Adult Social Care and Health

Management of Medication and Health Related Activities Procedure – Residential

Version 1a

Contents

Appendix 1a Appendix 1b	Residential Individual Medication Observation Record (SCW/RSCW/Manager) Residential Individual Medication Observation Record (Care Worker)
Appendix 2a Appendix 2b	Competency form for Specialist Training (Individual Client) Competency form for Specialist Training (Generic)
Appendix 3a Appendix 3b	Medication Administration Record (MAR) Portrait Version Medication Administration Record (MAR) Landscape Version
Appendix 4	Signature Sheet – Residential Medication and Health Related Activities
Appendix 5	Client Medication Change Sheet
Appendix 6	Daily Review Sheet
Appendix 7	Monthly Manager MARs Audit
Appendix 8	Client PRN Protocol
Appendix 9	Covert Administration of Medicines in Food or Drink
Appendix 10	Emergency Rescue Medication Protocol
Appendix 11	Pharmacy Agreement Letter
Appendix 12	Medical Key Handover Form
Appendix 13a Appendix 13b	Room Temperature Chart Fridge Temperature Chart
Appendix 14	Will Do Won't Do List
Appendix 15	Drugs in Transit Form
Appendix 16	Monthly Manager Controlled Drugs Audit
Appendix 17	Medication Systems Audit Review
Appendix 18	Creams Medication Administration Record (MAR)
Appendix 19	Transdermal Patches Body Map
Appendix 20 Appendix 21a Appendix 21b	Household/Homely Remedies PRN Medication administration record (MAR) Portrait PRN Medication administration record (MAR) Landscape

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

1. Procedure

This procedure takes into account the following legislation:

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

2. Roles and Responsibilities

The registered provider will:

- ensure systems are in place to promote the safe and effective use of medicines in residential settings - this includes the prescribing, handling, and administering of medicines
- ensure staff working in residential settings are trained appropriately and are compliant with that training
- ensure the Regulated Services: Quality Assurance Framework is being applied and adhered to across its registered services

Group managers will:

- ensure that the departmental procedures for the proper and safe use of medicines in residential 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 residential settings for which they are responsible
- delegate actions to the appropriate managers within their service to ensure compliance with this procedure
- maintain knowledge of this procedure

Service managers will:

- ensure that the departmental procedures for the proper and safe use of medicines in residential settings are implemented throughout their area of responsibility
- verify the information gathered by the registered 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 developed in response to issues highlighted within residential settings throughout their area of responsibility
- 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

Registered manager and deputies will:

- have overall responsibility and be accountable for the management of medication and health related activities within their residential 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 ordering and booking in of all medication is safely carried out in accordance with procedure
- ensure safeguarding referrals are made when appropriate

Residential social care workers will:

- ensure that the Management of Medication and Health Related Activities Procedure is implemented and followed
- assist to 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
- ensure the ordering and booking in of all medication is safely carried out in
- accordance with procedure

Senior care 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 and reordering of medication
- to order prescriptions when required
- 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
- complete the daily review of MARs including cream

Care 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 for each resident
- report any medication or health related concerns/errors to their manager/senior care worker 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 registered 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 templates at **Appendix 1a and 1b** and must be stored securely with the staff member's record.

Newly recruited workers will only administer medication once they have completed all essential training for their role and undergone an observation of Practice commensurate to their role. Staff can 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 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
- 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, responsible colleagues MUST be aware of and ensure that the correct codes are used and accord with the key on each individual MAR - registered managers may consider using one MAR throughout the building to avoid the risk of errors
- all associated documents related to the medication must be reviewed on arrival with any conflicting information being immediately escalated
- separate the prescribed medication from the non-prescribed and store securely until advice from a health professional about the non-prescribed has been sought
- check the date of dispensing is within 6 months, remove any that are out of date and dispose of them through the returns' procedure
- creams, drops, inhalers and liquids must have a prescription label on the container as well as on the box - where there is any doubt an out of hours or pharmacist must be contacted
- 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
Where medication arrives after 22:00hrs advice can be sought from the on-call duty manager where required

For all admissions to a residential setting a request should be sent to the person's registered GP for a patient summary. This will contain all the relevant information about medication prescribed, allergies/ sensitivities and relevant health history. For people receiving care in a community support bed this may be provided by the DCHS clinician assigned to the home.

If the person has been admitted following a hospital stay the discharge letter must be checked so that any recent changes to medication can be identified and recorded on the new MAR.

Clarification of Medication

Where any clarification about prescribed or non-prescribed medication is required, this should be requested and received in writing from the appropriate medical professional prior to the medication being administered and the MAR updated accordingly.

Due to data protection only one resident can be discussed per email

MAR Folder Contents

All residents 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
- any protocols in place e.g., 'as and when required', rescue medication
  These must be kept up to date whenever there is a change.

Discharging Medication from a Residential Setting

Wherever possible the discharge of medication must be planned with the person and person/agency who will be supporting with the administration of medication once they have been discharged.

The responsible person on duty must ensure that the person has a minimum of fourteen days' worth of medication to take with them. This allows plenty of time for them to arrange a repeat prescription and additional medication. This will also allow for time to arrange for the medication to be dispensed in blister packs if needed.

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:

- the person's name on the label of the medication is the same as recorded on the MAR
- the contents of the box is 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
- the current and original MAR, whether handwritten or pharmacy provided, must accompany the medication on discharge - a copy must be scanned onto their electronic record with the total stock amount leaving the building including the date of discharge

If the person is being admitted to hospital from the home the procedure set out above must be followed, ensuring the MARs and any current medication goes with them.

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 coroner or CQC. 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, with their full name, signature and initials must be available at the front of the file containing the MAR sheets. This includes all care workers who are acting as runners. 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

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 prescribing professional .

The pharmacy usually supplies printed MAR sheets, and these are delivered with the medication. Particular attention should be taken to ensure that any medicine changes

are reflected on the latest MAR and the PRN protocol for 'as required' medication.

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'.

Additional information may need to be added to the MAR if not already done so by the pharmacist. This includes specific storage requirements e.g., FRIDGE, CD, BOXED, BOTTLE.

During a visit a health care professional may issue a verbal order to change, add or discontinue a medication or dose. Any alterations to labels/MARs must be made by the health care professional during that visit and they should be asked to date, sign, or initial a note of the change preferably on the MAR. They should be asked to complete the 'Client Medication Change Sheet' at **Appendix 5**. Where a medical professional refuses to complete this paperwork, it must be completed by the responsible person on duty with a note detailing the change and reference made to the fact that the medical professional had refused to complete the form.

All emails 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 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.

Some pharmacies may issue a new or an additional MAR when they know that there has been a medication change. It is important that the original MAR is marked to indicate this.

Daily Review

The MARs (including cream MARs) must be reviewed daily to ensure that missed initials, unexplained gaps and any other issues can be resolved promptly. The template for the 'daily review sheet' is at **Appendix 6.**

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. Registered Managers may consider using one MAR throughout the building with one set of codes to avoid the risk of errors. The checking of these codes is essential and is part of the 'Monthly Manager MAR Audit', the template for this can be found at Appendix 7.

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 'Client PRN Protocol' at **Appendix 8** The optional use of a 24-hour PRN MAR is available at **Appendix 21a and 21b** should this be useful.

For PRN medications a PRN protocol at **Appendix 8** 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 should detail when the medication should be offered and include information about any physical signs a medication may be required, particularly where a person lacks capacity.

If there is any confusion about which medicines or doses to give, this must be clarified with the prescriber

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 prescribing professional 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 and not just 'during

medication rounds'

- 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 prescriber if medicines do not have the expected effects. For example, effective pain relief. You would normally keep when required medicines in their original packaging. They should be held in suitable quantities and be in date.

Any PRN medication prescribed must be reviewed by a health professional on a minimum 6 monthly basis, as recommended by the prescriber or where changes are required due to individuals changing need.

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. PILs must be filed in alphabetical order in a ring binder in the medicines room and replaced as updated ones are received.

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

The electronic 'Medication Risk Assessment' must be completed in accordance with Admission and Discharge Policy.

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 by the residential setting. All people taking medication must have a MAR in place as a complete record of medication on site.

Self-medicating:

- the person takes responsibility for their own medication which they keep in a locked draw in their room
- the manager will reorder any medication that is required

Partial self-medicating:

- the person takes responsibility for their own medication but requires assistance to prepare medicines such as dissolving soluble asprin 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 handing 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. Frequency of monitoring activity to be discussed and agreed with the individual. This must be assessed and recorded on the electronic medication risk assessment form in the self-medication section.

To maintain independence, consider alternative methods of administration with the relevant health care professional. The community pharmacist must be informed where a

person is self- medicating so that the medicine can be dispensed in an appropriate container that meets the person's needs.

The manager must ensure that the person is aware that all medication must be stored in the lockable cabinet provided in the person's room. Duplicate keys for persons' lockable drawers or cupboards must be available. The keys must be identifiable and kept in an appropriate key store.

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 a person's ability to self-medicate safely.

A MAR must be completed listing all the medication the person has been prescribed including any over the counter medication. The stock amount brought into the home must also be recorded on the MARs with a note written on stating they are 'self-administering'.

The completed MARs must be kept in the main MARs folder for reference and to be used if the person is discharged from the care home.

7. Capacity and Consent

Where it appears that the person 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 a person is assessed as lacking capacity a best interest decision must be made in consultation with family and relevant health professionals.

The assessment of a person'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 wished and feelings, each time support with medication is provided.

8. Medication in Food and Drink

Where a person 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 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 person's case notes, medication risk assessment and personal service plan.

Covert Medication

Where a person 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 9** must be completed and signed by the appropriate relevant health care professional and the Registered Manager.

A best interest decision must be made for each person'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 person
- 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. 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 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 person 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.

The trolley must be returned immediately to the medicines room, cleaned and secured

following each medication round. The Daily MAR review should be completed on a daily basis.

Missed doses and refusals

People 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 a person 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 client 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 a person 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 regards 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.

Clients 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 person is deemed to have capacity and are refusing medication it is important to understand the reasons for refusal, and to ensure the person understand the medication need and potential consequences. Further medical advice may need to be sought.

Care Worker 'Runner' Procedure

Care staff may be required to support the administrator in distributing medication to the person. Where this is in place a single designated carer must be nominated for this task.

The care worker will:

- observe the administrator preparing the correct medication and dose for the person
- the administrator will confirm with the care worker which person the medication is for and preferred method of administration
- take the medication to the person
- witness/support the person taking the medication

- care worker must return to administration trolley and notify administrator o
- outcome
- complete the mar accurately
- return any medication that has been refused/spoiled
- feedback any relevant information

NB. The care worker must only take medication to one person at a time.

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 prescribing health care professional or pharmacist before administering so that the correct does is administered and the MAR amended accordingly.

Cutting Tablets in Half

Wherever possible the pharmacy must be asked to either cut the tablets in half before being received by the care home or provide the correct strength of tablet.
If a tablet has to 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.

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.

The template protocol to use can be found at **Appendix 8** unless it’s regarding the management of seizures which is **Appendix 10.**

The protocol must clearly state where the medication is stored to ensure immediate accessibility. If the medication can be self-administered, then it can remain with the person and the section covering ‘Management of Self- Administration’ must be followed.

Management of Seizures Rescue Medication Inside the Mouth (Buccal)

Where a person is prescribed with medication that is to be taken in the event of a

seizure the 'Emergency Rescue Medication Protocol (Seizures)' at **Appendix 10** must be completed to reflect the advice of the prescribing health care professional. 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 health care professional. These reactions can also be reported using the yellow card system.

It is important that the GP is made aware of any resident consuming regular considerable quantities of alcohol and the possibility of interactions between any prescribed medicines and alcohol should be confirmed with the pharmacist.

Swallowing Difficulties

Where a person presents with swallowing difficulties which impacts on their ability to take prescribed medication (example chewing, concealing tablets) the advice of a health care professional (GP/Pharmacist) must be sought. Any change to advice around administration must be appropriately recorded on the MAR.

NB: for those on thickened diets consult the prescriber and speech and language therapist (SLT).

10. Supply of Prescribed Medicines

Pharmacy Contract

The registered manager and pharmacy **must** complete a formal agreement for the provision of the pharmacy service to the establishment. A template agreement can be found at **Appendix 11.**

Under no circumstances must the registered manager sign into a formal contract with a community pharmacist that specifies:

- a fixed term contract
- an automatic renewal of contract
- financial penalty clauses

Before any community pharmacy contract/service level agreement is signed it must be forward to the Quality and Compliance team for approval.

The registered manager, or in their absence, service manager must sign this agreement following central approval.

It is the manager's responsibility to build a professional relationship with the community pharmacist to enable effective communication and mutual respect between both parties.

Any concerns regarding the pharmacy agreement/service provided must be recorded along with actions taken and by whom so that these can be referred to later should it be required.

Ad hoc Prescriptions

If a visiting doctor leaves a prescription for a person which is required for immediate administration, it must be either taken to the pharmacy, scanned and emailed, and in extreme circumstances a telephone call made to the pharmacy may be accepted.

The original prescription will be collected by the person delivering the medicine.

Outside of Normal Pharmacy Hours

If a health care professional visits a person out of normal pharmacy hours (i.e., at night or at the weekend) and requires the person to receive new medicine immediately, he/she will leave a prescription for the medicine and possibly a supply of the first few doses. If an urgent prescription is required, the form should be endorsed 'URGENT' by the health care professional.

For out of hours prescriptions call 111 for the closest pharmacy.

Emergency supplies of prescription only medicines

A community pharmacist is permitted to make 'emergency supplies' of prescription only medicines under very strict conditions.

The pharmacist must be satisfied that:

- there is an immediate need for the medicine and that it is not practical to obtain a prescription (spoiled dose replacement from a compliance aid)
- that the medicine has been prescribed on a previous occasion
- no more than five days medication can be supplied (except for complete packs such as a cream or an inhaler)
- controlled drugs (except phenobarbital) may not be supplied in this way

More information regarding out of hours and emergency supplies can be found on the NHS Out Of Hours Website.

11. Storage

All medicines must be kept secure at all times.

All establishments must have a designated medication room where all prescribed medication is to be stored (unless a person chooses to keep them in their own room).

The room must have a stand-alone hand wash basin with no plug or overflow with off centred drainage. A soap and paper towel dispenser must be fixed to the wall. The room must have good lighting to reduce incidents of human error and there must be sufficient

space to allow safe working. Work surfaces must be easily cleaned and not cluttered, pull-out baskets, shelving or drawer units can be used. Tall cupboards must have sloping tops or a sealed fascia panel to ceiling level for infection control purposes. Skirting boards should be covered or have a sealed floor plinth.

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 registered 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 12**.

Medicine trolleys must be anchored to a wall when not in use, preferable not a studded wall.

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 13a**. 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)

If medicines are received in traditional dispensing bottles or packs each person's medication must be kept together in individual drawers, boxes or compartments. The medication must not be stored on the floor.

Fridge Line Storage

Medicines which require cold storage must be identified by the supplying pharmacy and delivered in a container clearly labelled, 'FRIDGE LINES'. These must be placed immediately upon delivery into the medicines fridge in order to maintain the 'cold chain'.

The medical fridge must be kept always 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 13b** 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) and recorded on the medicines room cleaning log. If the temperature has gone outside the normal range the pharmacist must be contacted for advice about suitability of medicines affected. See the : (Royal Pharmaceutical Society's 2018 Professional Guidance on the Safe and Secure Handling of Medicines).

Nutritional Supplements

Supplements can be prescribed by a health professional or bought over the counter, but medical advice must always be sort before purchasing over the counter supplements

Liquid 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.

Thickeners

The prescribers directions of use will be recorded on the MAR and IDDSI level communicated on the catering communication form and personal service plan.

Cleaning

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

12. Medication Review

A regular review is necessary to ensure that people receive maximum benefit from medicines that are prescribed. Health care professionals are required to review all their patients on an annual basis as a minimum as referred in the NICE Guidelines. The community pharmacist is ideally placed to provide additional support and advice on medication and will sometimes carry out the medication review.

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 a health professional. The person or their representative should participate in the review process.

Medication Requiring Regular Monitoring

A number of drugs are prescribed which require regular monitoring to ensure that the dose is appropriate. This is usually done by means of a blood or urine test. These drugs may include:

- warfarin
- thyroxine (or levothyroxine)
- lithium (priadel)
- insulin and oral anti-diabetic drugs
- blood pressure medication

If monitoring is required, the frequency and tests will be agreed with the health care professional. The details of which must be recorded in the person's case notes and medication risk assessment and a method established for recording:

- date of the next test
- when the test was completed
- any outcomes
- new dose is provided and set up on the MAR (verbal communication of changes cannot be accepted)

The responsible person on duty must contact the health care professional if testing dates have not been planned. The responsible person may be required to oversee and support with the monitoring of some conditions under the guidance of the health care professional when judged as competent following training. The detailed information can be found on the 'Will Do Won't Do List' at **Appendix 14.**

13. Ordering and Stock Management

It is anticipated that medication will be obtained from a single community pharmacy. This allows the pharmacist to hold records of all medicines dispensed for the establishment and to develop an advisory role on all matters relating to person's medication.

The manager must initiate the order for new prescriptions a minimum of two weeks in to the 28-day cycle to allow the prescriber and pharmacist sufficient time to prepare and deliver the medication. Quantities of medicines requested must not exceed 28 days' supply to reduce the risk of excessive stocks accumulating in the establishment. This advice must be given to people who have custody of their own medicines and who may order their own.
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.

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

Requests for repeat medication will be made using the surgery's own procedure. The manager must check the prescription against the items that were ordered before they are submitted to the pharmacy. A record must be made of each request which must specify the person's name, the medicine name, strength, frequency of administration, any special instruction, and the requested quantity.

Community pharmacists can be asked to contact the GP practice to ensure the medicine is still current or, with appropriate permission, check the patient's summary care record. This enables the pharmacist to keep the medicine on the MAR chart even if it is not required that month. There should be no need to reorder medication simply because it appears on the MAR chart.

14. Returning Medication

Spoiled Doses

An appropriate container as agreed with the pharmacist or individual bags must be kept on the medication trolley for any retrieved spoiled doses. e.g., a tablet dropped on the floor or when it's been dispensed but refused. Any liquid medication that has been refused must also be placed into an agreed pharmacy container (refer to your local community pharmacist for advice).

These must be clearly labelled with the person's name, date and medication name and returned to the pharmacy following the agreed procedure.

If medicines are supplied in a blister pack and the one being dispensed is spoiled (e.g., dropped on the floor) that tablet must be returned following the correct procedure and a new one dispensed from the end of the pack.

The responsible person on duty must request a replacement tablet from the pharmacy otherwise medication will be short at the end of the month. A prescription will be needed for this replacement dose. A note must be made on the MAR to indicate that the last dose of the month is in a separate container.

Process of Returning Medication

If a medication is no longer required, it must be returned to the community pharmacist for destruction. The medication to be returned must be listed in the Returned Medicines Book which must be signed and dated by the responsible person making the entry and witnessed.

A signature on the returns sheet must also be obtained from the pharmacy or driver to acknowledge receipt of the returned drugs.

There is a requirement that medicines be retained for a period of 7 days upon the death of a person in case there is a coroner's inquest.

15. Medication Purchased by or on Behalf of Individuals

Individuals and their representatives may sometimes purchase medication and bring them into the establishment.

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 advice form the health care professional will 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.

16. Administration of Medication Away from the Care Establishment

If a person is going out during the day consultation with the appropriate health care professional is advised to identify if the medication is needed during their time away. It may be possible to adjust the times and dosage to enable the medication to be taken at home and avoid transporting the medication.

Where it is not possible to alter the regime, the medication in the original container and a 'Drugs in Transit' form must be completed, taken with them and checked on return. Template can be found at **Appendix 15.**

The individual supporting the person whilst they are out must be made aware that the medication is to be always kept secure.

At the time the medication is due to be administered, the MAR must be coded appropriately by the responsible person on duty and the details of who the medication was handed to for later administration, must be recorded on the back of the MAR in the carer's notes.

A record must be added to their daily log.

Group Day Trips out from the Establishment

In the case of a day trip where staff are planning to accompany residents, medication administration while away from the establishment must be treated in the same way as it would be in the establishment. A suitable container should be found in which to carry the medicines and the MAR, (e.g., a lockable brief case or a rucksack which can be secured with a pad lock). This should be always kept in the possession of the responsible person.

Holidays Away from the Establishment

If a person self-administers medicines, staff must ensure that they take their medication away with them and that they have sufficient for the whole of their time away from the establishment.

If a person to whom medicines are administered is going to be away for more than a day the medication in the original container and the MAR must go with the person and be completed by the person responsible for the person's care during the absence.
In all cases when medication is taken away from the establishment this must be signed in and out using the drugs in transit form **Appendix 15** by the responsible person on duty.

17. Auditing Requirements

It is a legal requirement to carry out regular medication audits. These audits will identify safe and unsafe practices including areas that need to be addressed.

Visual checks must be carried out on the MARs, including cream 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 required Daily Review sheet must be completed over the duration of the day and can be found at template **Appendix 6**. This form also includes the checking and restocking of the trolley and identifying medication which may need reordering.

The registered manager's monthly audits are carried out on the MARs and controlled drugs system, these can be found at **Appendix 7 and 16.**

A six-monthly medication systems audit is carried out by the service manager and the template can be found at **Appendix 17.**

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

18. 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 or out of hours health help line (111).
- 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
- notify the Care Quality Commission if required by law
- when errors are reported or identified, the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action
- safeguarding referrals are made when appropriate
- 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

The Client and Incident Action Record allows the provider to monitor errors across the service, therefore identifying any themes and trends, these are then reviewed and acted upon accordingly.

19. Topical Preparations

Creams/Ointments/Lotions Storage

Where creams/lotions etc. are stored in a person's room for self-administration or administration by a care worker they must be stored in the person's locked medicines cupboards or drawers with a creams MAR sheet, see template **Appendix 18**. Surplus stock must be stored in the medical room in a locked cupboard and stock rotation adhered to.

Creams must not be stored on window ledges, next to radiators or elsewhere where the temperature exceeds 25c. In some cases, creams need to be stored at refrigerated temperatures and cannot be stored in a person's room. Care should be taken not to administer the cream straight onto the skin from the fridge.

Directives

The MAR 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 18** 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. The date opened must be recorded on the tube/bottle as the outer box may be discarded. Creams in pots must be discarded if they appear to be contaminated, 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. It is the senior workers responsibility to audit the cream MARs daily this will enable them

to identify and address errors immediately.

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 cover 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 and bedding 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

Transdermal Patches

Medication patches such as Fentanyl are used to relieve severe pain in people over a long period of time and is slow release over a period of time. Fentanyl is in a class of medications called opiate (narcotic) analgesics which are managed as a controlled drug following the agreed procedures. The area for application must be indicated on a body map which must be kept updated as changes occur, see template **Appendix 19.**

20. 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). This will involve a small blood sample being taken and sent for analysis or done on site. The result of the test will be used to confirm the dose taken or to adjust it if necessary. The responsible person on duty must ensure that people who take warfarin have these tests regularly.

Many medicines and a number of foods interact with warfarin and may have the effect of reducing the effect of warfarin or of increasing it. This information can be gained via the Patient Information Leaflets (PILs) or from the dispensing pharmacist and it is important that this information is shared with the staff team.

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.

Administration of Warfarin

When administering Warfarin, the administrator must always refer to the correct dose within the person's NHS anti-coagulant documentation. Under no circumstances must this documentation be recorded on by anyone other than the relevant health care professional.

Written confirmation of any changes to dose may be received and acted upon until the NHS anti-coagulant documentation has been updated or received.

Novel Oral Anticoagulants (NOACs)

It is important to ensure that the specific PILs are available, and that staff are made aware of the specific administration, monitoring, and recording procedures. It is important that all staff know what to do if doses are missed, too many doses taken, side effects, dental treatment, etc. for the specific medication being administered. The person should have been provided with a NOAC information booklet which must be kept in their MARs.

They should have an anticoagulant alert card which they must carry with or for them when going out of the building e.g., day trip. This card will have the name of the anticoagulant, the condition being treated and the length of treatment. It is imperative that the person 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.

21. Medicinal Oxygen

If a health care professional prescribes oxygen, they will organise the supply, dependent on the system used. They will provide a Home Oxygen Order Form (HOOF). This form is required by the supplier before delivery can be made and the form must be scanned to the person's documents.

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 at template **Appendix 14.**

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

22. Controlled Drugs

Identification of Controlled Drugs (CDs)

To ensure that CDs are identified and controlled correctly the identification of such drugs must be part of the contract between the establishment and the pharmacist. This will require the pharmacist to pack any controlled drugs in a separate bag or box clearly labelled CONTROLLED DRUGS so that they can be retrieved from the order immediately on delivery, checked, entered in the CD register and locked away in the CD cabinet.

There may be occasions when CDs are received without being identified, for instance within a collection of medicines brought in on admission. Such CDs must be recorded and stored in the same way as those received from a pharmacy.

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

Supply and Receipt of Controlled Drugs

To comply with legislation, you may find that your pharmacy asks for proof of identity of the person collecting or receiving CDs (e.g., driving license).

On receipt of the CDs, the responsible person on duty, with a suitably trained 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 community pharmacist 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 pharmacist will indicate whether a particular prescription of liquid morphine should be treated as a controlled drug which the responsible person on duty will then book it in following the relevant procedure.

The Drug Index at the front of the controlled drugs register must be completed each time a new page is started within the CD register.

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 person ensure that the new balance is calculated and entered into the register.Entries must be in chronological order.
To obtain a controlled drugs register please discuss with your pharmacist or 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 the same applies, the bedroom door must be locked and a locked box or drawer in place. 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 e.g., end of life anticipatory medication will comprise of medication other than CDs, and these can be kept with the general medication stock.

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 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 controlled drugs register **MUST** be completed.
Entries in the CD register must be clear and must never be changed or crossed out.

A daily medication review at **Appendix 6** will highlight any discrepancies found. A further check will be carried out monthly by competing the controlled drugs audit found at

Appendix 16. 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, including:

How the medication will be obtained/ordered

- will they be ordering the medication themselves or will the care home?
- manager to inform resident that only a 28-day supply can be obtained due to storage management
- how it will be supplied
- whether delivered by pharmacy or family/friend collection
- how the supply will be recorded
- staff to record details and quantity including any carried forward on the

MAR before handing the medication to the resident

- how and where it will be stored
- must be stored behind two locks: whether a lockable container within a locked drawer

How workers will be assured that the medication is being taken

- monitoring arrangements to be agreed with the resident and recorded on the risk assessment
- stock check to be carried out regularly
- if medication has not been taken discussion to be held with the resident and escalated if required

How the medication will be disposed of when/if needed

- whether they arrange disposal via the pharmacy or if the care home will manage this.

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 registered manager and pharmacist 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

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

Disposal of Controlled Drugs

Details of the controlled drug(s) to be returned must be entered in the CD Register and in the Returned Drugs Book, a signature must be obtained from the pharmacist or the delivery driver accepting the return. You may require proof of identity of the person receiving the CD(s) and note in the CD register.

Any controlled drug prepared for administration and not used, or only partly used, must be returned, or destroyed, following the instruction given by the pharmacist, in the presence of a second member of staff. The appropriate code must be entered on the MAR and a written record of the incident on the reverse.

Unless a person Is self-medicating controlled drugs must not be allowed to remain outside the controlled drugs cabinet

23. Anti-Psychotic Drugs

People must not be required to take medication against their will or for it to be used as a means of social control. Most refusals are attributable to physical problems or to fears and anxieties that can be resolved by expressions of care and concern.

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 8.**

The medication must be reviewed at regular intervals dependent on individual need and documentation updated as necessary as agreed with the health care professional and any representative involved.

24. Palliative Care

During the last days of life, when the person may no longer be able to swallow their oral medication, delays in accessing appropriate non-oral medications can cause undue distress. Prompt access to palliative care medications and proactive management of symptom control are essential to minimise this.

Anticipatory medication would usually be prescribed by the person's clinician. These drugs can also be prescribed by an out-of-hours GP, but this should only be required in an emergency as supply of the medications should have been considered and planned.

Anticipatory medication to be administered at the end of a person's life can be prescribed in advance and put in place ready for the person and can be supplied as per the normal dispensing supply from any community pharmacy.

Anticipatory medication will always be under the responsibility of the supporting health care professional.

Refer to the End of Life Care and Unexpected Death Procedure.

25. 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.

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, including when the person's prescribed medication is changed. 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 20**. 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.

Medicines falling into this category may also be prescribed; these must not be used as a source of stock. A homely remedies inventory of the stock must be in place and 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. If the household remedies are required for more than 2 to 3 days or if the symptoms worsen then a GP must be consulted.

Aspirin

In an emergency where a medical practitioner suspects that a person may be suffering from a condition such as a heart attack, they may ask you to administer a dose of aspirin. This can be dispensed from the persons own stock if they have already been prescribed it. The administration must be recorded on their MAR with a clear explanation in the carers notes.

A small stock of dispersible aspirin 300mg can be purchased over the counter and kept in the homely remedy cupboard for use by those who do not have it prescribed.

This must be added to the stock management system for homely remedies.

This medication must only be used in the event of an emergency and under the directives of a medical practitioner. This directive must be witnessed by two staff and recorded in the case notes.

Author History

Approval and Authorisation History

Authored by Quality and Compliance September 2022

Approved by DMT September 2022

Change History

Version 1	Quality and Compliance	September 2022	New document
Version 1a	Quality and Compliance	April 2023	Slight amendment