Derbyshire County Council Adult Social Care

Management of Medication and Health Related Activities Procedure – Day Care Services

Version 1b

Contents

If you would like to make any comments, amendments, additions etc. please email ASCH.AdultCare.Policy@derbyshire.gov.uk

Appendix List

1. Procedure

This procedure takes into account the following legislation and best practice guidance:

- The Medicines Act 1968, The Misuse of Drugs Act 1971
- The Health and Safety at Work Act 1974
- The Health and Social Care Act 2008 (Regulated Activities 2014)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12
- NICE Guidance Managing Medicines in Care Homes 2014
- NICE Guidance Medicines Management in Care Homes Quality Standard 2015

The procedure provides guidance for managers of day care services. Its aim is to support managers to promote independence by enabling people to manage their own medicines as far as they are able, ensuring appropriate assistance is provided wherever required.

The care provider and manager are jointly responsible for the safe and appropriate handling of medicines. This includes ensuring that all members of the team who will be involved in supporting with medication are fully trained and assessed as competent in accordance with the Adult Social Care Supervision Policy, induction process, and this procedure.

2. Roles and Responsibilities

The Provider will:

- ensure systems are in place to promote the safe and effective use of medicines in day care settings - this includes the storing, handling, and administering of medicines
- ensure staff working in day care settings are trained appropriately and are compliant with that training

Group Managers will:

- ensure that the departmental procedures for the proper and safe use of medicines in day care settings are implemented throughout services for which they are responsible
- monitor the performance of their service with regards to the management of medication within the day care settings for which they are responsible
- delegate actions to the appropriate managers within their service to ensure compliance with this procedure

Service Managers will:

- ensure that the departmental procedures for the proper and safe use of medicines in day care settings are implemented throughout their area of responsibility
- verify the information gathered by the manager on a six-monthly basis as part of the relevant audit process and ensure that observations of practice

are being carried out in accordance with this procedure

- assist in the development of action plans and monitor progress against all action plans
- maintain knowledge of this procedure
- escalate any concerns regarding the safe management of medication to the Quality and Compliance team and the appropriate group manager
- carry out the administration of medication if required

Manager and Deputies will:

- have overall responsibility and be accountable for the management of medication and health related activities within their day care setting including the appropriate delegation of tasks commensurate to role
- ensure that the Management of Medication and Health Related Activities Procedure is implemented and followed
- ensure that personal service plans and risk assessments are in place and reviewed as required
- complete all essential training of the management of medication and health related activities commensurate to their role and ensure the members of team are compliant with essential training.
- ensure the booking in of all medication is safely carried out in accordance with procedure
- ensure safeguarding referrals are made when appropriate

Day Service Workers will:

- follow the requirements of the Management of Medication and Health Related Activities Procedure in relation to their role
- complete all essential training of the management of medication and health related activities commensurate to their role
- assist the management team with the process of booking in and out of medication
- assist the management team to ensure risk assessments are up to date and that medication errors are appropriately recorded in accordance with the incident recording process
- report any medication or health related concerns to the management team
- administer medication to the person in accordance with medical advice
- liaise with health care professionals

Care Workers and Community Support Workers will:

- follow the requirements of the Management of Medication and Health Related Activities Procedure in relation to their role
- complete all essential training of the management of medication and health related activities commensurate to their role
- adhere to any measures identified in the personal service plan and risk

assessments
- report any medication or health related concerns/errors to the manager on duty

3. Training and Observation of Practice

Derbyshire County Council will stipulate the essential medication training for each role.

Compliance with this essential training must be carried out via Derbyshire Learning Online (DLO) which will automatically update the training record for each staff member. Compliance will be monitored by the provider and operational service managers.

Each colleague involved with the administration of medication must have their practice observed by an appropriate person on an annual basis. Evidence of an annual observation of practice must be recorded on the template at Appendix 1 and be uploaded to DLO and marked as complete.

Newly recruited workers will only administer medication once they have completed all essential medication training for their role and undergone an observation of practice commensurate to their role. Staff may administer medication under the supervision of an appropriately trained colleague until their observation of practice has been carried out.

Specialised Training

The training referred to above does not cover specialised training or other health related activities such as, administration via a PEG, insulin, stoma care, etc.

Where this activity is to be provided by Derbyshire County Council staff additional training must be provided by an appropriately qualified person and their competency to perform this task must be assessed by that person and recorded appropriately using the templates at Appendix 2a and 2b.

4. Admission and Discharge of Medication

Booking in Medication

The system for booking and recording the medicines must include the following:

- all medication that arrives at the establishment must be examined by two members of staff, one being the responsible person on duty to check and record all relevant information
- the expiry date of the medication is checked to ensure this is current
- the medication must be checked against any MAR provided by the pharmacy and in the absence of a pharmacy MAR the responsible member of staff must produce a MAR using the template at Appendix 3a or 3b - any MAR produced by DCC staff must be counter signed
- where different MARs are used with different codes, responsible colleagues MUST be aware of and ensure that the correct codes are used and accord with the key on each individual MAR
- all associated documents related to the medication must be reviewed on

arrival with any conflicting information being immediately escalated

- creams, drops, inhalers and liquids must have the person's name on the container as well as on the box - where there is any doubt contact the carer - the information can then be added by the day services
- check for any medication which requires specific storage, multi-compartment compliance aid which are in date, labelled by a pharmacy and are sealed can be used to administer medication
- staff must not administer medicines which have been put into an unsealed compliance aid or where the integrity of the seal has been compromised, regardless of who has filled it

MAR Folder Contents

Individuals who are prescribed medication or taking over the counter medication must have an identified section in the MARs folder which must contain the following:

- a copy of the person's medication risk assessment
- the person's MAR sheets

Discharging Medication from a Day Care Setting

Ensure any medication to be returned with the individual is either stored securely with the individual or handed to their carer.

If a medicine is no longer needed, return it securely with the individual to their home.

The procedure to follow is:

Two staff to count and verify all the person's medication against the current MAR sheet, confirming the following which is to be recorded in the carers' notes on the reverse of the MAR and initialled/dated:

- the person's name on the label of the medication is the same as recorded on the MAR
- the contents of the box are what is written on the label
- the stock is correct
- if inaccuracies in stock or any other error have been discovered a 'client incident and action record' must be completed

5. Medication Administration Record (MAR)

A MAR is a legal document and template versions can be found at Appendix 3a and 3b

The MAR will be taken as an accurate record of all medication administered. The MAR will be referred to for evidence by statutory bodies such as a coroner. These documents are for the protection of staff as well as the people receiving the medication, and it is essential that they are completed accurately and at the time of administration.

A list of all staff that are responsible for administering medicines. Their full name, signature and initials must be available at the front of the file containing the MAR sheets. This will identify anyone administering medicines and must be in place prior to dispensing any medication. A signature sheet template is available at Appendix 4.

Pharmacists have a legal obligation to label all dispensed medicines to a standard laid down by the Royal Pharmaceutical Society.

Every label should carry the:

- name of the person
- name and strength of the medicine
- quantity of the medicine supplied
- precise dose to be administered, e.g., one to be taken in the morning
- statutory warnings, e.g., take with or after food
- date the medicine was dispensed

Labels must not be altered unless it is to add a date of opening (creams and/or drops) and this must be reflected on the MAR.

Where there is any additional clarity required with respect to a medication prescribed ‘to be taken’ or on an ‘as required’ basis then this must be sought from the individual, family, carer, or case coordinator.

All information on the MAR must be accurate and directions such as ‘take three daily’ is unacceptable as it could mean ‘take three at once’ or ‘take one three times daily’.

All communication relating to medication must be uploaded to documents in the person’s electronic record. A case note of any amendments must also be added to the person’s electronic record and the medication risk assessment should be reviewed where appropriate.

To ensure clarity and legibility, details of the change must be added to the MAR in such a way that the change is obvious.

Use of Codes

The codes used by staff on all MARs **MUST** accord with the key provided on that individual MAR. Where different MARs are used with different codes, all responsible colleagues **MUST** be aware of and ensure that the correct codes are used for each individual MAR. The checking of these codes is essential and is part of the ‘managers monthly MAR audit’, the template for this can be found at Appendix 5.

Medication Prescribed to be Taken at a Specified Time and Frequency:

- the ‘not required’ code is NOT appropriate to use in relation to medication prescribed to be taken at a specified time, frequency, and dose
- the ‘refused’ code must be used where a person does not take a medication prescribed at a certain time

- when medication has been refused details of the refusal must be recorded on the back of the MAR to identify whether a pattern is occurring

Where it is identified that the wrong code has been used a 'client incident and action record' must be completed.

As and When Required' Medication (PRN)

PRN medication is only required to be taken when needed and this must be recorded on the 'medication risk assessment' and the 'PRN protocol' at Appendix 6.

For PRN medications a PRN protocol at Appendix 6 **MUST** be in place and contain information about when the medication is to be offered. For example, 'offered only when signs observed' or 'to be offered regularly'. The PRN protocol details when the medication should be offered and include information about any physical signs when a medication may be required, particularly where a person lacks capacity. Any protocols in place e.g., 'as and when required', rescue medication must be reviewed every 6 months or the recommended prescriber timescale.

If there is any confusion about which medicines or doses to give, this must be clarified with the family, carer, or case coordinator.

The 'refused' code should NOT be used when administering PRN. (There is one exception to this. Where a person lacks capacity to decide to take a PRN medication and is displaying symptoms that it may be required but refuses to take it when offered, it may be appropriate to use the 'refused' code and explain why it was offered on the reverse. This scenario may trigger a discussion with the family, carer, or case coordinator about the possibility of administering the medication covertly and the covert medication process described in this procedure must be followed.)

Where a person is offered a PRN medication in accordance with their protocol and it is not required, this should be evidenced on the MAR using the appropriate code (which will vary depending upon the MAR). Where the medication is offered and administered this should be evidenced by initialling the MAR with the reasons for administration recorded on the reverse.

Where a PRN medication is NOT offered because there are no signs that it is required, there is no requirement to add any code to the MAR and there will be a 'gap'. This 'gap' will be explained by a protocol indicating that the medication should only be offered when signs are observed or following a request for the medication.

The PRN protocol **must** contain the following:

- details about what condition the medicine is prescribed for
- dose instructions - this includes the maximum amount to take in a day and minimum interval between doses - where a variable dose is prescribed there should be clear directions as to what dose should be given
- signs or symptoms to look out for and when to offer the medicine, include if the person can ask for the medicine or if they need prompting or observing for signs of need - for example, non-verbal cues - PRN medication should

be offered when needed

- the plan should include appropriate alternative support - it should also include interventions to use before medicines
- where more than one 'when required' medicine is available for the same condition, it should state how and in what order they will be administered
- when to review the medicine and how long the person should expect to take it - for example, what to do if the medicine is taken regularly or not used for a long period of time

When recording the administration of PRN medicines, the following information must be stated on the reverse of the MAR in the carer's notes:

- the reasons for giving the PRN
- how much has been given including if a variable dose has been prescribed
- the time of administration, stating if it is a time sensitive medicine

You may need to contact the family, carer, or case coordinator if medicines do not have the expected effects, for example, effective pain relief. You should receive required medicines in their original packaging in suitable quantities and be in date.

Emergency Rescue Medication

Emergency rescue medication is prescribed for conditions such as seizures, diabetes, life threatening allergic reactions and angina and administered on an 'as and when required' basis.

For all these medications the appropriate protocol must be in place, stored in the MAR sheet folder under the person's name and reviewed regularly with a health care professional.

It is normal practice for the individual to be issued with the agreed protocol from the health professional which must be followed. Occasionally these may not be detailed enough to ensure that a person-centred procedure is followed. To ensure this information is collated a template protocol can be found at Appendix 6 unless it's regarding the management of seizures which is Appendix 8. These allow additional information to be recorded regarding individual agreements such as when carers, family members must be contacted, and the process to follow with regard to the contacting of emergency services.

The protocol must clearly state where the medication is kept ensuring immediate accessibility, this may be with the person themselves. If the medication can be self-administered, the section covering 'management of self- administration' must be followed.

The protocol must be reviewed regularly by a health care professional.

Side Effects/Adverse Reactions

All drugs have some side effects, most of which do not cause any significant problems. Occasionally a person may suffer an adverse reaction to a drug (or

interaction). Particular care must be taken to observe persons when a new drug is introduced, and any adverse reactions must be reported immediately to the family, carer, or health care professional. These reactions can also be reported using the yellow card system.

Patient Information Leaflets (PILs)

PILs must be supplied by the pharmacy with each medicine, including those supplied in blister packs. Information of any common contra- indications must be recorded on the MARs

and medication risk assessment e.g., as ‘do not take with grapefruit juice’.

The PILs must be made available to people who may wish to read them and used as a reference source for staff.

If necessary PILs for most medicines can be found at the electronic medicines compendium (EMC).

6. Medication Risk Assessment

Individuals must be encouraged to self-administer and maintain independence

A photograph that is a clear and true representation of the person must be uploaded to the front page of the risk assessment. The risk assessment must have all relevant sections completed and indicate the level of assistance, if any, they need with medication, and this must be reviewed on an annual basis or whenever there is a change in need. Where a person is prescribed PRN medication the risk assessment must be reviewed, and the protocol completed.

A person can be assessed as self-medicating, partial self-medicating or fully managed. All people taking medication must have a MAR in place as a complete record of medication on site.

Where the individual is not supported with medication at the day service it is best practice to complete a risk assessment should they be prescribed a short course of medication or homely remedies.

Self-medicating:

- the person takes responsibility for their own medication which they keep securely on their person

Partial self-medicating:

- the person takes responsibility for their own medication but requires assistance to prepare medicines such as dissolving soluble aspirin in water
- they may need assistance with prompting or with some of their medication e.g., eye drops
- they may only administer ‘as and when required’ medication themselves
- they may only apply topical medications

Fully managed:

- staff will be required to take the medication out of the container and hand it to the person
- selecting and measuring a dose of liquid medication for the person to self-administer immediately
- physically assisting the person to take the medication
- observing the medication has been consumed
- administering/applying medicated creams/ointment, inserting drops to ear, nose, or eye, and administering inhaled medication

The 'personal service plan' must include the medication information required in 'my physical and mental health' which is completed on the electronic case management system.

Management of Self-Administration

It is the manager's responsibility to ensure those who are self-medicating are monitored to ensure they are managing their medicines appropriately. The frequency of monitoring activity is to be discussed and agreed with the individual and/or significant others. This must be assessed and recorded on the electronic medication risk assessment form in the self-medication section. The risk assessment must be updated following any changes made.

To maintain independence, consider alternative methods of administration with the family, carer, or case coordinator so that the medicine can be dispensed in an appropriate container that meets the individual's needs. The individual must keep their medication with them at all times.

Staff must report any concerns regarding security of medicines to the senior person on duty as soon as is practicable. This may result in a review of an individual's ability to self-medicate safely.

7. Capacity and Consent

Where it appears that the individual may lack capacity to make decisions about their care and treatment, including decisions about their medication, a mental capacity assessment must be completed in accordance with the principles of the Mental Capacity Act 2005 and associated legislation and guidance. Where an individual is assessed as lacking capacity a best interest decision must be made in consultation with family, carer, and relevant health professionals.

The assessment of an individual's capacity to make decisions about medication can usually be addressed by an assessment of capacity to make decisions about care and treatment. If the medication is to be administered covertly, is an antipsychotic or has a sedating effect, then this must be assessed separately with advice from the prescribing health professional.

Even where written consent to administer medication or carry out related tasks is held; staff must ascertain wishes and feelings, each time support with medication is provided.

8. Medication in Food and Drink

Where an individual has capacity but requires or prefers that their medication is placed in food or drink e.g., swallowing difficulties, this must be discussed and agreed with the prescribing professional and significant others to ensure there are no alternatives. The suitability of these medicines to be given this way must be verified with a medical professional. This agreement must be documented in the individual's case notes, medication risk assessment and personal service plan.

Covert Medication

Where an individual lacks capacity, and a best interest decision has been made by a medical professional that a prescribed medication should be administered covertly the 'covert administration of medication in food or drink' template Appendix 7 must be completed and signed by the appropriate relevant health care professional and the manager.

A best interest decision must be made for each individual's medications that will be given covertly. Covert methods must only be used in exceptional circumstances and when all other suitable options have failed – details of previous methods tried must be recorded.

The best interest decision must identify that it's the least restrictive option and include:

- details of the medication which is to be administered covertly and the benefits to the individual
- whether covert administration will occur during each administration or whether this may fluctuate - if it's identified that this is not a regular process, it must detail when covert administration will be used - the daily administration process must then be recorded on the back of the MAR so this can be reviewed

9. Administering Medication

Medication must only be administered by a competent person who has received the relevant training and an observation of competency. Only authorised staff may have responsibility for the keys to the medicines area or cupboards.

When administering medication always ensure compliance with 'The 6 R's':

- right person
- right route
- right time
- right dose
- right medication
- right to refuse

When the selected medication has been dispensed it is a requirement to put a small 'dot' on the MAR. Only after the medication has been observed as being taken can the MAR be initialled.

The individual should be asked to sit upright when taking tablets or capsules to reduce the possibility of the medicine sticking in the oesophagus (gullet). For the same reason, tablets

and capsules should be swallowed with at least half a glass of cold water. Hot drinks should be avoided as many medicines can be affected by heat.

Missed doses and refusals

Individuals have the right to refuse medication, but this must be recorded, and where there are concerns it should be escalated appropriately. It is important that those administering medication understand the condition for which the medication is prescribed and the possible consequences if it is not taken.

If an individual is asleep at the time of administration, this must be recorded on the MAR and attempts should be made to administer the medication when the individual wakes up, where this is appropriate. Where the medication is ‘time sensitive’ it may be appropriate to wake the person and support them to take their medication.

If an individual refuses their medication or is asleep at the time of administration, this must be recorded on the MAR with the appropriate code. Where possible, information should be gathered from the prescriber or significant others in regard to any detrimental effects of a missed dose when the medication is first prescribed, and advice must be recorded in the medication risk assessment. If this information has not been gained, refer to PIL’s and seek pharmacy/ GP advice or 111 during out of hours where required. Ensure all directives given are recorded in detail and followed.

Those who are deemed to lack capacity may refuse to take their medication and this could be on a fluctuating basis. It may be appropriate to reapproach the individual on a number of occasions. Person centred approaches should be documented in the medication risk assessment to support successful administration. Further medical advice may need to be sought depending on the nature of the medication and/ or the frequency of refusal.

If the individual is deemed to have capacity and are refusing medication it is important to understand the reasons for refusal, and to ensure the individual understands the medication need and potential consequences. It is important to inform family, carer, and relevant health professionals if this occurs.

Medication and Preparations

All medication is prepared in accordance with the directions provided by the prescribing professional.

Paracetamol

Where the person weighs less than 50kg the amount of paracetamol administered over a 24hr period will be less. It is important to seek advice from the family, carer, prescribing health care professional or pharmacist before administering so that the correct dose is administered, and the MAR amended accordingly.

Cutting Tablets in Half

Wherever possible the pharmacy must be asked by the family or carer to either cut the tablets in half before being received by the day care service or provide the correct strength of tablet.

If a tablet must be cut this should only be the case if it is to make it easier for the individual to swallow their medication, therefore they would still be taking the whole tablet.

A specific tablet cutter must be used and washed and thoroughly dried after each use.

Swallowing Difficulties

Where an individual presents with swallowing difficulties which impact on their ability to take prescribed medication (example chewing, concealing tablets) the advice of a health care professional (GP/pharmacist) must be sought following a discussion with the family or carer or case coordinator. Any change to advice around administration must be appropriately recorded on the MAR.

For those on thickened diets the IDDSI level must be communicated and recorded in the personal service plan. The supply must be clearly labelled and as a prescribed medicine it must be added to the MAR chart for information only. When stock levels are ready to be replenished the person or carer must be notified.

Nutritional Supplements

Nutritional liquid supplements must be prescribed and be stored in a designated place, in a secure locked cupboard. Each person's supplements must be identifiable.

Once administered and consumed by the person this must be signed/coded on the MAR

10. Storage

All medicines must be kept secure at all times.

Where possible establishments should have a designated medication room where all medication is to be stored (unless an individual chooses and is able to safely self-administer).

The keys to the medicines room must always be in the possession of the designated person/manager on duty. They must not be part of the master set for the establishment. Duplicate keys must be kept in a locked cupboard in a secure place and signed for when removed/returned. Loss of keys must be reported to the manager and, if not recovered within a short period, the locks must be changed. An audit trail must be in place for the handover of the medical keys from one person to another. The template 'medical key handover form' can be found at Appendix 9. If a keypad security system is used the code must be changed when workers leave employment.

Where a dedicated medication room is not available then suitable alternative secure arrangements must be made on an individual basis in conjunction with the Quality and Compliance team. The arrangement must be documented in a Derbyshire general risk

assessment.

Medicines must not be stored in a humid atmosphere or a temperature above 25ºC. The

room temperature must be checked daily and recorded on the template at Appendix 10a. On the occasions where the room temperature exceeds 25ºC the responsible person on duty must put in systems to reduce this e.g., use of fans, closing blinds, etc. (Royal Pharmaceutical Society's 2018 Professional Guidance on the Safe and Secure Handling of Medicines),

Where medication is stored in a medical cupboard each person must have a dedicated box or area enabling it to be kept together.

For individuals who access or return from respite care via the day service, their luggage must be stored in a lockable room as it may contain medication. If this is not possible it must be stored within the establishment office or other designated space. If the individual's medication is required during the day, the standard booking in procedure must be followed but their bags and contents must remain untouched.

Fridge Line Storage

Due to the difficulties in storing fridge line medication within day services, wherever possible this must be avoided, and alternative arrangements should be sought.

If the centre has a medical fridge, it must be kept locked and the key be stored together with the main medication keys.

It is important that the temperature inside the medicine fridge is always maintained between 2ºC and 8ºC. A daily record of the maximum/minimum temperature must be recorded using a specific fridge thermometer following manufacture instruction; an ordinary fridge thermometer must not be used. A record chart must be completed at the same time each day using the template at Appendix 10b and must be kept in a polythene sleeve attached to the door of the fridge.

Medicine fridges must be cleaned regularly (usually carried out when the fridge is empty). If the temperature has gone outside the normal range the pharmacist must be contacted for advice about suitability of medicines affected.

(Royal Pharmaceutical Society's 2018 Professional Guidance on the Safe and Secure Handling of Medicines)

Cleaning

The cleanliness of the medication room and equipment must be maintained at all times.

11. Medication Review

The manager must ensure that the family, carer, case coordinator keeps them informed of any planned reviews or feedback so the medication risk assessment can be kept up to date.

It may be necessary for the manager to initiate a review should a person's condition appear to have changed and this should be escalated to the family, carer, or case coordinator.

12. Stock management

Medication that is to be administered by the day services will be obtained from the individual, family, or carer. The amount of medication brought in must be recorded in the relevant section on the MAR sheet.

All additional medication must be added to the amount to be carried forward e.g., tablets, liquids to an approximate estimation must be recorded on the MAR in the box provided for each individual medication. This will enable the effective auditing of the stock amount of medication held on site.

The optional use of a stock check sheet template can be found at Appendix 18. If used these must be stored with the individuals MARs.

The establishment must monitor the stock for 'as and when required' medicines as these may not need to be requested each month. It is also important to check the expiry date as any out-of-date medication must be returned to the individual's home.

If a medicine is no longer needed, return the medicines to the individual's home, it will not normally be necessary to return medication to the community pharmacist from the day service. Returned medication must be recorded on the MAR and on their electronic record.

For the returning of controlled drugs refer to the relevant section in this document.

13. Returning Mediation

Spoiled Doses

An appropriate container such as an empty tablet bottle or individual bags must be kept where the medication is stored for any retrieved spoiled doses e.g., a tablet dropped on the floor/refused meds. These must be clearly labelled with the individual's name, date and medication name and returned to the individual's family or carer. This must be recorded on the back of the MAR stating date, medication, reason, and initial to indicate the spoilt dose.

If medicines are supplied in a monitored dosage system (MDS) the replacement dose needs to be selected from doses at the end of the period. The manager must inform the family or carer to request a replacement tablet or capsule from the pharmacy, otherwise medication will be short at the end of that period.

14. Medication Purchased by or on Behalf of Individuals

The use of purchased medication in addition to those prescribed by the health care professional may constitute a health risk due to interactions between medications and discussions with the individual, family, carer, or case coordinator will need to be had and advice from the health care professional may need to be sort. Any restriction or other advice obtained must be shared with the person/their representative and recorded.

Any purchased medication must be stored in the same way as if it were prescribed and recorded on the MAR. Those who self-administer will therefore have custody of their own purchased medication.

Many prescribing health care professionals may encourage people to purchase their own paracetamol, emollients and other medications that can be purchased over the pharmacy counter rather having these prescribed. The name of the individual must be recorded on the packaging.

15. Administration of Medication Away from the Care Establishment

When medication is being taken out of the building it must remain in the original packaging

and stored in a lockable container with the MAR. Drugs in transit form (Appendix 11) must be completed and taken with them then checked on return. The medication must be kept secure and in the possession of the responsible person until they return to the centre.

16. Auditing Requirements

Audits will identify safe and unsafe practices including areas that need to be addressed.

Visual checks must be carried out on the MARs and any CDs administered at the end of each medication round to ensure that all medication administered at that time has been initialled or coded.

The manager's monthly audits are carried out on the MARs and controlled drugs system, these can be found at Appendix 5 and 12.

A six-monthly medication systems audit is carried out by the service manager and the template can be found at Appendix 13.

All medication audits must be stored securely and available to the Quality and Compliance team and operational managers upon request.

17. Medication Errors

Identifying the cause of an error is important in deciding if any changes are needed to make the system safer and prevent a repetition of the same error. Staff must 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 medication related incident must be determined.

In the event of any error occurring with the person's medication, the medication error guidance below must be followed which accompanies the electronic 'client incident and action record'.

Staff will ensure:

- they report any instance of a medication error immediately to their manager and if required, seek medical advice from the persons' GP.
- in the event of an emergency call 999 immediately

- they assist the manager with the completion of the client incident and action record following a medication error
- they discuss their medication training, support, and observation requirements during supervision

Managers will ensure:

- that errors are reported via the client incident and action record
- that staff who report errors are supported appropriately
- when errors are reported or identified, the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action
- when issues concerning the administration of medication are identified it may be
- necessary for staff to refresh their medication training and undergo additional observations of competency - where this is required it must be recorded in supervision
- disciplinary procedures are followed where appropriate
- the summary of the complete client incident and action record forms in relation to medication errors received from the Management Information team is reviewed alongside the dashboard and any identified trends are acted upon

18. Topical Preparations

Creams/Ointments/Lotions Storage

Creams must not be stored on window ledges, next to radiators or elsewhere where the temperature exceeds 25c.

The creams MAR template found at Appendix 14, and labels on products, must indicate the areas of the body to which it should be applied and thickness where appropriate. This is particularly important if a person has several different creams, ointments, or lotions. The area must also be indicated on the body map which is within template Appendix 14 and must be kept updated as changes occur.

Directions on the label/creams MAR will indicate how much to use and how long the treatment will last, where appropriate. Cream application guidance can be found at Appendix 15. Creams in pots must be discarded if they appear to be contaminated or out of date, if there any other concerns about their appearance, or if the lid has been left off for any indeterminate period.

Expiry dates must be checked at each use. Where staff are uncertain of the shelf-life of a particular medicine once opened, they must check the information supplied with the medicine or contact a pharmacist for advice.

The MAR must be initialled/coded by the member of staff who is responsible for administering the topical preparations as prescribed immediately after administration.

All medication belongs to the person whose name is on the pharmacy label and must only

be used for them and not communal use.

Fire Risk from Use of Emollient Creams

When supporting people to use emollient creams, it is important to be aware of the risks. If using a paraffin based emollient product, and then covering this with a dressing or clothing, there's a danger that smoking or using a naked flame could cause these dressings or clothing to catch fire.

Managers must make sure that:

- all emollients are stored securely
- risk assessments reflect the use and storage of emollients and are reviewed regularly
- peoples clothing should be regularly changed because emollients soak into fabric and can become a fire hazard
- advise people who are using emollient creams of the risks the creams may pose and not to smoke, use naked flames and not to go near anyone with either of these

19. Anticoagulant Medication

Warfarin

It is important that people who take warfarin have their prothrombin (clotting) time checked regularly by means of an international normalized ratio (INR) test. The result of the test will be used to confirm the dose taken or to adjust it if necessary.

Many medicines and a number of foods interact with warfarin must be recorded in the nutrition and hydration section of the personal service plan.

If Warfarin is being administered within your establishment, it is a legal requirement that the 'risk assessment and plan' is completed on the person's electronic record.

Novel Oral Anticoagulants (NOACs)

Individuals should have an anticoagulant alert card which they must carry with or for them when going out of the building. This card will have the name of the anticoagulant, the condition being treated and the length of treatment.

It is imperative that the individual and staff are made aware of the importance of not missing doses of this medication as the person will have an increased risk of stroke and this will need reporting to their prescribing health care professional urgently.

Further information is available on the Derbyshire Medicines Management Prescribing and Guidelines.

20. Medicinal Oxygen

Follow the storage instructions from the supplier.

The manager must ensure that a risk assessment is in place and all staff are trained in the safety/use, of oxygen and that the statutory warning notices are displayed outside any room where oxygen is used or stored.

Staff must not set any controls to regulate the flow of oxygen or change oxygen cylinders. Refer to Appendix 16.

The manager must ensure the fire service is notified that oxygen is on site if they are called to an emergency.

21. Controlled Drugs

Identification of Controlled Drugs (CDs)

There may be occasions when CDs are received without being identified, for instance within a collection of medicines brought into the centre.

It is unlikely that non-prescribed controlled drugs (i.e., drugs used by drug abusers), would be received into the establishment but should these be identified, (you may need to contact the pharmacy or the police to do this), the substance must be isolated and handed over to the police.

Controlled Drugs List

You can find up to date information with regards to named controlled drugs on the government website. For further information refer to the Care Quality Commission (CQC) information on controlled drugs in care homes.

Supply and Receipt of Controlled Drugs (CD)

On receipt of the CDs, the responsible person on duty, with a witness, must immediately check the contents of the container with the quantity on the label. The receipt of the CD must then be recorded in the CD register.

Any discrepancy must be reported to the family/carer immediately and the medication error procedure completed.

Liquid morphine (e.g., Oramorph) can be prescribed in different strengths which will dictate whether it is stored and managed as a controlled drug.

The drug index at the front of the CD register must be completed each time a new page is started.

When booking the CDs into the register the responsible person must enter the relevant details onto the appropriate page. A separate page must be used for each person, each drug, form (e.g., tablets, capsules, liquid) and strength.

If you already hold a stock of the same CD for that individual, ensure that the new balance is calculated and entered into the register.

Entries must be in chronological order.

To obtain a CD register please order through DCC contracts. The completed CD register must be stored as per the DCC retention policy.

Storage of Controlled Drugs

To comply with legislation, cabinets must be installed in the medicines room and attached to a brick or block wall in accordance with the installation instructions, away from public view.

Keys to the cabinet must be always kept in the possession of the responsible person.

Controlled drugs must always be behind two locked doors, this can be the medicine room door and the locked box fixed to the wall. Where a person is self-administering these must be kept securely in their own possession. Where this is not possible, they must be kept in the medicines room.

Controlled drugs cabinets tend to be smaller than the regular medication cabinets, therefore only CDs must be stored inside.

Where this is not available then suitable alternative arrangements must be made on an individual basis in conjunction with the Quality and Compliance team. The arrangement must be documented in a Derbyshire general risk assessment.

Administration of Controlled Drugs

In addition to the procedures relating to the administration and documentation of other medicines the following procedures must be carried out with entries made in the establishment's CD register, including

- date and time of administration
- name of person
- dose administered
- remaining balance of stock, which should be checked on returning stock to the cupboard
- witnessed by a member of staff (this includes observing the person take the
- medication)
- signed in full by the administrator of the medication and the witness after the procedure has been carried out

MAR must be completed by the lead administrator of the medication. There is no need to have two signatures on the MAR, this is covered in the CD register.

A running balance must be kept on the MAR, ensuring that irregularities or discrepancies are identified as quickly as possible. The balance must be updated each time an entry is made. It is good practice to check all stock including any zero balances.

The index page within the CD Register **MUST** be completed.

Entries in the CD register must be clear and must never be changed or crossed out.

On a monthly basis the manager will complete the controlled drugs audit found at Appendix 12. If a recording error is made the agreed procedure must be followed.

If the person is self-administering controlled drugs the manager must ensure it is recorded in their medication risk assessment.

Discrepancies

Any discrepancies **MUST** be investigated immediately by the responsible person on duty, and where an error is identified the following procedure must be followed:

1. report to the manager immediately

2. record the outcome and make any corrections to the CD register with a signed and dated entry (this is a retrospective entry) in the margin or at the bottom of the relevant page referring to any supporting documentation that was used to resolve the discrepancy

3. there must be no cancellation, obliteration, or alteration of any entry in the CD register.

4. where the investigation indicates that the drugs may have been stolen, in addition to the above, police must be notified immediately.

Disposal of Controlled Drugs

Details of the controlled drug(s) to be returned home must be entered in the CD register.

Any controlled drug prepared for administration and not used, or only partly used, must be returned home. The appropriate code must be entered on the MAR and a written record of the incident on the reverse.

All actions must be witnessed by a second member of staff and signed.

Unless a person is self-medicating controlled drugs must not be allowed to remain outside the controlled drugs cabinet or agreed location.

22. Anti-Psychotic Drugs

Derbyshire County Council Adult Social Care does not advocate the use of anti-psychotic drugs except where this is advised by the prescribing health professional as being the only suitable option.

Positive behaviour support is used to promote and monitor health and wellbeing both mentally and physically.

A change in a person's capacity or behaviour may be due to a physical illness rather than deterioration in their mental health; therefore, it is crucial that the relevant health care professionals are involved in any decisions around medication.

Anti-psychotic drugs are often prescribed on an 'as and when required' basis. Clear descriptions and the steps to follow must be recorded on the PRN medication protocol and these must be referred to before administration and can be found at template Appendix 6.

23. Alternative and Homely Remedies

Alternative Remedies

It is recognised that there may be occasions when a person or their representative request alternative remedies (e.g., herbal/homeopathic) to be administered.

Remedies must be stored in accordance with instructions.

Homely Remedies

A small range of 'over the counter products' may be kept in stock for the treatment of minor ailments such as colds, headache, etc. These will include mild analgesics (pain killers) and cough mixtures and can be found at template Appendix 17. These remedies must not be administered without checking with the community pharmacist or health care professional to ensure they are safe and do not interact with other drugs.

A homely remedies inventory and stock levels must be recorded and monitored on Appendix 17. The remedies must be stored in the medicine room in a separate cupboard from prescribed medication.

The contents of the cupboard must be date checked every six months and short dated items replaced. The date of opening is to be recorded on liquid medicines which must be replaced 12 months after opening or as per label.

All administered doses of household remedies must be recorded on the MAR according to procedure

Approval and Authorisation History

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Name	Job Title	Date
Authored by Emma Benton	Service Manager Quality and Compliance	January 2018
Approved by Rob Moore	Group Manager Direct Care Quality	January 2018
Authorised by Quality and Compliance Group		January 2018

Change History

Version	Date	Name	Reason
Version 1	January 2024	Quality and Compliance	Change to procedure name and Complete review
Version 1a	February 2024	Quality and Compliance	Addition of appendix 18
Version 1b	April 2024	Quality and Compliance	Update