinal product.

### **Outcome**

The medication is available to those who cannot swallow whole tablets or capsules, where a suitable liquid product is not available. An unlicensed product should not be used where a product available and licensed in the UK could be used to meet the customer's special need.

### **Quality Standard**

The customer, their families, carers and advocates can expect:

- To receive the medication in a form that is acceptable and in accordance with the prescriber's directions.
- To be given sufficient information about the medicines prescribed so that they can make an informed decision.

Staff can expect:

- To only be asked to crush tablets or open capsules after medical guidance confirmed in writing by the prescriber.
- To be given guidance on how to crush the tablet/ open the capsule with complete directions on how to administer.

### **General Principles**

- Prescribing unlicensed medicines may be necessary where:
  - a) There is no suitably licensed medicine that will meet the client's need.
  - b) Or where a suitably licensed medicine that would meet the patient's need is not available.
- In most cases there are alternative options to crushing tablets and opening capsules. For both customer and carer safety, these will often be more appropriate. It should be determined if there is a licensed liquid preparation available.
- Employees should not crush a tablet without the advice of a pharmacist as this can cause medication to be ineffective and may breach regulations.
- The opening of a capsule or crushing of a tablet before administration will in most cases render its uses to be 'off licence'. If a GP advises that a tablet

should be crushed, then they should be asked to put it in writing with detail about the volume of water or type of food this must be added to.

- Under the Medicines Act 1968 only medical and dental practitioners can authorise the administration of 'off licensed' medicines to humans.
- Consequently the manufacturer may assume no liability (or refuse to accept liability) for any ensuing harm that may come to the recipient.
- A tablet should only be crushed/ capsule opened with the written authorisation of the prescriber or formal directions of the label, for example 'to be crushed and added to 10-20ml water'.

## **Procedures**

Provider managers will ensure:

1. The customer's GP and/ or pharmacist are contacted so that all other alternative forms of medication are explored by the medical team before the decision is made to crush a tablet or open a capsule.
2. Written instructions or a faxback form are in place for a specific named individual.
3. The written instructions or faxback form must be kept with the MAR sheets.
4. The customer's swallowing difficulties are continually assessed and appropriate action is taken if there are any changes, with the potential of swapping back to tablets/ capsules.

All those who may administer medication:

1. Ensure they have received appropriate training
2. Only crush tablets or open capsules if there are specific written instructions from the prescriber or a signed faxback in place for the individual customer.

## **GUIDELINE SEVEN: Return of Medication for Disposal from a Care Home**

### **Outcome**

When disposing of medicines and removing medicines classed as clinical waste, care home providers should have a process for the prompt disposal of:

- Medicines that exceed requirements
- Unwanted medicines (including medicines of any resident who has died)
- Expired medicines (including controlled drugs)

### **Non-nursing care homes**

- Clinical waste is treated as household waste.
- Medicines that are no longer needed should be returned to the community pharmacy for disposal.

### **Nursing care homes**

- Clinical waste is treated as industrial waste and is subject to the Special Waste Regulations 1996 (as amended 2001).
- The waste must be consigned to a suitably authorised waste management facility (this may be the community pharmacy that supplies the medicines; however, nursing care homes need to check if the community pharmacy has appropriate arrangements in place, and agrees to disposing of the medicines).

### **Quality Standard**

The situations where medicines might need to be disposed of include:

- A customer's treatment is changed or discontinued- the remaining supplies of it should be disposed of safely (with the customer's consent).
- A customer transfers to another care service- they should take all of their medicines with them, unless they agree to dispose of any that are no longer needed.
- A customer has refused the medication.
- A customer dies. The customer's medicines should be kept for seven days, in case the coroners or courts ask for them. The medicines can be disposed of when the death certificate has been signed.
- The medicine reaches its expiry date. Some medicine expiry dates are shortened when the product has been opened and is in use, for example eye drops.

### **General Principles**

1. Surplus, unwanted or expired medicines should not be stored in residential care settings.
2. They cannot be used for anyone else. They should be disposed of as soon as possible.
3. All disposal of medicines must be clearly documented (see below).

4. Medicines for disposal should be stored in a tamper proof container within a cupboard until they are collected or taken to the pharmacy.
5. Where medication is in a monitored dosage system, this should be returned intact to the pharmacy.
6. When disposing of transdermal patches (eg. fentanyl/morphine), fold the patch in half ensuring the side which attaches to the skin is folded in on itself.

## Procedures

### Care Home Manager Providers:

1. Should be checking stock levels as good practice as part of the monthly re-ordering process which will allow identification of medicines no longer required and an evaluation of quantities of 'when required' medicines. Large establishments will probably find it necessary to return unwanted medicines every month.
2. Unit managers must ask the local community pharmacist to check the stocks of medicines on a regular basis. Any medicines for destruction must be signed for and taken away by the community pharmacy.
3. Should have a medications returns book in place. Managers are responsible for checking what is being returned and this should match the information in the returns book.

### All those who may administer medication:

1. Ensure they have received appropriate training.
2. The following information should be entered into the medications returns book:
  - Date of disposal
  - Name of customer
  - Name, strength, dose and form of medicine
  - Quantity being disposed of
  - Reason for returning medication (e.g. dropped, refused)
  - Name and signature of the care home staff making the record
3. Should keep records of medicines (including controlled drugs) that have been disposed of, or are waiting for disposal.

## **GUIDELINE EIGHT – HOUSEHOLD REMEDIES**

**Definition:** A household remedy is a medicinal preparation used to treat minor ailments which can be bought over the counter and does not require a prescription.

**Outcome:** Guidance on the use of medicines that are recommended for use in residential homes where medical or nursing advice may not be available. It is permitted by CQC that a small range of products may be kept in stock in a care home for residents for the treatment of minor ailments.

### **Quality Standards:**

If the establishment keeps household remedies, the customer, their families, carers and advocates can expect:

- To receive immediate treatment for minor ailments such as headache, indigestion with GP only to be called if symptoms persist.
- To receive a household remedy listed in the medication policy that has been purchased from a pharmacy with the decision to administer the remedy to be made by the senior person on duty.
- To receive a household remedy in accordance with the correct directions.

The senior staff member on duty can expect:

- Only to administer household remedies bought by the care home for administration under the 'homely remedy policy'.
- To only administer medicines that have been agreed for use by the customer's GP.
- To be responsible for deciding whether the household remedy should be administered to the customer.

### **General Principles:**

1. Household remedies should only be administered for minor self-limiting ailments, which would not normally require consultation with a doctor.
2. Only the named preparation listed in the policy may be administered without a prescription.
3. All administered doses of homely remedies must be recorded on the MAR sheet as well as signing them out of the homely remedy stock.
4. It is not a substitute for qualified medical attention, especially if the customer has other health conditions eg. asthma, diabetes or epilepsy.
5. If the symptoms persist after a maximum period of 48 hours, a doctor should be contacted for advice on whether to continue treatment.

### **Provider managers will ensure:**

- Appropriate training and support is made available to all staff involved in the administration of medicines.
- Products labelled for a particular resident (i.e. for whom the prescription has been issued), brought in by the resident or recommended solely for a particular resident must not be given to another customer as a homely remedy.
- The named medications are purchased and not requested to be prescribed for the named minor ailments.

### **Storage of homely remedies**

Homely remedies should be stored in the same location as all other medication but designated clearly to show they are not patient specific.

The contents of the homely remedies cupboard should be products which are defined in the care home policy and should be date checked at least every six months. The date of opening should be marked on liquid medicines which should be replaced six months after opening.

### **Process**

This homely remedy policy has been approved by the Local Medical Committee for use of the following list of drugs. Any products used which deviate from this list would need to be approved by an individual GP for the specific patient.

The flow charts included in this toolkit provide a decision making tool for the specific minor ailments.

Using the flow charts the carer/ nurse must ascertain:

- That the patient has no potentially serious symptoms
- Past medical and drug history
- Any known allergies
- What the patient has used in the past for these particular symptoms
- That the patient is aware that the medicine is not prescribed

The carer/ nurse will regularly review and reassess the patient's response to the medication. Further doses can be administered in accordance within the medicinal product's licence guidelines for a maximum of 48 hours. A qualified prescriber should then review use.

### **Record keeping**

The carer/ nurse will record the details of the assessment, homely remedy administered and outcome in the patient's care plan.

The medication details will be handwritten onto the MAR sheet with a second check from another carer/ nurse.



The homely remedy name, dose, date and time administered will be written on the medication record by the carer/ nurse.

A running total of homely remedies will be kept to enable processes to be audited

Flow charts relating to the following symptoms are provided in the appendix

PURPOSE	MEDICINE
Pain (mild to moderate)	Paracetamol
Indigestion	Mucogel suspension Gaviscon Advance (low in sodium at normal doses)
Constipation	Senna tablets Laxido orange sachets
Diarrhoea	Oral rehydration therapy, e.g. Dioralyte sachets, Loperamide 2mg tabs/caps.
Dry Cough	Simple linctus for non-diabetic residents. Pavacol D linctus for diabetic residents.
Skin problems- dry skin and scalp, sweat rash, incontinence rash, insect bites and stings	E45 cream, Doublebase, Vaseline, Olive oil, cocois ointment, calamine lotion or cream, Hydrocortisone cream 1%, Cavilon cream

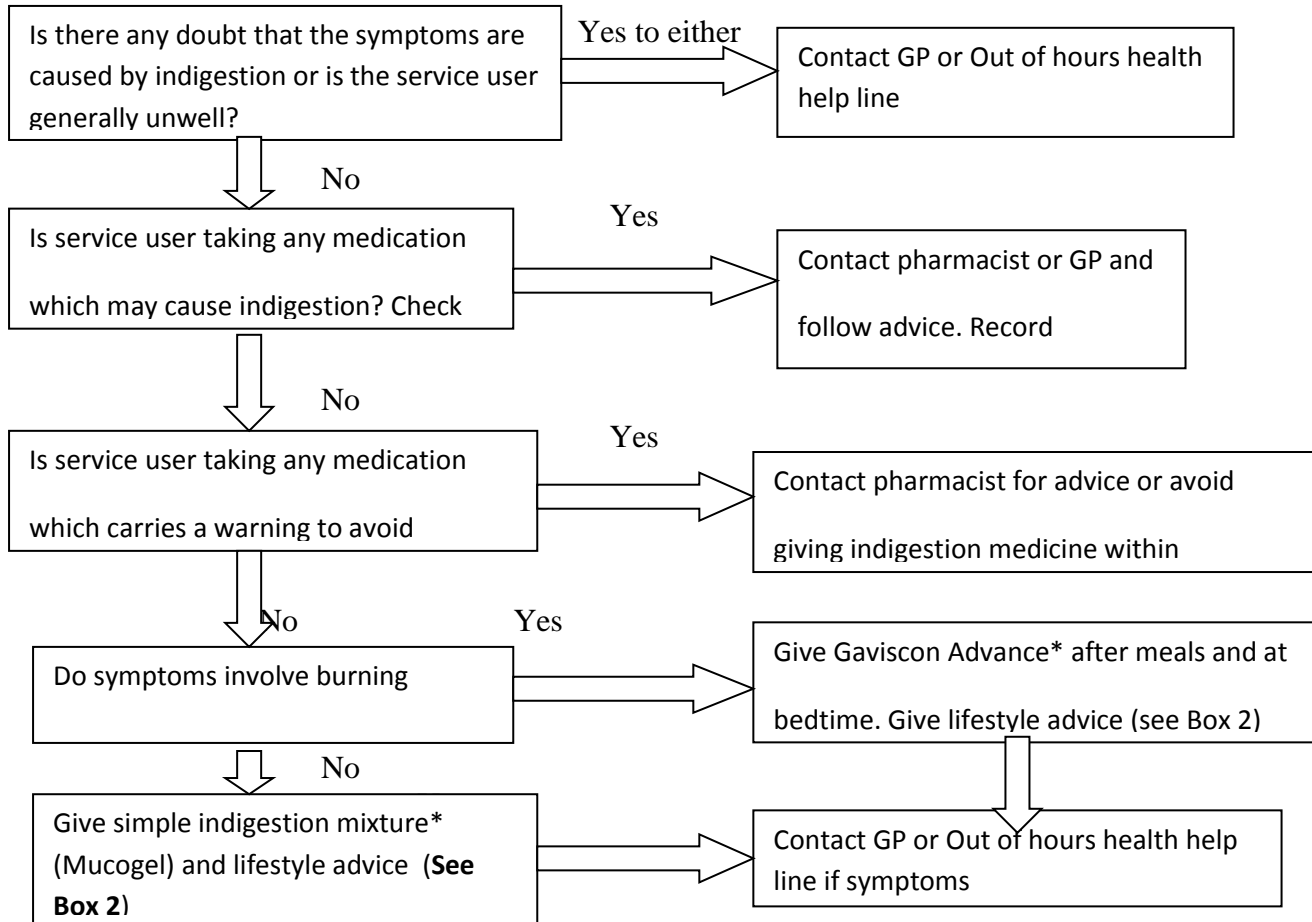
**Note: This toolkit and flow charts are written to support decision making in dealing with minor ailments. They cannot address individual situations and if in doubt a doctor should always be consulted.**

**The following charts must be used in conjunction with the Homely Remedies Toolkit**



## Guidance for Treatment of Minor Ailments with Household remedies-INDIGESTION/HEARTBURN CHART 1

Indigestion is experienced as discomfort, or a burning pain in the central chest region. When this burning rises up towards the throat it is referred to as heartburn. Flow chart for use when resident has MILD pain only. – All cases of acute or severe pain **MUST** be referred immediately



### Treatment Box 1

Some medicines that commonly cause indigestion

- Anti-inflammatory medicines eg aspirin, ibuprofen, diclofenac, naproxen

### Treatment Box 2 Lifestyle Advice

- Eat small regular meals. Chew food well
- Avoid bending or stooping during and after meals
- Cut down or stop smoking, alcohol, caffeine (contained in coffee, cola drinks, tea and some pain killers if possible).

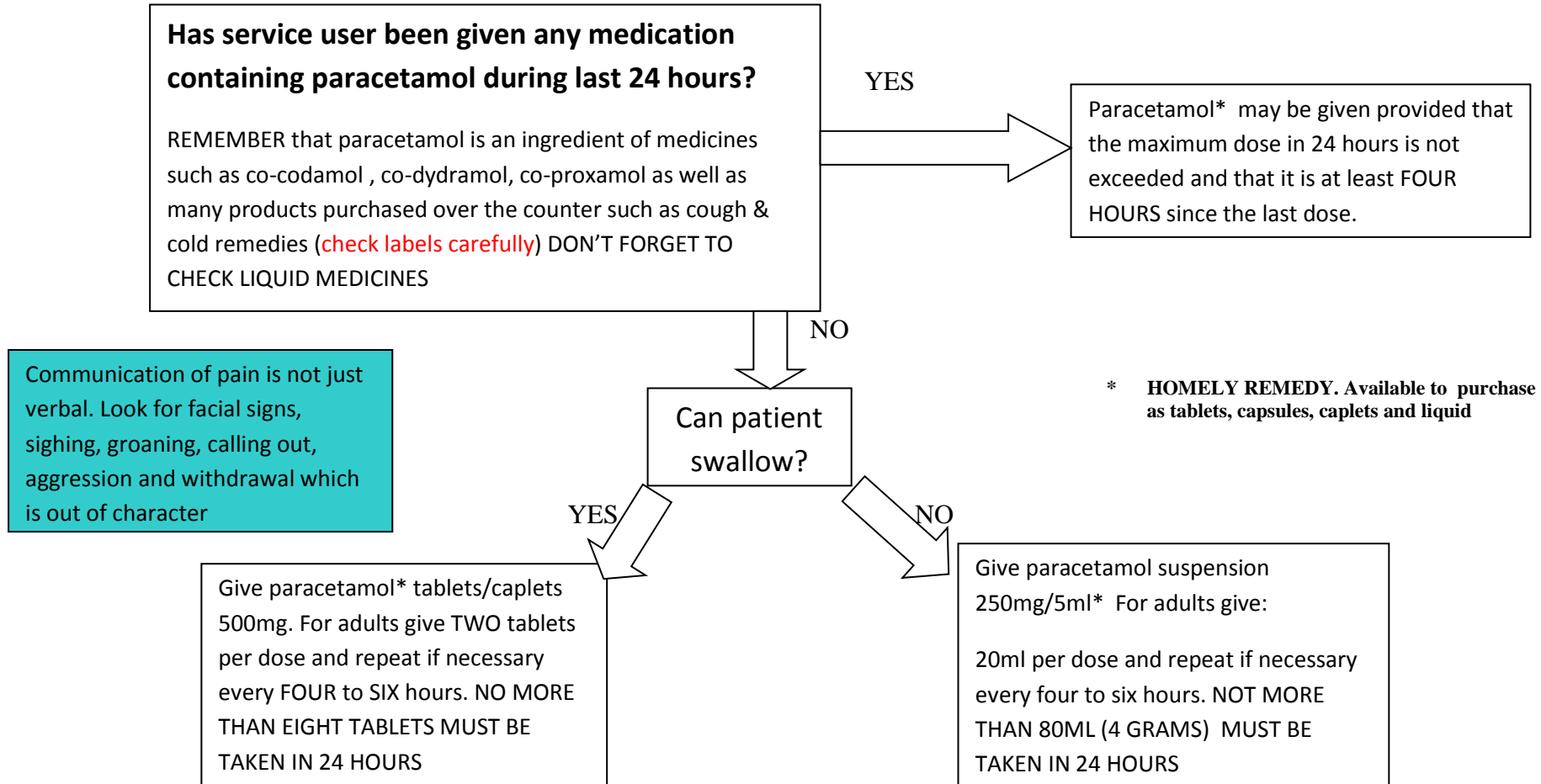
\* **HOMELY REMEDY**

**Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the customer's GP. Ensure the next shift is informed about any household remedies that have been given.**

# Guidance for Treatment of Minor Ailments with Household remedies- PAIN such as headache

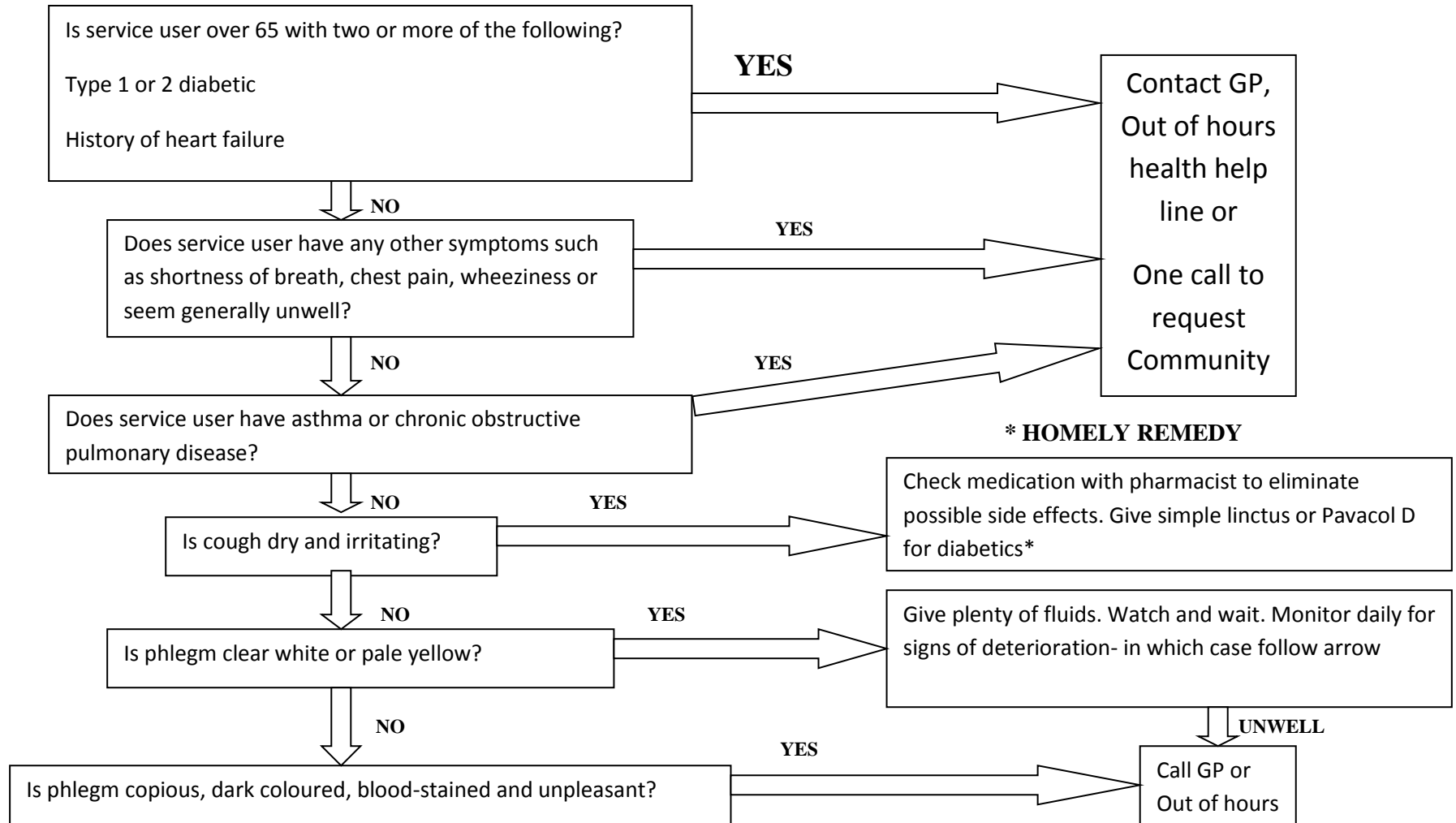
## CHART 2

Flow chart for use when customer has MILD PAIN only. All cases of sudden onset severe pain MUST be referred



Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the customer's GP. Ensure the next shift is informed about any household remedies that have been given.

Flow chart for onset of cough. Antibiotic treatment is not indicated for the majority of otherwise well patients with coughs

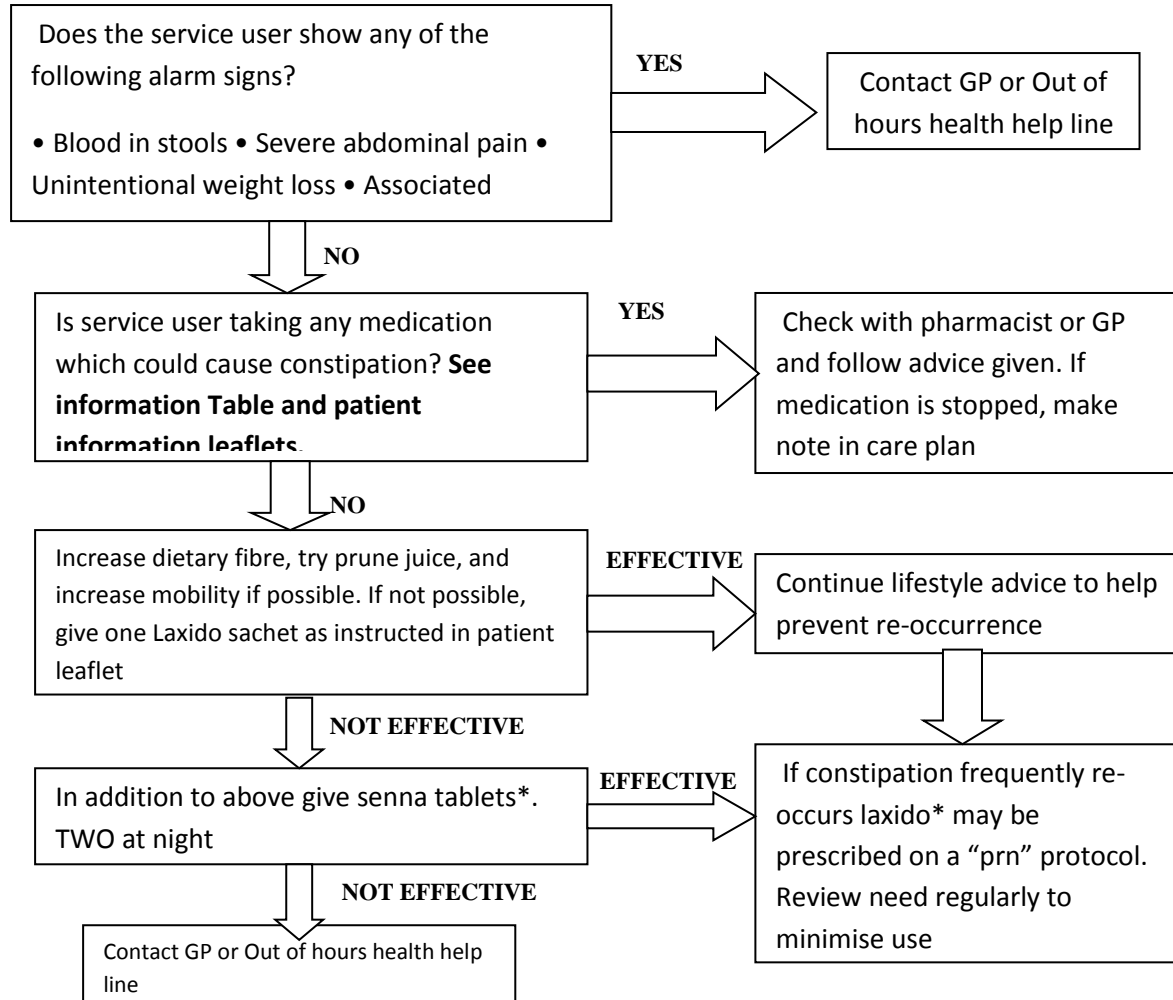


Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the customer's GP. Ensure the next shift is informed about any household remedies that have been given.

## Guidance for Treatment of Minor Ailments with Household remedies- CONSTIPATION

## CHART 4

Initial changes in bowel habits should be reported to GP. Bowel charts should be kept in care plans for monitoring purposes. Constipation in the elderly is often due to insufficient fluid intake so large glasses of fluid should be avoided. Little and often is more effective



**Information table**

**Some common drugs which can cause constipation:**

- Indigestion remedies containing Aluminium,
- Antidiarrhoeals eg loperamide (Imodium)
- antihistamines eg chlorphenamine (Piriton), promethazine (Phenergan),
- Antipsychotics ,
- Cough suppressants eg codeine & pholcodine,
- Diuretics eg bendroflumethiazide, furosemide (if dehydration occurs),
- Iron and Calcium supplements,
- Pain killers containing opiates eg codeine, dihydrocodeine, morphine, tramadol
- Some antidepressants eg amitriptyline, dosulepin, imipramine,
- Some Parkinson's drugs eg levodopa,
- Some drugs to treat high blood pressure

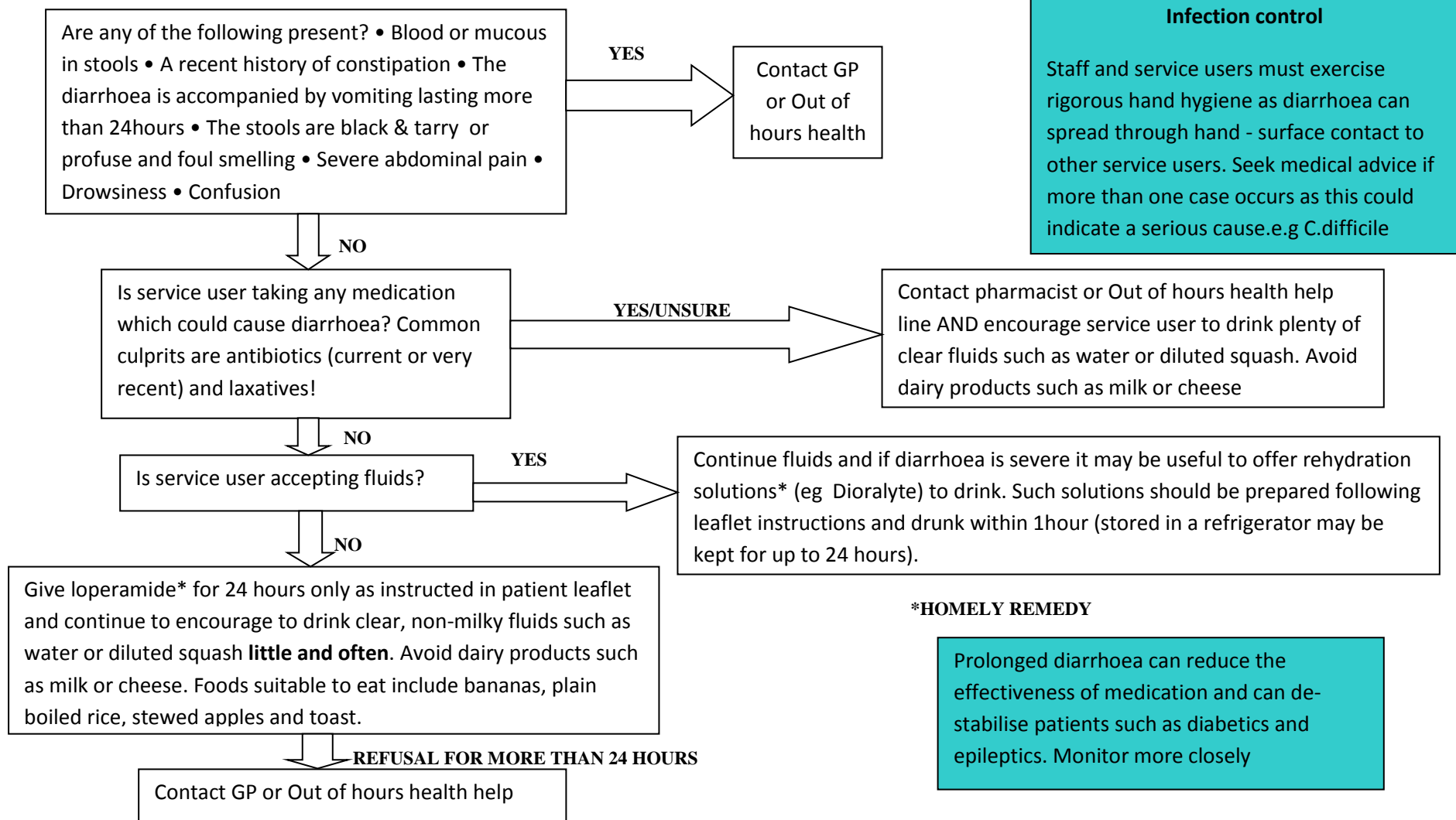
**\*HOMELY REMEDY**

Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the customer's GP. Ensure the next shift is informed about any household remedies that have been give

## Guidance for Treatment of Minor Ailments with Household remedies- DIARRHOEA

Diarrhoea in the frail elderly can quickly lead to dehydration and deterioration in health.

## CHART 5



Remember that treatment with household remedies must be recorded on the MAR chart and must be for NO MORE THAN 48 hours without contacting the customer's GP.

## Guidance for Treatment of Minor Ailments with Household remedies- MINOR SKIN PROBLEMS CHART 6

The cause of a rash is often very difficult to identify and can be associated with bacterial or viral infections. Life threatening rashes are accompanied by systemic symptoms where the patient is clearly unwell but for minor skin problems there is rarely a need for immediate referral.

Disposable gloves must be used when applying any skin preparations. Dispose of gloves immediately after use and before treating another service user. Pump devices or tubes of ointments or creams are preferable to jars as they reduce risk of contamination & degradation of product. Always use a separate tube/jar for each service user. **Never share.**

### Dry Skin

Dry skin often occurs in the elderly and can lead to problems (especially of the feet) if left untreated. An emollient such as ZeroAQS cream\* or E45 cream\* can be tried. For continued need it can be prescribed. White soft paraffin\*(Vaseline) is useful for dry lips.

Dry, itchy scalps can be treated by rubbing olive oil\* into scalp, leaving overnight and washing hair as normal

### Pressure areas

Any sign of development of a pressure area must be referred to GP or district nurse without delay as it can rapidly

### Incontinence rash

Cavilon\* cream is recommended as a barrier cream. Sudocrem is not suitable for padded patients as it makes the pad ineffective

### Sweat rash

Commonly occurs under breasts and in groin. Keep dry and if it becomes sore and inflamed contact GP/DN

### Insect bites and stings

Bites and stings can be treated with calamine lotion\* or cream\*. • A pain killing spray such as Wasp-Eze\* may be useful especially on outings. **Persons known to be allergic to wasp or bee stings must keep their emergency treatment with them at all times.** If skin is unbroken and there is localised redness and itching Hydrocortisone 1% cream\* can be applied. **Severe swelling and redness must be referred to GP or Out of hours health help line.**

\* **HOMELY  
REMEDY**



PRODUCTS NAMED IN FLOW CHART 1 - INDIGESTION/HEARTBURN

Drug	<b>Gaviscon Advance suspension</b>
Indication for use	Heartburn and indigestion
Strength	N/A combination product
Dose	5-10ml after meals and at bedtime
Maximum dose in 24 hours	40ml in divided doses
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Contains sodium (4.6mmol in 10mls). Avoid in hypertensives or where sodium restriction is indicated
Additional information	Shake well before use Sugar free so suitable for diabetics

Drug	<b>Mucogel (Co-magaldrox)</b>
Indication for use	Heartburn and gastric hyperacidity
Strength	N/A combination product
Dose	10-20ml three times daily 20 minutes to one hour after meals, and at bedtime, or as required
Maximum dose in 24 hours	100ml daily
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Should not be used in patients who are severely debilitated or suffering from kidney failure Antacids inhibit the absorption of tetracyclines and vitamins and should not be taken together. Leave at least two hours between doses
Additional information	Shake well before use Sugar free so suitable for diabetics Must be discarded 28 days after opening

PRODUCTS NAMED IN FLOW CHART 2- PAIN

Drug	<b>Paracetamol</b>
Indication for use	Relief of mild pain
Strength	500mg tablets/capsules/caplets
Dose	TWO tablets up to FOUR times a day
Maximum dose in 24 hours	8 tablets (4g) in divided doses <b>(Maximum of 2 tablets (1g) in any 4 hours)</b>
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Do not administer with other paracetamol containing products (check all current medication taken). Not suitable if history of severe liver disease or alcohol abuse If body weight is <39kgs consider giving 1 tablets up to four times a day
Additional information	Many medicines also contain paracetamol. If in doubt check with pharmacist
Drug	<b>Paracetamol</b>
Indication for use	Relief of mild pain
Strength	250mg/5ml suspension (Calpol six plus)
Dose	FOUR 5ml spoonfuls (20ml) up to FOUR times a day
Maximum dose in 24 hours	80ml (4g) in divided doses <b>(Maximum of 20ml (1g) in any 4 hours)</b>
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Do not administer with other paracetamol containing products (check all current medication taken)  Not suitable if history of severe liver disease or alcohol abuse  If body weight is <39kgs consider giving 10ml up to four times a day
Additional information	Many medicines also contain paracetamol. If in doubt check with pharmacist  Sugar free is also available for diabetics

PRODUCTS NAMED IN FLOW CHART 3 – COUGH

Drug	<b>Simple linctus</b>
Indication for use	For relief of occasional non-persistent cough
Strength	N/A
Dose	5-10ml up to FOUR times a day
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	High sugar content. Do not use for diabetics
Additional information	More soothing if taken with warm water

Drug	<b>Pholcodine linctus Pavacol D</b>
Indication for use	For relief of occasional non-persistent cough
Strength	5mg/5ml
Dose	5-10ml up to THREE or FOUR times a day
Maximum dose in 24 hours	40ml
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	Not suitable for productive coughs Not suitable for severe liver or kidney failure
Additional information	More soothing if taken with warm water Sugar free so suitable for diabetics

PRODUCTS NAMED IN FLOW CHART 4- CONSTIPATION

Drug	<b>Macrogols "3350" Laxido sachets</b>
Indication for use	For relief of constipation
Strength	N/A
Dose	One sachet daily
Maximum dose in 24 hours	ONE
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Cautions	As a precaution administer at least an hour after other medication  One sachet contains 65mmol/l of sodium and other electrolytes.
Additional information	Must be made up in 125ml of water (half a glass). Can be mixed with any juices of preference  Reconstituted sachets must be discarded after 6 hours if not taken  Can be chilled in fridge before giving

Drug	<b>Senna tablets</b>
Indication for use	For relief constipation
Strength	7.5mg
Dose	TWO tablets at night
Maximum dose in 24 hours	TWO
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP
Additional information	Can cause abdominal cramps  Available as a liquid also as Senokot syrup for those who cannot take tablets

PRODUCTS NAMED IN FLOW CHART 5 – DIARRHOEA

Drug	<b>Dioralyte sachets</b>
Indication for use	For fluid and electrolyte replacement
Strength	N/A
Dose	One or two sachets after each loose stool
Maximum dose in 24 hours	N/A
Maximum duration of treatment as homely remedy	Up to 24 hours if refusing to drink Up to 48 hours if diarrhoea is persistent then seek advice of GP
Additional information	Contents of each sachet should be dissolved in 200ml of drinking water. The solution may be stored for up to 24 hours in a fridge, otherwise any solution remaining an hour after reconstitution should be discarded.

Drug	<b>Loperamide capsules</b>
Indication for use	For symptomatic treatment of acute diarrhoea
Strength	2mg
Dose	TWO capsules immediately then one after each loose stool
Maximum dose in 24 hours	8 capsules
Maximum duration of treatment as homely remedy	Up to 24 hours then seek advice of GP (see place in flow chart)
Cautions	Dehydration risk must be addressed first
Additional information	GP may suggest continued treatment but should be prescribed

PRODUCTS NAMED IN CHART 6 – MINOR SKIN PROBLEMS

**Emollients** – can be used to soothe the skin, reduce irritation, prevent skin from drying and may be directly applied to skin or added to bathwater. **ZeroAQS cream** and **E45 cream** are the named emollients but there are many others and patient preference and tolerance is important. As a homely remedy the emollient should be as a trial to address an immediate need but continued use should be prescribed. **For homely remedy use, purchase small tubes and when opened only use for the individual resident.**

**Insect bites and stings.-** A homely remedy treatment is used to sooth the associated irritation and itching. Complications of bites are allergic reactions, infection and cellulitis. These would need immediate referral. Look for excessive swelling and widespread hotness and redness

Drug	<b>Hydrocortisone 1% cream</b>
Indication for use	For symptomatic treatment of all insect bites and stings
Strength	1%w/v
Dose	Apply sparingly to a small area, once or twice a day
Maximum dose in 24 hours	One finger-tip unit twice in 24 hours
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)
Cautions	The product should not be used on the eyes or face, the ano-genital area or on broken or infected skin including impetigo, cold sores, acne, athlete's foot, scabies or <b>infected</b> bites or stings.
Additional information	GP may suggest continued treatment but should be prescribed

Drug	<b>Wasp-eze bite and sting spray</b>
Indication for use	For symptomatic treatment of all insect bites and stings
Strength	Contains benzocaine 1% and mepyramine 0.5%
Dose	Spay locally onto skin
Maximum dose in 24 hours	Can be repeated once after 15 minutes
Maximum duration of treatment as homely remedy	Up to 48 hours then seek advice of GP (see place in flow chart)
Cautions	Do not use if you are sensitive to any of the ingredients. Do not apply to large areas of skin, eczematous, sunburnt or broken skin.  Do not use the spray on the face.
Additional information	Hold nozzle approximately five inches from the skin and spray once for 2-3 seconds. Stop spraying immediately if a white deposit or “frost” appears.  Flammable. Do not use near fire or flame. Pressurised container. Protect from sunlight and do not expose to temperatures exceeding 50°C. Do not pierce or burn, even after use. Do not spray on a naked flame or any incandescent material. Do not use near or place container on polished or painted surfaces.

For all of the above products the following website can be accessed for additional information from the patient information leaflet.

<http://www.medicines.org.uk/EMC/default.aspx>





## **GUIDELINE NINE:     Rescue medication for epilepsy**

### **Outcome:**

This guideline has been written to enable employees to administer rectal diazepam or midazolam oromucosal (by buccal administration route) solution in a safe and professional manner. The aim is to provide support, reassurance and protection to both employees and customers involved.

### **Quality Standard**

The customer, their families, carers and advocates can expect:

- A reduced risk of prolonged seizures and the ability to recover in their own home
- To receive rectal diazepam or midazolam oromucosal solution in accordance with the prescribers directions.
- The method of administration and management of the epileptic seizure to be specific as per the guidelines.

Employees can expect:

- To receive training on epilepsy awareness
- To receive specific training on the use of rescue medication from a suitably qualified person (epilepsy specialist nurse)
- To receive refresher training within a two year period.
- To be retrained regarding each individual customer if specifically required.

### **General Principles**

1. Individualised guidelines must be written by the health team and must specify the type, duration, method of administration and management of the epileptic seizure and the point at which rectal diazepam or midazolam oromucosal solution should be administered.
2. Carers must be informed if rectal diazepam or midazolam oromucosal solution is administered.

### **Procedures:**

#### **Employees will ensure:**

1. They have received epilepsy awareness training and specific training on the administration of rectal diazepam and/or midazolam oromucosal solution.
2. They are familiar with the individualised guidelines in the customer's care plan.
3. They do not leave the customer unattended at any time until a healthcare professional has arrived.

4. That they do not administer rectal diazepam alone. One employee will administer the medication whilst the second employee acts as a witness.
5. Midazolam oromucosal (by buccal administration route) solution can be administered by one trained and competent employee alone.
6. The MAR sheet has been signed to indicate the drug has been administered.
7. They consider where administration is taking place; other customers may need to be removed from that area to maintain the dignity of the customer.
8. They do not wear sharp or protruding jewellery when administering rectal diazepam and their nails must be kept short.
9. They wear appropriate personal protective clothing including disposable gloves when administering this medication.
10. They seek medical attention and advice for the customer after the seizure has passed.
11. Employees have a duty of care to report any difficulties faced whilst administering rescue medication

**Care Home Manager/Providers will ensure:**

1. The need to administer rectal diazepam or midazolam oromucosal solution will be documented in the care plan. The needs assessment will have the signed agreements of the informal carer and members of the multi-disciplinary team.
2. Guidelines are written and agreed for each specific named individual by a member of the health team. The guideline must be verified by the prescriber every two years. The duration of these guidelines will be clearly stated and will only be reissued following a review.
3. Specific training is supplied from a suitably qualified person (epilepsy specialist nurse) before implementing the guidelines. Training must include epilepsy awareness.
4. The unit manager must ensure that suitably trained and competent employees are on shift to cover need when customers accessing this service are present.
5. A register of employees accredited to carry out this training must be kept in the medication room.
6. A list of employee training records and copies of any certificates must be kept on site.
7. The care home manager has a duty to raise any epilepsy diagnosis doubts with the GP.
8. Accurate records of administration must be kept.

## **GUIDELINE TEN: SOCIAL CARE - PERSONAL CARE TASKS**

This guideline intends to clarify for employees the range of duties that can be undertaken in relation to personal care.

### **Outcome**

To indicate how these duties and tasks can be undertaken safely and in accordance with current best practice.

### **Quality Standard**

The customer, their families, carers and advocates can expect:

- To receive personal or practical assistance to support them and help them to maximise their independence, in their own homes or whichever setting in which they are receiving care, including residential care.
- Their individual needs to be met from all agencies (social care support and health-related input), working in partnership.

Staff can expect:

- To be given guidance on which procedures and task are appropriate to be undertaken by social care staff.
- Personal care tasks to be carried out only as part of an agreed package of care and in accordance with the care plan.

### **Procedures:**

Provider Managers will ensure:

1. An individual needs assessment is carried out. This care will be in line with the personal care tasks listed.
2. When undertaking any personal care task, a assessment should be undertaken, which covers the task that is required to be undertaken. This should be incorporated into the care plan.
3. That none of the personal care tasks outlined in this guideline would be undertaken with any customer unless the need is reflected in the care plan.
4. That social care employees will not undertake invasive nursing procedures or other tasks that are defined as health related and not social care. There may be exceptional circumstances when an employee has received instruction and is deemed competent to undertake these tasks, in line with the guidance in this policy. This includes those tasks that family carers might undertake following instruction and supervision by a district nurse.
5. In the event of a care manager, unit manager or ESM identifying a potential care need which does not appear in this guideline, they must seek the advice

of the appropriate service manager and/ or Health and Safety Adviser, who will take steps to clarify whether or not the procedure is appropriate to be undertaken.

6. That personal care practices are integrated into the assessment, care management and review process for each person using services. They should also be responsible for maintaining and monitoring clear and accurate reports.
7. All employees receive appropriate induction, skills and refresher training in care related practices
8. The training records of members of their team are maintained.

### **Employees will ensure:**

1. They work closely at all times with personnel from other agencies to ensure that all aspects of an individual's life are considered in relation to the development of a comprehensive package of care.
2. If they are faced with a situation not covered in this guideline, they must contact their line manager who will give further guidance.
3. Protective clothing is worn (disposal gloves and aprons) when carrying out any procedure which involves any contact with body fluids. Protective clothing, including aprons must be removed and appropriately disposed of, in accordance with the infection control policy of the Council, after delivering personal care to an individual customer.
4. To reduce the risk of infection, long nails, nail extensions and false nails are not allowed to be worn by carers providing personal care. Nails should be kept filed and neat protruding only a short distance (2mm approximately) beyond the end of the fingers and thumbs.

### **General Principles**

Customers should be encouraged and be supported, to undertake their own personal care. However, where they are unable to do this, the following personal care tasks may be undertaken by social care employees as part of an agreed package of care and in accordance with the care plan.

If any of the care tasks listed below causes concern, the advice of the line manager, GP, pharmacist or community nurse must be sought.

### **Instructions/ Guidance from Health Professionals**

There are a number of nursing areas that employees may undertake, providing they receive individual instruction or guidance from qualified health professionals and that the health professionals ensure competency of the employee and retain responsibility of the tasks undertaken

These areas are:

- Suction
- Stoma care
- PEG feeds (but NOT medication administration via PEG tube)
- Heat pads/TENS machines

- Prosthesis
- TED stockings, if prescribed

It is noted that the guidance/instruction provided by health professionals under this agreement, will be specific to each customer and the guidance shown must not be used with other customers without reference to the relevant health professional. The tuition is for specialist skills relating to that customer and the skill cannot be automatically transferred to another customer.



## Medication Summary Guide to accompany GUIDELINE TEN

PROCEDURE	WILL WE DO IT	WHAT WILL WE DO	WE WON'T
<p>Tablets</p> <p>Capsules</p>	<p>Yes</p> <p>-Included as part of a care package</p> <p>-Ensure appropriate assessments are in place</p> <p>-MAR sheet in place</p>	<p>-Remind the client to take their medication</p> <p>-Prepare the medication before allowing the client to take the medicine themselves. Includes dissolving, halving tablets using tablet cutter, opening original containers or blister packs.</p> <p>-Fully administer the medicine by placing in the client's mouth.</p> <p>-Support with covert medication under the guidance of the appropriate healthcare professionals.</p>	<p>We won't crush tablets unless:</p> <p>-There is no suitable alternative as decided by the GP or pharmacist</p> <p>-It is carried out with the written authority of a prescriber or non-medical prescriber</p> <p>We won't accept any change to medication unless it is:</p> <p>-clearly identified on the MAR sheet and signed by a healthcare professional.</p> <p>-there is a faxback form or other written authorisation signed by a prescriber.</p>

Liquid medicines	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package</li> <li>-appropriate assessments are in place</li> </ul>	<ul style="list-style-type: none"> <li>- Measure out the correct volume using the correct measuring device</li> </ul>	<p>We won't accept any change to medication unless:</p> <ul style="list-style-type: none"> <li>-it is clearly identified on the MAR sheet and signed by a healthcare professional.</li> <li>-there is a faxback or other written authorisation signed by a prescriber</li> </ul>
Controlled Drugs	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package</li> <li>-appropriate assessments are in place</li> <li>-MAR sheet in place</li> </ul>	<p>In homecare, controlled drugs are administered in exactly the same way as all other forms of medication.</p>	
Anticoagulants (eg.warfarin rivaroxaban)	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package</li> <li>-appropriate assessments are in place</li> <li>-MAR sheet in place</li> </ul>	<ul style="list-style-type: none"> <li>-For variable doses adjust the dose following instruction on the 'INR slip' posted by the anticoagulant clinic.</li> <li>-the 'INR slip' will be kept attached to the MAR sheet.</li> </ul>	



<p>Medication applied to gums/inside of mouth</p>	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of care package</li> <li>-appropriate assessments are in place</li> </ul> <p>MAR sheet in place</p>	<ul style="list-style-type: none"> <li>-Support the client to administer</li> <li>-Rub medication onto the affected/appropriate area of the mouth</li> </ul>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-administer the medication where there is a risk of harm to the employee due to behavioural difficulties</li> </ul>
<p>Inhalers</p>	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of care package</li> <li>-appropriate assessments are in place</li> <li>-training by a relevant health professional as required</li> </ul>	<ul style="list-style-type: none"> <li>-Assist the client in constructing a compliance aid for self-administration</li> <li>-Insert capsules into the device as directed</li> <li>- Assist the client to use the inhaler by holding onto the device where dexterity is poor and pressing the inhaler to dispense the appropriate dose as defined on the MAR sheet</li> </ul>	<p>We wont:</p> <ul style="list-style-type: none"> <li>-Make decisions on when required inhalers unless a prn protocol is in place clarifying the indication for use.</li> <li>-Guidance must be sought from the appropriate health professional. This can be done using a faxback or other written form.</li> </ul>

Midazolam Oromucosal solution	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of care package</li> <li>-appropriate assessments and guidance are in place.</li> <li>-individual protocols are drawn up by the appropriate healthcare professionals</li> <li>-training for all staff on individual protocols and signed off as competent</li> </ul>	Administer the medication into the buccal cavity as directed by the individual protocols in place.	
Insulin sub-cutaneous injection	No	<p>Hand the syringe/pen to the client</p> <p>Pass the sharps bin to the client to deposit the used syringe.</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-draw up the insulin into the syringe.</li> <li>-monitor the client's glucose levels.</li> </ul>
Adrenaline auto-injectors (Epipen-for anaphylactic shock)	<p>Yes</p> <ul style="list-style-type: none"> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health care professional has been provided</li> </ul>	Inject the client using the pre-measured dose applicator.	<p>We won't:</p> <ul style="list-style-type: none"> <li>-make any judgements on dose required</li> </ul>

<p>Transdermal patches (including pain relief such as morphine sulphate patches)</p>	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package.</li> <li>-appropriate assessments are in place.</li> <li>-MAR sheet in place</li> </ul>	<p>Take out of the package for the client to apply.</p> <p>Apply the patch.</p> <p>Dispose of the patch in the correct manner.</p> <p>Patches should be changed at the correct time.</p>	
<p>PEG (percutaneous endoscopic gastrostomy) feeding</p>	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package</li> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health professional has been provided.</li> <li>-staff have been signed off as competent.</li> </ul>	<p>Ensure tubes are clean and running free.</p> <p>Attach a feed.</p> <p>Insert fluids into the tube using the correct utensils.</p> <p>Detach and dispose of the empty feed container.</p> <p>Clean the site area when required.</p> <p>Report to the DN/ manager any problems identified .</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-make judgments on a person's health.</li> <li>-make decisions about the quantity, content and speed of the feed.</li> <li>-rectify any problems with the feed apparatus.</li> <li>- insert any medication into the feeding tube.</li> </ul>

Eye, ear and nose drops	<p>Yes</p> <ul style="list-style-type: none"> <li>-when it has been prescribed and a MAR sheet is in place.</li> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health professional as required.</li> </ul>	<p>Place dropper bottles into compliance aids for clients to self-administer.</p> <p>Remind client to self-administer a dose.</p> <p>Administer the drops when all other options have been explored</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-Provide assistance with any over the counter eye, ear or nose drops unless authorised by the GP or other relevant prescriber.</li> </ul>
Over the counter preparations (tablets, liquid preparations, creams etc)	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package</li> <li>-GP has authorised to be administered and MAR sheet is in place</li> <li>-appropriate assessments are in place</li> </ul>	<ul style="list-style-type: none"> <li>-Remind the client to take their medication</li> <li>-Prepare the medication before allowing the client to take the medicine themselves. Includes dissolving, halving tablets using tablet cutter, opening original containers or blister packs.</li> <li>-Fully administer the medicine by placing in the client's mouth.</li> </ul>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-provide assistance with any over the counter preparation unless authorised by the GP or other relevant prescriber.</li> </ul>
Suppositories	No		
Vaginal creams	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of care package.</li> <li>-appropriate assessments are in place.</li> <li>-MAR sheet is in place.</li> </ul>	<p>Apply external cream as directed on pharmacy label.</p> <p>Record and report any change in condition of treated area to DN/ manager as appropriate.</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-apply internal creams</li> </ul>

Pessaries	No		
Support stockings/ TED stockings	<p>Yes</p> <ul style="list-style-type: none"> <li>-Included as part of a care package.</li> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health care professional as required.</li> </ul>	<p>Assist individuals to apply the stockings with or without the use of compliance aids as appropriate.</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-apply stockings where there are areas of broken skin</li> </ul>
Oxygen	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care plan.</li> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health professional as required</li> </ul>	<p>Assist the client to fit and care for the mask/ tube.</p> <p>Switch on the machine as required.</p> <p>Notify line manager when pressure gauge indicates the contents of the cylinder are running low.</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-make any decision as to when the oxygen is or is not required.</li> <li>-set any controls to regulate the flow of oxygen.</li> <li>-change oxygen cylinders.</li> </ul>

<p>Catheter care (indwelling, suprapubic )</p>	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package.</li> <li>-monitored by DN.</li> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health professional has been provided.</li> <li>-staff have been signed off as competent</li> </ul>	<p>Keep the area clean where the catheter enters the body.</p> <p>Attach the night bag to the day bag.</p> <p>Empty the bags.</p> <p>Flush out the empty catheter bag.</p> <p>Change the day bag.</p> <p>Report any change in appearance of condition/bodily fluids no matter how small, to the DN/ manager.</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-provide personal care where there is any evidence of infection or soreness to the entry site.</li> <li>-insert or remove catheters.</li> <li>-make judgements on a person's health.</li> </ul>
<p>Sheath Catheters</p>	<ul style="list-style-type: none"> <li>-employees may apply external urine sheaths following instruction and guidance from health professional</li> </ul>		
<p>Stoma care/ Colostomy bags</p>	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package.</li> <li>-monitored by DN.</li> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health professional has been provided.</li> <li>-staff have been signed off as competent.</li> </ul>	<p>Promote a person's independence in the management of stoma/ colostomy care.</p> <p>Support with the removal of the bag, clean the area and apply the new bag.</p> <p>Report any change in appearance of the site and bodily fluids no matter how small, to the DN/ manager.</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-provide assistance where there is evidence of infection or soreness to the site.</li> <li>-make judgments on a person's health.</li> </ul>

Open wounds	No		
Pressure area care/ Tissue viability	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package.</li> <li>-monitored by DN</li> <li>-appropriate assessments are in place.</li> <li>-staff have completed appropriate training by health professional .</li> <li>-recorded on care plan</li> </ul>	<p>We will clean the pressure area and apply prescribed creams where the skin is not broken.</p> <p>We will record and report any changes in the appearance of pressure areas.</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-make any judgements on the care required.</li> <li>-provide assistance when the skin is broken.</li> <li>-apply complex dressings to the affected area.</li> <li>-apply creams purchased by the client to the affected areas.</li> </ul>
External creams and ointments	<p>Yes</p> <ul style="list-style-type: none"> <li>-included as part of a care package.</li> <li>-up to date MAR sheet in place.</li> <li>-Appropriate assessments are in place.</li> </ul>	<p>Creams and ointments may be applied onto unbroken skin.</p> <p>Opened creams can be used up to the manufacturer's recommended expiry date on the packaging of the medicine</p>	<p>We won't:</p> <ul style="list-style-type: none"> <li>-apply creams or ointment onto broken skin.</li> <li>-apply creams that have expired according to manufacturer's expiry dates</li> </ul>

TENS machine	<p>In exceptional circumstances where it has been prescribed by the GP or other relevant health professional.</p> <ul style="list-style-type: none"> <li>-as part of a care package</li> <li>-appropriate assessments are in place.</li> <li>-training by a relevant health professional has been provided and staff have been signed off as competent.</li> </ul>	Assistance to support the client to apply the pads where required.	<p>We won't:</p> <ul style="list-style-type: none"> <li>-make any judgements as to what level the pain relief will be set.</li> <li>-provide support where the client has purchased the TENS machine themselves.</li> </ul>
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## **GUIDELINE ELEVEN:           Anticoagulant Therapy**

**Anticoagulant therapy-** This includes medications such as Warfarin, rivaroxaban, dabigatran, apixaban, phenindione or acenocoumarol,. These are commonly used to reduce the clotting power of blood in order to prevent clotting or to prevent blockage of arteries in patients with rheumatic heart disease and irregular heartbeat.

It is important that customers that take warfarin should get their clotting time checked regularly by means of an INR test. This involves a blood sample being taken and sent for analysis. The results of this test will be used to confirm the dose taken or to adjust if necessary.

**Outcome:** To promote the use of written safe practice procedures for the administration of anticoagulants in social care settings.

### **Quality Standard:**

The customer, their families, carers and advocates can expect:

- To receive anticoagulant therapy in accordance with the practitioner's directions.

Staff can expect:

- To receive guidance on how to make the process of administration of the anticoagulant as safe as possible.
- Only to administer anticoagulant therapy supported by clear practitioner directions.

### **General Principles:**

1. When anticoagulant treatment starts, the customer must be given verbal and written information, and this must be updated when necessary. The care workers must fully understand its contents.
2. Social care providers should be prepared to produce the yellow booklet and any other records about blood tests when they request a prescription for anticoagulants or collect the medicine from a pharmacy on behalf of the customer.
3. Changes to the dose of anticoagulant should be written in social care records as **mg**. Warfarin tablets come in different strengths. If you confuse the number of tablets with mg, the customer could get the wrong dose.
4. All dose changes for anticoagulants should be confirmed in writing by the practitioner. It is safe practice to attach the written confirmation of the oral anticoagulant dosage, supplied by the anticoagulant clinic, to the medicine administration record (MAR). Only accept a verbal message to change the dose in an emergency, and always ask for written confirmation as soon as possible.

## Procedures

### Provider Managers will ensure:

1. Written instructions are in place for the dose of warfarin to be administered. This may be in the form of a faxback, yellow booklet, or letter from practitioner/ warfarin clinic.
2. Training should be provided and updated as appropriate.
3. If a dose of anticoagulant has not yet been received and a carer is waiting to give a dose of anticoagulant, the warfarin clinic must be contacted and advice sought or the prescriber contacted for advice on dose to be taken.

### All those who may administer anticoagulants will:

1. Ensure they have received appropriate training.
2. Only administer the anticoagulant dose if clear written dosing instructions are provided.
3. Ensure that the written confirmation of the oral anticoagulant dosage, supplied by the anticoagulant clinic, is attached to the MAR sheet as safe practice.

If a recommended dose of anticoagulant has not yet been received from the warfarin clinic, the home care provider manager must be contacted and the home care provider manager must then contact the clinic or practitioner and advice must be sought on appropriate action to be taken.

### Things to be aware of :

- Warfarin interacts with a number of foods so a consistent diet should be eaten so that the effect of food does not vary too much.
- CRANBERRY JUICE must be avoided by customers on warfarin.
- Regular monitoring of warfarin effect (INR tests) should ensure that overdosing does not occur. However it would be wise to be aware of the symptoms and signs of bleeding and, if these occur, to notify the GP immediately, or out of hours health help line.

**Symptoms and signs of bleeding would be:** Excessive bruising, nose-bleeds, blood in urine, blood in stools, cuts bleed excessively, purple blotches on ends of toes, 'coffee grounds' vomiting, changes in vision, customer is pale, clammy, light-headed and has an abnormal rapid pulse.

Bleeding might not be due to warfarin overdose but any of the above signs should be reported to the customer's GP.

## **GUIDELINE TWELVE: The Medication Administration Record (MAR )**

**Outcome:** Any involvement in a customer's medication (reminding, preparing, or assisting), must be recorded on a Medication Administration Record (MAR) chart. This document serves as a legal safeguard for customers and staff, should anyone be asked to justify their actions

### **Quality Standard**

The Care Quality Commission's Essential Standards of Quality and Safety Outcome 9 (Regulation 13) Management of Medicines require providers to:

1. Have arrangements in place for recording when it is not possible for a person to self-administer their medicines.
2. Have records of when medicines are given to the person.

By doing so this ensures compliance with section 20 regulations of the Health and Social Care Act 2008.

The customer, their families, carers and advocates can expect:

- The customer to receive their medication in accordance with the prescriber's directions.
- There to be a record of which medication was administered by whom and at what time of day.
- There to be a record of any missed doses and reasons for this

Staff can expect:

- A MAR chart to be in place for the social care worker to refer to when involved in the administration of medication to a customer.
- The paper based or electronic MAR sheet to be:
  - legible
  - signed by care homes staff
  - clear and accurate
  - factual
  - have the correct date and time
  - completed as soon as possible after administration
  - avoid jargon or abbreviations
  - easily understood by the customer, family or carer

### **General Principles**

1. The purpose of a medication administration record document is to enable staff (and customers if appropriate) to trace the use of a medicine (including

prescribed creams, eye/ear drops and homely remedies) from the time it is requested to the time it is administered or destroyed.

2. The GP should be contacted to determine any allergies or intolerances to medicines or their ingredients. This should be accurately recorded on the MAR sheet and shared with the team providing care.
3. The MAR chart primarily acts as a source of information so that staff and appropriate professionals can find out who administered a certain dose when and by whom. The care provider should keep a record of medicines administered by visiting health professionals on the customer's MAR chart.
4. The records will be an aid to correct administration of medicines, although they do not necessarily ensure that a person has actually swallowed a dose that has been offered.
5. Medication administration records also help to ensure that all staff are aware of the quantity of medication present and will reduce tendencies to over order repeat prescription medicines.
6. Responsibility for providing MAR charts rests with the care provider. In care homes these will be supplied automatically when the medication is dispensed. In home care community pharmacists can be asked to use the Derby City Council MAR chart. It is the responsibility of the provider organisation to supply the community pharmacist with blank MAR charts.
7. In home care the MAR chart should be supplied by Derby City Council for use by the community pharmacist. In some cases the community pharmacist may choose to use their own MAR charts. This is acceptable but caution must be taken as the codes and requirements for signing will differ on these MAR charts.
8. The use of eMAR (electronic MAR sheets) is an acceptable alternative and individual arrangements with community pharmacists will need to be agreed.
9. Care providers should update records of medicines administration to contain accurate information about any changes to medicines.

## **Procedures**

1. In addition to checking the medicines delivered, the information on the MAR charts must be checked for accuracy. Particular attention should be taken to ensure that any medicine changes during the previous month are reflected on the new MAR. Ensure that quantities of any carried over 'when required' medicines are entered onto the new MAR.
2. Any change to a prescription or prescription of a new medicine by telephone must be supported in writing (secure fax or secure email) before the next dose is given. The fax back tool can be used to do this.

3. After administration, the MAR chart must be completed with the signature of the employee and the appropriate code. There must NEVER be any gaps present on the MAR chart.
4. If the medication is not given for any reason (e.g. medication not available to be given, customer refuses medication, or health care professional advises not to give the dose), it should be marked with an X as per Derby City Council's MAR sheet (other MAR codes may vary) and a log must be made on the reverse of the MAR chart, detailing the date, reason why it was not given/ taken and the signature of the employee.
5. Any changes in dosage or discontinuations of medication should either be signed for by the GP (on the MAR chart) or covered by a written letter/ faxback that should be kept with the MAR chart
6. Each MAR chart will be in use for a month. If using the Derby City Council MAR, after two weeks an overlay must be attached to the existing MAR chart so that recording can continue for a further two weeks. The name of customer, date of birth and date of administration must be written onto the overlay to avoid errors if it becomes detached.
7. The completed MAR chart must then be sent to the home care manager by home care assistants and kept for 3 years. In a care home it must also be kept for 3 years.
8. The MAR sheet should be used to record any prescribed medication as well as any homely remedies approved by health.
9. Any PRN or variable doses must be clearly recorded on the MAR sheet with the actual dose administered (one or two).
10. A cross reference should be added to the customer's MAR chart when a medicines has a separate administration record . For example 'see Warfarin administration record'.

### **Use of fax back tool**

The Derby City Council 'fax back' tool or any alternative proforma documenting the same information should be used in the following circumstances if the information on the MAR sheet is not complete:

- clarification of medication to be administered
- clarification of dose of medication
- clarification of directions of the medication
- specific directions if being asked to crush a tablet or open a capsule
- confirmation of discontinuation of a drug

- clarification on any other discrepancy on MAR sheet/ label of medicine/ directions stated by customer or customer's family
- help produce a PRN protocol of a 'when required' medication

If the community pharmacist cannot help with clarification, the prescriber should be asked to complete the fax back and send (via fax or secure email) to the social care provider. It should then be kept with the MAR sheet.

## **GUIDELINE THIRTEEN: Procedure if no MAR sheet available**

### **Outcome**

Medication should be administered correctly and timely.

### **Quality Standard**

- The client, family, carers and advocates can expect the medication to be given in accordance with the prescriber's directions.
- There should be no delay in treatment if no MAR sheet is present.
- Procedures should be followed to ensure the administration of the medication can be recorded on a MAR sheet as and when the medication is given to the client.

### **General Principles**

- If a MAR sheet cannot be supplied by the community pharmacist or hospital pharmacist, the following procedures should be followed to enable the dose to be administered and recorded on a MAR sheet.

### **Procedures**

- A council produced MAR sheet should be obtained if no current MAR sheet exists.
- The medication must be transcribed exactly as it appears on the pharmacy label, ensuring the quantity, drug name, strength of medication, form of medication, the dose and any specific directions are clearly handwritten onto the MAR sheet.

Example of a transcribed label:

<b>28 Aspirin dispersible 75mg tablets</b>	→Quantity, Drug name (full), strength, form
<b>Take ONE daily</b>	→Dose, how to take and how often
<b>Take with or after food</b>	→Additional instruction, caution or warning

- A date should also appear on the MAR sheet making it clear when this treatment was started.
- The MAR sheet and medication to be administered must then be passed to a colleague for a second check to confirm all of the details are correct.
- Two signatures must appear next to the handwritten item and only when these two signatures are present, must this medication be administered.



## **GUIDELINE FOURTEEN: Transfer of residents between care settings**

### **Reconciliation**

The care home manager or the person responsible for a resident's transfer into a care home should coordinate the accurate listing of all the resident's medicines (medicines reconciliation) as part of a full needs assessment and care plan. The care home manager should consider the resources needed to ensure that medicines reconciliation occurs in a timely manner.

Commissioners and providers of health or social care services should ensure that the following information is available for medicines reconciliation on the day that a resident transfers into or from a care home:

- resident's details, including full name, date of birth, NHS number, address and weight (for those aged under 16 or where appropriate, for example, frail older residents)
- GP's details
- details of other relevant contacts defined by the resident and/or their family members or carers (for example, the consultant, regular pharmacist, specialist nurse)
- known allergies and reactions to medicines or ingredients, and the type of reaction experienced
- medicines the resident is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known
- changes to medicines, including medicines started, stopped or dosage changed and reason for change
- date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines)
- other information, including when the medicine should be reviewed or monitored, and any support the resident needs to carry on taking the medicine (adherence support)
- what information has been given to the resident and/or family members or carers.

Providers should ensure that the details of the person completing the medicines reconciliation (name, job title) and the date are recorded.

Care home providers should have a process in place for recording the transfer of information about residents' medicines during shift handovers and when residents move to and from care settings. For example, the medicines log/communication book can be used.

On admission to hospital or other care setting, the care home must send in any current medication via the 'green bag scheme' along with a copy of the MAR sheet.

Errors in medication reconciliation should be recorded and assessed for the impact on patient care. Measures should be taken to minimise harm from recognised errors.

### **Resident being transferred to Hospital or other care setting**

- A copy of the current MAR sheet and all current medications including controlled drugs and all topical medications must be sent with the resident to hospital.
- The medications must be placed in a bag and labelled with the residents details.
- Include medications in blister packs and original containers.
- If the resident is on a controlled drug then you must sign the CD register and get a witness signature to confirm that the CD's have been sent with the resident.
- During the residents stay in hospital mark the MAR sheet with the appropriate code (eg. code H) to indicate in hospital.
- Do not re-order any repeat prescriptions for this resident as a review of the medication will take place in hospital.
- If repeats have already been ordered then when they arrive at the home you must remove them from the system, do not use and store safely within the medication room.
- This is because the medication that the resident returns to the home with from hospital is the current assessed medication regime to be followed.

### **Transferred from Hospital or other care setting (with MAR sheet)**

- On arrival back at the home, medications will arrive with a MAR sheet.
- Check in the medication from the hospital against the hospital discharge letter and the hospital MAR sheet.
- Remove any medications that are either discontinued as per the discharge letter and any medications that have been returned from the hospital but are **NOT** currently in use e.g. a blister pack from the resident's medication regime prior to admission.

- If there are any discrepancies between the discharge letter and the MAR sheet you **MUST** contact the hospital ward immediately.
- This is the current medication and MAR sheet that must be used – all other medications must be removed from the system and stored securely for returning to the Pharmacist
- Use the hospital medication first.
- Do not ask the GP for a prescription in order to have medications packed into a monitored dosage system for ease of administration by staff.
- Only re-order further supplies to continue the medication regime as per the hospital discharge or following a GP review.
- If the reason for discontinuation of a medicine is not explicit on the discharge summary , or if a MAR sheet is unavailable, the hospital ward should be contacted to confirm the changes.

#### **Transfer from Hospital or other care setting (without a MAR sheet)**

- Contact the hospital ward or establishment to inform them that no MAR sheet had been issued with the medications.
- Check medication labels against the discharge letter, if available to confirm the medications and/or discrepancies.
- Handwrite the MAR sheet – **DO NOT** amend the printed MAR sheet that was in use prior to admission.
- A second member of staff must act as a witness and sign to confirm the transcriber's directions. This is done by the witness checking the MAR sheet against the labels on each individual medication.
- Place the MAR sheet and medications in system and trolley that will be used.
- Do not reorder medications to be put in blister just for ease to replace dispensing from the original packets. Only reorder supply when stocks are running low.
- Reorder as per discharge letter and **NOT** the old repeat prescription prior to admission.
- Inform health and safety adviser, council medicines management pharmacist and interface pharmacy technician at Royal Derby Hospital by email that the medication arrived without a MAR sheet. Include in the email details of the

resident's name, date of birth and ward number from which they have been discharged. These details must only be sent via secure email.

# GUIDELINE FIFTEEN

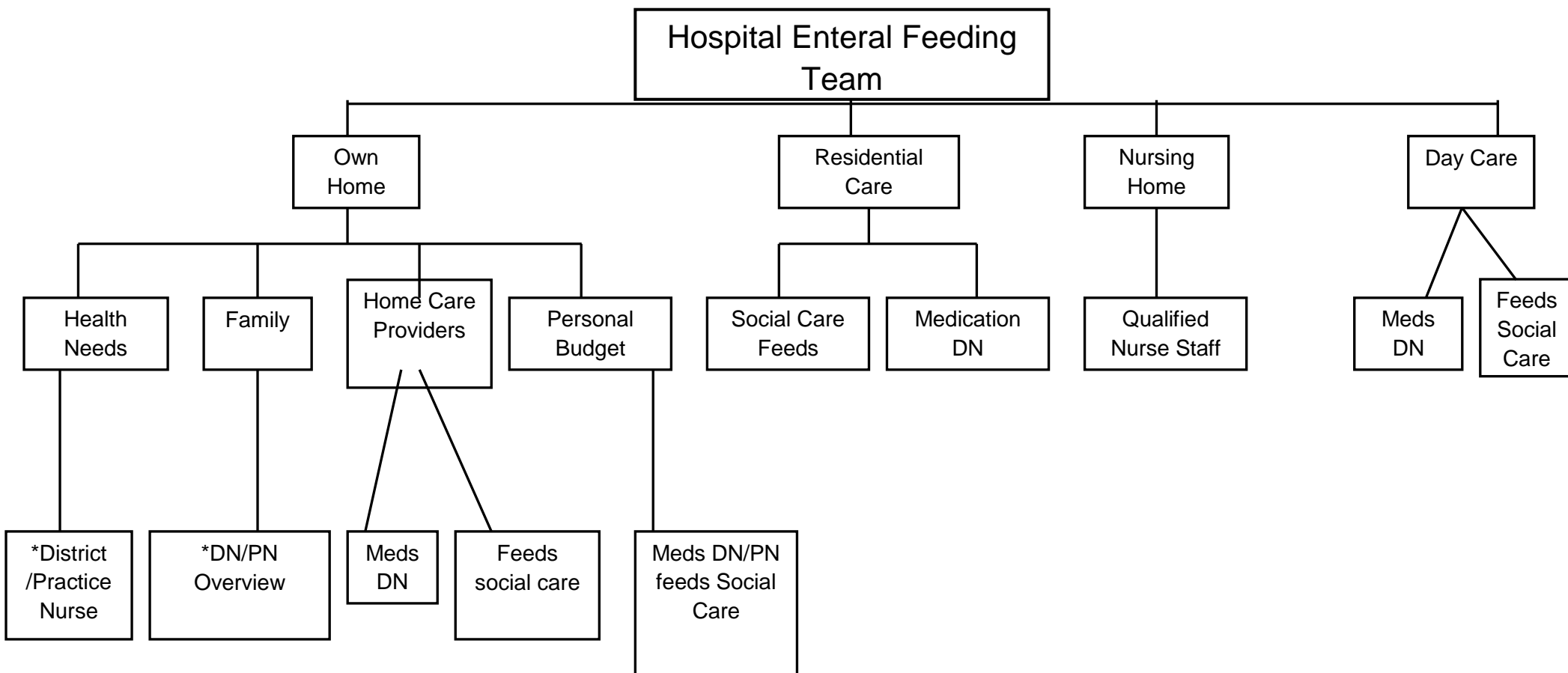
## RESPONSIBILITY FOR ADMINISTRATION OF FEEDS AND MEDICINES VIA ENTERAL TUBE

	Person responsible	Responsibility for Administration of medicines and feed	Review to be undertaken by
<b>Person admitted to Hospital</b>	--Clinical team--		
<b>Person discharged to Nursing Home</b>	Health	Registered nursing staff- for medicines NH staff for administration of the feed	HEF team** - for review of feed, enteral tube and tube site. Registered nursing staff and GP- for medicine review.
	Social Care	X	X
	Family	X	X
<b>Person discharged to Residential Home</b>	Health	District Nurse – for medicines Residential Home staff -for administration of feed	HEF team-** for review of feed, enteral tube and tube site. Registered nursing staff and GP- for medicine review.
	Social Care	SC responsibility if person is only on feeds via enteral tube (ie. NO medicines)	HEF team- for review of feed, enteral tube and tube site. Registered nursing staff and GP- for medicine review.
	Family	X	X
<b>Person discharged to own home</b>	Health	*If housebound: District Nurse- for medicines. If self- caring and mobile: Administration by registered nurse.	HEF team- for review of feed, enteral tube and tube site. Registered nursing staff and GP- for medicine review.
	Social Care	SC responsibility-if already providing a service and person is on feeds only via enteral tube (ie. NO medicines).	HEF team- for review of feed, enteral tube and tube site. Registered nursing staff and GP- for medicine review
	Family	Family with training from hospital nursing team	HEF team- for review of feed, enteral tube and tube site. Registered nursing staff and GP- for medicine review.
<b>Person in use of Day Centre</b>	Health	District Nurse- for medicines. Day centre staff for administration of feed.	HEF team- for review of feed, enteral tube and tube site. DN and GP- for medicine review.
	Social Care	SC responsibility if person is on feeds only via the enteral tube (ie. NO medicines).	HEF team- for review of feed, enteral tube and tube site. DN and GP- for medicine review
	Family	X	X

Notes:

1. \*This decision to be clarified on discharge from hospital
2. The Home Enteral Feed (HEF) team will remain in contact with the person for the duration of the enteral administration of feeds
3. \*\*HEF team is comprised of a Nutrition Nurse Specialist who will review the tube and the site and a Dietitian who will review the feed
4. Please also refer to the 'Adult Enteral Feed Policy for Community Settings', Derby Hospitals NHS Foundation Trust, Enteral Feeding Team, March 2010

## Enteral Feed flow chart relating to the administration of medicines and feeds



## **GUIDELINE SIXTEEN:** Expiry dates of medication within social care settings.

Waste can be caused by:

- inefficient prescribing or re-ordering systems
- inappropriate prescribing
- poor compliance (not taking the medication as prescribed by the GP)

In the past, care home providers and health professional may have adopted a number of system approaches to managing medicines that may in themselves create waste. For example, care home staff returning tubs of topical preparations back to the supplying pharmacy every month and ordering new ones. The NICE guidance on Managing medicines in care homes, march 2014 concluded that provided the medicine is still currently prescribed, is within its expiry date and the manufacturer's literature does not specify a short shelf-life, when the product is opened, there is no requirement for the medicine to be disposed of early and it should be carried forward to the next 28-day supply cycle.

General Points:

- Make sure communication between GP and pharmacy are clear.
- Use customers 'own drugs' before ordering new supplies whenever a customer is accepted into a care setting.
- Request 'prn' (when required) medication to be supplied in original packs rather than in a monitored dosage system (e.g. blister pack).
- If medicines are missing or medicines are on prescriptions that are not required for this month's cycle, raise with the GP surgery.
- Every pharmaceutical product has an expiry date that is stated on the packaging. The use of the product past its expiry date may result in a lower active ingredient or changes to the product that may cause patient discomfort or a safety hazard due to microbial contamination or toxic degradation of products.
- Where employees are uncertain of the shelf-life of a particular medicine once opened, they should check the information supplied with the medicine or contact a pharmacist for advice.
- Over time, labels may fade or peel and essential information may be lost. In such cases advice should be sought from the supplying pharmacy and the product replaced if necessary.
- Record the opening date of liquids, eye drops, creams and ointments on the dispensed product.

Infection control best practice advice for the use of external preparations such as creams and ointments in all care homes includes the requirement that:

- All creams should be used for a named resident only
- Gloves must be worn when applying creams and ointments
- Expiry dates should be checked at each use

- Creams in pots should be discarded if they appear to be contaminated, or if you have any other concerns about their appearance, or if the lid has been left off for any indeterminate period.



<b>Preparation</b>	<b>Unopened and stored in accordance with manufacturer's guidance</b>	<b>Opened and stored in accordance with manufacturer's guidance</b>
Tablets and capsules packed in manufacturer's blister strips - where expiry date is intact	Manufacturer's expiry date	Manufacturer's expiry date
Loose tablets and capsules in medicine bottles	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in pharmacy brown glass bottle	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.	Follow guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.
Liquids - where in original manufacturer's bottle	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months, whichever is sooner
Creams and ointments	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) or 12 months from opening, whichever is sooner.
Ear drops	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL)
Eye drops/ eye ointment	Manufacturer's expiry date	28 days from opening unless otherwise stated
Inhalers	Manufacturer's expiry date	Follow guidance in patient information leaflet (PIL) Inhaler holders and spacers should be washed weekly or according to the manufacturer's instructions and replaced at least annually.



## **GUIDELINE SEVENTEEN: Safe handling of cytotoxic medication**

**Outcome:** The medication is given safely and correctly without a risk to those who handle them.

### **Quality Standard**

The customer, their families, carers and advocates can expect:

- To receive the correct dose of cytotoxic medication at the correct time and in a safe manner.

Employees can expect:

- To be provided with appropriate guidance on how to administer and handle cytotoxic medications.
- Only to administer medication that is properly labelled and packaged by the pharmacy.

### **General Principles**

Cytotoxic drugs describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth, and so are used to treat cancer or other disorders such as multiple sclerosis and rheumatoid arthritis. The toxicity of the cytotoxic drugs means that they can present significant risks to those who handle them.

Occupational exposure can occur when control measures are inadequate. Exposure may be through skin contact, skin absorption, inhalation of aerosols and drug particles, ingestion and needle stick injuries (not relevant in the case of care staff), resulting from the following activities:

- Drug preparation
- Drug administration
- Handling patient waste
- Waste disposal
- Cleaning spills

## Procedures

- The risks must be identified. This needs to include identification of the cytotoxic drug that is being handled and the potential adverse effects on health.
- The groups of workers who may be at particular risk must be identified. For example, trainees, new and expectant mothers. Pregnant workers are especially at risk as some drugs could be harmful to the unborn child. This should be considered when completing the Expectant Mothers Risk Assessment.
- The risk must be evaluated. The likelihood of the cytotoxic drug causing ill health should be assessed. A decision should be made to determine whether existing precautions are adequate or whether more should be done.
- This risk assessment must be recorded and it is good practice to review the assessment periodically to ensure that precautions are still suitable.

### **The following measures must be considered:**

1. Personal protective equipment  
PPE (gloves and disposable apron) should be provided and used wherever risks cannot be controlled in other ways. Employees must be trained in the use of PPE and it must be adequately maintained and stored. Women of child-bearing age who are being asked to administer cytotoxic medication must be informed of the fact that exposure to a cytotoxic may harm an unborn baby. This further highlights the importance of always wearing appropriate PPE.
2. Dealing with spillages and contamination  
Employees who are handling cytotoxics or contaminated waste should be familiar with clear procedures as advised by the pharmacist. Cytotoxic medication should never be crushed or broken and any spillages should be dealt with promptly. Employees and customers should wash hands thoroughly following the administration of oral cytotoxics.
3. Waste disposal  
Procedures must be in place for the safe disposal of waste. All relevant employees should be familiar with these procedures. Cytotoxic drugs must never be disposed of in an ordinary waste bin. Care homes with nursing will need to obtain a cytotoxic waste disposal bin from their waste contractor to dispose of oral cytotoxics. Care homes without nursing will need to return the oral cytotoxic tablets to the pharmacy for disposal. They should be put in a sealed container clearly marked with the drug name and 'for disposal'. It is important to consider that excreta from treated patients may contain unchanged cytotoxic drugs or active metabolites. The safe precautions regarding PPE and safe disposal should be followed when handling body

fluids, faeces or contaminated clothes for up to seven days following the last dose.

4. Information, instruction and training

Employees handling cytotoxic drugs must be given suitable and sufficient information, instruction and training relevant to their work. Employees must be aware of the risks of working with cytotoxics and the necessary precautions.

5. Reporting incidents

The spillage of any cytotoxic drug to which people could have been exposed should be reported on an incident report form and the line manager informed.





Derby City Council

# Appendix

**Derby City Council**  
Adults, Health and Housing





**Derby City Council, Adults, Health and Housing  
Adult Services**

**COMPETENCY ASSESSMENT FOR MEDICATION ADMINISTRATION**

**Employee being Assessed:**

**Assessor:**

**Signature:**

**Signature:**

<b>Determined by verbal questioning</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>1</b>	The procedure of administration of medication			
<b>2</b>	Awareness of timing			
<b>3</b>	Guidelines for PRN medication			
<b>4</b>	Procedure for non-prescribed medication			
<b>5</b>	Understands MAR sheet codes			
<b>6</b>	Understands purpose of reverse of MAR sheet			
<b>7</b>	How would you dispose of medication			
<b>8</b>	Procedure if customer refused to take their medication			
<b>9</b>	Procedure if noticed dose omitted previously			
<b>10</b>	Awareness of procedure if maladministration			
<b>11</b>	CD management awareness (where relevant)			
<b>Determined by direct observation</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>1</b>	Informs customer that medication is due			
<b>2</b>	Washes hands			
<b>3</b>	Preparation of equipment ( Red Tabard Resi)			
<b>4</b>	Details on MAR sheet checked:			
	a)customer Name			
	b)Allergies			
	c)Time			
	d)Name of Medication			
	e)Check appropriate box to ensure absence of signature			

<b>5</b>	Details on med container checked:			
	a)customer Name			
	b)Name of Medication			
	c)Method of administration			
	d)Strength			
	e)Dosage			
	f)Expiry Date			
<b>6</b>	Correct quantity of med measured			
<b>7</b>	Medication returned to storage			
<b>8</b>	Name/identity of customer checked			
<b>9</b>	Observes hygiene requirements			
<b>10</b>	Checks customer has taken medication			
<b>11</b>	MAR sheet completed and signed			
<b>12</b>	Customer given appropriate advice with ref to medicines			
<b>13</b>	Independence encouraged where possible			

**Competent : Yes or NO (Any No's: not fully compliant until action to be taken)**

**Actions Taken:**

**Date:**

# CHECKLIST FOR MEDICINE ADMINISTRATION

Ensure have all necessary equipment needed (medicine cups, water etc.) and Wash Hands



## Identify the customer

Read MAR sheet carefully:

- Name of Customer
- Name & Strength of Medication
- Dosage & Times
- Check that the medication has not already been administered

*IF THERE ARE ANY CONCERNS OR DOUBTS ABOUT THESE, DO NOT GIVE THE MEDICINE UNTIL CLARIFIED*

Check customer identity (using recent photograph)

Inform customer their medication is due



## Prepare medication by checking:

- **Name of Customer**
- **Name of Medicine**
- **Strength of Medicine**
- **Form (tablet, eye drops, cream etc) indicating the route to be given**
- **Prescribed Dose**
- **Time of administration from MAR sheet or pharmacy label**
- **Expiry date**
- **Check allergies**
- **Check special additional instructions (with respect to food/ swallow whole, chewable/ dissolve in water)**



Check label on medication against information on MAR

*ANY DISCREPANCIES, DO NOT GIVE TILL CLARIFIED*



Administer medication and explain any specific directions to the customer



**Confirm taken and sign MAR sheet**



MEDICATION ADMINISTRATION RECORD

DERBY CITY COUNCIL

<b>Customer Name:</b>	<b>DoB:</b>	<b>Dr's Name:</b> <b>Phone No:</b>
<b>Address:</b>	<b>Allergies:</b>	<i>R=Reminded</i> <i>P= Prepared only</i> <i>A=full Assistance/Applied</i> <i>X= Refused /other (log reason on back)</i>
	<b>Start Date (Day 1):</b>	<i>CODE IN TOP BOX, INITIALS IN LOWER BOX</i>

STICK OVERLAY HERE

Medicine Label	Time	D o s e	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
			Date													
	Breakfast															
	Lunch															
	Tea															
	Bedtime															
	Breakfast															
	Lunch															
	Tea															
	Bedtime															
	Breakfast															
	Lunch															
	Tea															
	Bedtime															
	Breakfast															
	Lunch															
	Tea															
	Bedtime															



Medication Administration Record - LOG SHEET

DATE	DETAILS	SIGNATURE

Record of audit

Date received	
Date checked	
Manager Name	
Signature	

### MEDICATION ASSESSMENT TOOL

<b>Customer NAME:</b>		<b>DoB:</b>		<b>DATE:</b>	
<b>Swift ID no:</b>					
<b>Completed By (print):</b>		<b>Signature</b>		<b>TEL NO. of assessor</b>	

ITEM	MEDICATION TASK	YES/ No further action	NO, PLEASE COMMENT	IF NO, HOW WILL THIS NEED BE MET
1	Is there evidence that the customer stores medicines appropriately and remembers to take their medication correctly at the right time?			
2	Is there evidence that the customer get the medication out of the container and handle the medication appropriately (pick up tabs, pour liquids, use inhaler, apply cream, instil eye drops)?			
3	Is there evidence that the customer can obtain supplies of medicines as needed (collect prescriptions, arrange dispensing, no over-ordering)?			
4	If applicable, can the customer manage their medical appliances (eg. stoma/ catheter bag, PEG tube, nebuliser or TED stockings)?			

**OUTCOME OF ACTIONS:**

1. Level of medicines management assessed as:

TICK	LEVEL OF ADMINISTRATION	WHICH FORM OF THE CUSTOMER'S MEDICINES ARE GIVEN AT THIS LEVEL? (Eg.tablets, creams, insulin, eye drops, etc)
	Self-medicating	
	Remind R	
	Prepare P	
	Admin/ Apply A	

2. How many times during the day is the **medication to be taken**?

.....

3a How many times during the day is **support being given** by the social care team?

.....

3b. Has a MAR sheet been requested ?

.....

4. Are there any medication administration times that are **NOT covered by social care**?

YES / NO (please circle)

**If NO: No referral to health team is needed.**

**If YES (continue to Q5a and Q5b):**

5a. What are the **TIMES** of administration that are not covered by social care ?

.....

5b. **HOW** will this need be met? (please state full names/status)

.....

.....

5c. If referred to health- **WHO** has referred to health team?

.....





## MEDICATION INCIDENT REPORT FORM

The person who discovered the error AND the person identified as making the error must complete the appropriate sections of this form. (if this happens to be a health professional, then the manager of the providing service will complete the form on their behalf).

For **in-house** medication errors, copies of this form need to be sent to:  
Health & Safety Adviser  
Medicines Management Pharmacist  
Service Manager

**Providers** are required to inform the assessing service of any incident that occurs to the customer relating to their medicines or any near miss incident. Providers must send the completed medication incident form to the Brokerage team. Brokerage will then inform:  
H&S Adviser  
Medicines Management Pharmacist

**Please write clearly. Report all incidents within 24 hours of the error occurring or being discovered**

# DERBY CITY COUNCIL: Medication Incident Report

Please Type all information in appropriate section.

Report all incidents within 24 hours of the error occurring or being discovered by email to -  
CareBrokerage.Duty@derby.gov.uk

## **PART A: DETAILS RELATING TO PERSON WHO DISCOVERED THE ERROR**

**Customer Name**

**I D Number**

**Date of birth of customer**

**NAME of person identified as making the error**

**Job Title**

**Place of Work**

**Date of error**

**Time of Error**

**Name of person who discovered the error**

**Job Title**

**Place of Work**

**Date error was discovered**

**This incident relates to which medicine(s)**

**Dose(s)**

**How was the incident discovered?**

**PART B: DETAILS RELATING TO PERSON WHO MADE THE ERROR**

**Describe the circumstances of the incident**

**What was the error (please tick box)?**

Recording error	<input type="checkbox"/>	Omission of dose	<input type="checkbox"/>
Wrong service user	<input type="checkbox"/>	Wrong time	<input type="checkbox"/>
Wrong amount	<input type="checkbox"/>	Other	<input type="checkbox"/>
Wrong medicine	<input type="checkbox"/>		

**What do you think went wrong?**

Signature/Name of person who made the error

..... Date.....

**PART C: MANAGEMENT ACTIONS**

Remedial action taken?	Yes	No	Give reasons
Added to agenda for next supervision meeting with employee			
Pharmacist/ GP informed			
CQC have been informed if appropriate			
Family informed			
Service user informed			
Safeguarding form completed and sent if appropriate			

**If the pharmacist/ GP was contacted, please state what advice was given.**

**Consequence / Severity Rating (refer to tool in appendix of policy):**

Likelihood rating and score (1 to 5)	x	Impact rating and score (1 to 5)	=	Risk Rating score (1 to 25)	Risk Rating (low, mod, high, extreme)
	<b>x</b>		<b>=</b>		

Risk Rating will then identify selection of actions to be taken:

**Action taken to prevent a reoccurrence.**

Manager's signature/name  
 .....Date.....

**FAX BACK FORM 1**

**FAX CONFIRMATION OF PRN (WHEN REQUIRED)  
MEDICATION DIRECTIONS**

The purpose of this fax is to fulfil the legal requirement for the directions for the medication for our customer to be confirmed explicitly. Employees and carers are not trained nurses. They make no claim to have clinical skills and they are not covered by Derby City Council to undertake such decisions. Please return within 48 hrs of receipt. This form can be faxed or sent via secure email.

GP Surgery Practice stamp

Date.....  
Client.....  
DoB.....  
Name and fax no. of establishment  
.....

Name of medication to be administered 'as required

.....  
.

For what condition or situation is this to be administered?

.....  
.

How would this manifest?

.....

How much should be given?.....

How long after the first dose can a further dose be given?.....

Maximum dose to be given in 24 hours ?.....

Signature of Prescriber .....

**NB: If this is a repeat medication please make sure that the directions are amended in the patient records**

(Tick to confirm)

*This form derives from Derby City Social care medication policy which was drawn up with input from Derbyshire LMC. The requester will have tried to resolve the problem with other agencies (pharmacist, nursing staff) before using this form. The LMC advises that, in the interests of patient safety, practices should try to co-operate where practicable.*

**FAX BACK FORM 2**

**FAX CONFIRMATION OF PRESCRIBER DIRECTIONS**

The purpose of this fax is to fulfil the legal requirement for the directions for the medication for our resident to be confirmed explicitly. The employees and carers are not trained nurses. They make no claim to have clinical skills and they are not covered by Derby City Council to undertake such decisions. Please return within 48 hrs of receipt. This form can be faxed or sent via secure email.

GP Surgery Practice stamp     
---

Date.....

Client.....

DoB.....

Name and fax no. of establishment  
.....

This patient is under my care. I authorise directions regarding his/her medication(s)  
Name of Medicine and Strength here:

.....  
.....

That the medicines be administered (use this section to specify a dose quantity and frequency/ time of day).

.....  
.....

**That the medicines are not available in a suitable soluble, dispersible or otherwise liquid form**  (tick if applicable)

**That the tablets should be crushed/ the capsules should be prior to administration opened** (delete as applicable)

**The crushed tablets/ contents of the opened capsules may be administered in soft food/ added to 10-20ml water** (delete as applicable)

Any other specific directions/ instructions regarding method of administration:

.....  
.....

Signature of Prescriber.....

**NB: If this is a repeat medication please make sure that the directions are amended in the patient records**

(Tick to confirm)

*This form derives from Derby City Social care medication policy which was drawn up with input from Derbyshire LMC. The requester will have tried to resolve the problem with other agencies (pharmacist, nursing staff) before using this form. The LMC advises that, in the interests of patient safety, practices should try to co-operate where practicable.*

## Consequence/Severity Tool

		<b>Likelihood</b>				
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Actual Harm to Person(s)</b>		<b>Rare</b>	<b>Unlikely</b>	<b>Possible</b>	<b>Likely</b>	<b>Almost certain</b>
<b>Impact</b> 		This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so unless practice is altered	Might happen or recur occasionally unless practice is altered	Will probably happen/recur OR History of incidents/repeated incorrect doses	Will undoubtedly happen/recur, possibly frequently AND History of repeated incidents/systems not followed
<b>1</b>	<b>Negligible(No harm)</b> Near miss or harm prevented					
<b>2</b>	<b>Minor (minimal harm)</b> Person(s) required extra observation or minor treatment					
<b>3</b>	<b>Moderate (short-term harm)</b> Person(s) required further treatment or procedure					
<b>4</b>	<b>Major (permanent or long-term harm)</b> Person(s) required permanent or long-term treatment					
<b>5</b>	<b>Catastrophic</b> Person died as a direct consequence of the error/ incident			For example $5 \times 3 = 15$		

MULTIPLY THE TWO NUMBERS TOGETHER TO GET A FINAL SCORE WHICH WILL INDICATE GUIDANCE ON ACTION TO BE TAKEN. Record this on the medication incident report form.

Suspicion of deliberate negligence would lead to a formal investigation and possible disciplinary action.

### **Risk Scoring**

**1-3: Low risk:** Discussion one to one with line manager

**4-6: Moderate risk:** Observed medicine administration during supervision  
Documented discussion one to one with line manager  
Consider need for attendance on medication training course  
Consider safeguarding referral

**8-12: High risk:** Observed medicine supervision during supervision  
Documented discussion one to one with line manager  
Consider need for attendance on medication training course  
Systems review by manager  
Consider safeguarding referral  
Managing Individual Capability  
Consider immediate suspension from administration of medicines until competency restored.

**15-25: Extreme risk:** Observed medicine supervision during supervision  
Documented discussion one to one with line manager  
Attendance on medication training course  
Systems review by manager  
Managing Individual Capability  
Consider immediate suspension from administration of medicines until competency restored.  
Consider CQC input and consider referral to safeguarding



## Audit of Medication Administration Record

### Instructions:

1. Conduct audit in the last week of medication cycle to give at least 3 weeks of administration records.
2. Collect 10 MAR charts and complete audit.
3. If MAR charts collected do not cover all aspects (e.g. a "when required" medicine) please select another MAR chart to audit this area and if there are no service users that cover all aspects consider re-auditing when possible.
5. Complete the "Action required" column including realistic target dates.
6. Re-audit as necessary

	<b>Findings</b>	<b>ACTION</b>
<b>1. Correct start date</b>		
<b>2. Drug allergies correctly recorded</b>		
<b>3. Quantity received signed and dated</b>		
<b>4. Quantity of prn items noted</b>		
<b>5. No. of tablets left matched balance expected on MAR</b>		
<b>6. MAR matches record of current meds in service users notes</b>		
<b>7. Medicine labels match MAR sheet instructions</b>		
<b>8. All medicines are in stock</b>		
<b>9. All directions are clear</b>		
<b>10. PRN protocol in place and reason and outcome of prn medicines recorded</b>		

<b>11. Any mid-cycle changes are clear and accurate</b>		
<b>12. Handwritten additions are clearly written, signed, dated and countersigned</b>		
<b>13. Signatures are clear so that staff members can be identified</b>		
<b>14. Gaps should not be present on the MAR sheet</b>		
<b>15. For variable doses the amount administered is recorded appropriately</b>		
<b>16. The reason for non-administration is recorded appropriately</b>		
<b>17. the administration of all external preparations has been signed for</b>		
<b>18. The use of homely remedies has been recorded appropriately</b>		

END OF DOCUMENT