Derbyshire County Council - Adult Social Care & Health

Management of Medication and Health Related Activities Procedure – Residential

Version 1d

Contents

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

List of appendices

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 all those involved in the administration of medication in the residential care services. Its aim is to support all workers 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 all workers in residential settings have appropriate training available to them and that workers are compliant with that training
- ensure the Direct Care Services: Quality Assurance Framework is being applied and adhered to across its registered services
- 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
- verify the information gathered by the registered manager on a six-monthly basis and ensure that observations of practice are being carried out in accordance with this procedure
- publish national patient safety alerts for services to access

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

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
- complete the initial personal service plans and risk assessments and review as required
- understand a person's condition/s and the medication prescribed for its treatment/management
- complete all essential training of the management of medication and health related activities commensurate to their role and ensure all relevant workers are compliant with essential training.
- carry out observations of practice for each other, residential social care worker/ senior care workers and care workers
- carry out the ordering and booking in of all medication, including monthly, and that it is safely carried out in accordance with this procedure
- write MAR as needed, preferably this is produced electronically
- write PRN protocols as required, preferably this is produced electronically
- medication returned in accordance with this procedure
- carry out monthly audits and address highlighted issues
- 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

Care leads learning disability short breaks (LDSB) 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 and that medication errors are appropriately recorded in accordance with the incident recording process
- to order prescriptions when required
- report any medication or health related concerns to the management team
- administer medication to the person in accordance with medical advice and administer homely remedies (see procedure)
- understand a person's condition/s and the medication prescribed for its treatment/ management

- liaise with health care professionals
- complete the daily review of MARs including cream
- complete all essential training of the management of medication and health related activities commensurate to their role
- carry out observations of practice for care workers
- ensure the ordering and booking in of all medication is safely carried out in
- accordance with procedure

Senior care workers including in LDSB 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
- carry out observations of practice for care workers
- assist the management team with the process of booking in and out and reordering of medication
- order ad-hoc prescriptions when required. e.g. spoiled dose. This does not include the full prescription requests.
- assist the management team to ensure risk assessments are up to date
- understand a person's condition/s and the medication prescribed for its treatment/ management
- write MAR and book in medication only on an ad hoc basis e.g. antibiotic arrives, or person arrives, and a medication is required that night after management have left
- report any medication or health related concerns to the management team and start the Client Incident and Action Record for any medication errors found
- liaise with health care professionals
- complete the daily review of MARs including cream

Care workers including night workers in LDSB 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 person
- report any medication or health related concerns/errors to their manager/senior care worker on duty
- write MAR and book in medication only on an emergency basis e.g. antibiotic arrives, or person arrives

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 worker.

Compliance will be monitored by the registered provider and managers.

Each worker involved with the administration of medication must have their practice observed by an appropriate person on an annual basis. Where the worker is unable to demonstrate a specific area of competency then they must describe to the observer the process they would follow. Evidence of an annual observation of practice must be recorded on the relevant template at Appendix 1a and 1b and be uploaded and recorded in DLO. Observations of practice can only be conducted by a person who has an in-date knowledge-based training and observation.

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

Once training and observations have been completed, they are classed as a 'trained worker' as referred to in this procedure.

Agency workers

All allocated agency workers operating in our residential services must have completed the providing agencies medication training and show evidence of when this was completed as part of their profile.

Agency workers acting as senior care workers must have a copy of this procedure shared with them prior to commencing the shift. Where reasonably practicable they must also have had an observation of practice prior to their first shift or during.

Agency workers acting as care workers must also have a copy of this procedure. If the arrangement is ongoing then an observation of practice will need to be carried out.

Specialised training

The training referred to above does not cover specialised training or other health related activities such as, enteral feeding (PEG), insulin, stoma care, etc.

Where this activity is to be provided by a worker additional training or guidance must be provided by an appropriately qualified person. Their competency to perform this task may need to be assessed by that person and recorded using the appropriate template at Appendix 2a and 2b or equivalent. It is at the discretion of the professional to decide the point at which the worker is competent. When training is provided by a health care professional this must be recorded identifying those workers and the date they attended.

4. Admission and Discharge of Medication

When coming into the establishment, only prescribed/over the counter medication for the person will be accepted.

For respite, including LDSB, enough medication for the length of stay, including all other relevant documentation such as a repeat prescription form, must be brought in with the person.

For new long term and community support bed admissions, enough medication should be brought in to allow for a further prescription to be arranged, ideally, 14 days.

Booking in medication

The individual responsible for a person's transfer into an establishment should coordinate the accurate listing of all their medicines (medicines reconciliation). This information may also be available through their electronic record on Mosaic via the Derbyshire Shared Care Record (DSCR).

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

- all medication that arrives at the establishment must be examined by two trained workers, one being the responsible person on duty to check and record all relevant information
- the medication must be checked against the label and the box, any MAR provided by the pharmacy and this is confirmed on the MAR as correct and initialed in the appropriate box
- at the changeover of monthly medication, the previous MAR must be crosschecked against the new MAR ensuring all changes are identified
- in the absence of a pharmacy MAR the responsible worker must produce a MAR using the template at Appendix 3a or 3b - any MAR produced by a DCC worker must be counter signed by a trained worker. The information entered and counter checked:
    - personal information is completed fully e.g. name, address, date of birth, allergies, doctor
    - start date and day is correct
    - commencing date matches start date and runs correctly
    - the directive on the MAR exactly matches the pharmacy label including the statutory requirements
    - hour and dose follow the directive
    - the quantity received is entered
    - date booked in
    - ‘by’ contains the 2 sets of initials
    - carry forward entered (where applicable)
- actual stock is crosschecked against the label, via the use of a none touch method, MAR and any carry forward amount and record in the relevant box
- all associated documents related to the medication must be crosschecked with the

medication brought in on arrival. Any conflicting information or discrepancies being immediately escalated, resolved and recorded

- separate the prescribed medication from the non-prescribed and store securely until advice from a health professional about the non-prescribed has been sought
- remove any out-of-date medication and dispose of them through the returns' procedure
- creams, drops, inhalers and liquids must have a prescription label on the container and the prescribed medicine must be stored in this box at all times
- multi-compartment compliance aids are in date, labelled by a pharmacy and sealed, which can then be used to administer medication
- medication decanted by the pharmacy must have a printed label and expiry date.
- store medication in a clearly labelled shelf or container in the locked medical room or cabinet within the person's room

Workers 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.

Awareness of different brands with different names being prescribed but is the same medication and this can change on a frequent basis. Where there are any queries, these must be checked with the pharmacy.

Due to data protection only one person can be discussed per email.

MAR folder contents

Each person must have an identified section in the MARs folder which must contain the following where appropriate:

- a copy of the person's medication risk assessment
- the person's MAR
- any protocols in place e.g., 'as and when required', rescue medication

- covert administration of medication in food or drink

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 who will be supporting with the administration of medication once they have been discharged e.g. family/agency.

When the date of discharge is known the responsible person must ensure that the person has, ideally, fourteen days' worth of prescribed medication to take with them. This allows time for a repeat prescription to be arranged. Where there this has not been possible the ongoing care provider must be alerted. 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 trained workers to count and verify all the person's medication against the current MAR confirming the following which is to be recorded in the carers' notes on the reverse of the MAR or completion of the discharge medication list (Appendix 5):
  - the person's name on the label of the medication is the same as recorded on the MAR
  - the medication in the box is as stated on the label
  - confirmation of the stock amount on discharge
  - date and time of discharge
  - confirmation of who takes custody of the medication e.g. EMAS or person
  - signed and dated by the workers following completion of the checks
- 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
- if any errors have been discovered a Client Incident and Action Record must be completed

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)

The MAR is a legal document 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 workers as well as the people receiving the medication, and it is essential that they are completed accurately and at the time of administration. All completed MAR must be scanned and uploaded to the person's electronic record. These must be uploaded separately and clearly labelled e.g. persons name MAR MM/YYYY.

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 MARs, 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'.

Information may need to be added to the MAR to highlight where storage differs from the standard e.g. BOXED, BOTTLE. This includes specific storage requirements e.g., FRIDGE, CD.

Where a MAR has not been provided the template versions can be found at Appendix 3a and 3b. Handwritten MAR **MUST** be checked by a second trained person and both must initial the MAR for each entry made. This confirms that they have checked the information on the label has been accurately transcribed onto the MAR.

Workers must ensure that when that when they initial the MAR it is legible and does not encroach into the adjacent boxes.

During a visit a health care professional may issue a verbal order to change, add or discontinue a medication or dose. They must ensure that any change to a prescription or prescription of a new medicine is supported in writing (email or Appendix 4a/4b) before the next or first dose is given. The health professional using remote prescribing should ensure changes to the prescription are made.

Alterations to prescription labels must be made by the health care professional during that visit. Updates to the MAR should be made as soon as possible. Changes added to the MAR must be in such a way that the change is obvious.

Any alteration must be recorded in case notes and specifically naming who made the written change to label/MAR.

If a new prescription label is required, the health professional will need to give written confirmation which can then be passed to the pharmacy for the creation of a new label where possible, where this is not provided a request for a new prescription will have to be made.

All emails relating to medication must be uploaded to case notes in the person's electronic record. Any attachments to the email must also be uploaded to the documents in the person's electronic record and the medication risk assessment and protocols should be reviewed where appropriate.

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.

Where medication is started part way through the month or cycle the days prior to this are crossed out with a straight line up to the point of administration starting.

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.

Where an error has been identified refer to the medication errors section for further information.

Use of codes

The codes used by workers on all MARs **MUST** accord with the key provided on that individual MAR. Where different MARs are used with different codes, all workers **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 MARs 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 'declined' code must be used where a person does not take a medication prescribed at a certain time

Whenever a code is used for a prescribed medication, it must be accompanied by a carer note 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 person PRN protocol at Appendix 8, unless already provided by the health professional.

For PRN medications, a PRN protocol 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 optional use of a 24-hour PRN MAR is available at Appendix 21a and 21b as this allows to accurately record the times between doses.

The 'declined' 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 beneficial but declines to take it when offered. At this point it may be appropriate to use the 'declined' 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 with capacity is offered a PRN medication in accordance with their protocol and it is declined, this should be evidenced on the MAR using the appropriate code (which will vary depending upon the MAR). A carer note is not required. 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 the 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 applicable)
- **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, or as recommended by the prescriber or where changes are required due to individuals changing need.

Patient information leaflets (PILs)

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 which 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 (checking):

- the person takes responsibility for their own medication which they keep in a locked cabinet in their room unless it must be available on their person
- the manager will reorder any medication that is required

Self-medicating with assistance (prompt)

The person takes responsibility for their own medication, but the worker provides a formal level of support by prompting them as there is a risk that the person would not take medication without this support. This must be recorded as 'prompt' on a MAR (Appendix 3a/Appendix 3b) using the relevant code.

Partial self-medicating (assist):

- 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:

- worker 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 topical medications, inserting drops to ear, nose or eye, and administering inhaled medication

The 'Personal Service Plan' must include information about relevant medical history and the affect this has on the person 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. This must be assessed and recorded on the electronic medication risk assessment form in the self-medication section. How often the assessment will need to be repeated is based on the individual person's needs (during periods of acute illness, a person's capacity and ability to self-medicate may fluctuate, needing more frequent assessment).

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.

Persons self-administering in a community support bed should have frequent reviews during their stay to ensure they are able to administer safely on return home. The review must be case noted and added to the review section of the short term PSP of how the person is progressing. Where there is a change the medication risk assessment must be updated.

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 that is large enough to accommodate all the medication and bottles stored in an upright position provided in the person's room. Where keys are used duplicate keys for the persons' lockable drawers or cupboards must be available. The keys must be identifiable and kept in an appropriate key store.

Where it is agreed that medication will be stored in the medication room the process will be documented in the medication risk assessment on how this will be made available.

Workers 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.

Some medication/activities require a separate risk assessment, the Quality and Compliance team are responsible for providing these and should be adapted to the person/service needs. These are available upon request.

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.

These could include:

- anyone named by the person as someone to be consulted
- anyone caring for the person or interested in the person's welfare
- anyone granted lasting power of attorney by the person for health and welfare
- any deputy appointed for the person by the court.

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; workers must ascertain wishes 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 medical practitioner should provide the authorised documentation giving guidance on administration.

A best interest decision must be made for each person's medication 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 has been administered, this must then be recorded on the back of the MAR so can be monitored and reviewed

If this is not provided, then the 'Covert Administration of Medication in Food or Drink' template Appendix 9.

Any guidance must be completed and signed by the appropriate relevant health care professional and stored alongside the MAR.

Infection Control

When administering medication, worker must adhere to the following:

- hands must be washed before and after the medication round or whenever there has been contact with someone with an infection or contact with bodily fluid
- none touch technique used
- use of gloves when required (changed when needed)
- use of clean pots, use of single use pots where available
- trolley cleaned afterwards
- equipment is washed in warm soapy water and left to air dry

The medication rooms must have a stand-alone hand wash basin with no plug or overflow with off centered 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. All surfaces must be easily cleaned and not cluttered.

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

Refer to the Infection Prevention and Control Policy and the Cleaning procedure in residential homes and day services

9. Administering Medication

Medication must only be administered by a competent person who has received the relevant training and observation. Only authorised workers may have responsibility for the keys or know the code 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 decline

Prior to commencing the round, it is good practice to have all the equipment required on the trolley

to dispense safely and effectively. It is also recommended that a tabard with 'do not disturb' is worn throughout the process. Any interruptions/queries need to be directed to another worker. Wherever possible, the trolley should be taken out of the medication room and wheeled to individuals, this could be a dining area or an individual's bedroom. This is to reduce the time taken from dispensing to the actual administration as well as being a safety issue.

Where this is not possible. medication that is dispensed within the medication room and then taken to the individual must in a container with a secure lid.

Whenever the trolley is left unattended it must be locked.

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 should the MAR initialled by the observer. This is referred to as the 'pop, dot, sign' technique.

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 and other fluids may affect the medication and so should be checked with health professional if this is their preferred drink.

The trolley must be returned immediately to the medicines room, cleaned and secured following each medication round. The daily review sheet should be fully completed by the end of each day.

Times of administration

NICE guidelines advise that reviewing the times for administering medicines may reduce the burden of busy rounds. For example, administering once daily medicines at lunchtime rather than in the morning, if the health professional prescribing the medicine agrees that this is clinically appropriate.

Missed dose and declined medication

People have the right to decline 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 person 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 declines 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 with regards to any detrimental effects of a missed dose and all 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.

People who are deemed to lack capacity may decline 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 must be documented in the medication risk assessment to support successful administration. The health professional will decide which medication is prioritised based on the person's needs, potential risks and benefits.

If the person is deemed to have capacity and are declining medication, it is important to understand the reasons for this, and to ensure the person understand the medication need and potential consequences.

Further medical advice needs to be sought and the urgency of this is dependent on the nature of the medication and/or the frequency.

Care Worker 'Runner' Procedure

Care workers may be required to support the administrator in distributing medication to the person. Where this is in place a single identified worker must be nominated for this task at the start of each medication round.

The care worker will:

- observe the administrator preparing the correct medication and dose for the person
- the administrator will confirm with the 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
- the worker must return to administration trolley and notify administrator of outcome
- complete the MAR accurately
- return any medication that has been declined/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.

Medication and falls

Some medications are more likely to be associated with falls and those people on four or more medications, or taking a central nervous system suppressant, e.g., sleeping tablets or antidepressant, are at greater risk. This should be clearly identified in the medication and falls risk assessment.

Constipation

For those at risk of constipation a person-centred approach must be used when recording in their PSP the signs, cause and the action taken to manage this. Monitoring systems must be in place and

evidence appropriate action taken.

Further information can be found in:

Managing constipation in adult social care settings - Care Quality Commission

Nutrition and hydration policy

Time sensitive medication

Some medicines need to be given at a certain time to make sure they are safe or work effectively. Examples of these include medicines that:

- should be given before or after food
- contain paracetamol
- are prescribed to help mobility for people with Parkinson's disease
- should be taken at the same time each day to maximise their effectiveness. For example, warfarin, oral contraception, antibiotics and insulin

Further information: Time sensitive medicines - Care Quality Commission

Lithium

Lithium is used as a mood stabiliser and is sometimes prescribed in the management and treatment of:

- mania
- hypomania
- recurrent depression
- bipolar disorder.

Lithium is managed by a consultant and so the GP may not have the information relating to the prescribed dose. This medication is also time sensitive and due to risk of toxicity plenty of fluids must be offered.

Further information: High risk medicines: lithium - Care Quality Commission

Pessaries and other vaginal devices

A pessary is a soft, flexible device that is placed in the vagina to help support the bladder, vagina, uterus, and/or rectum. The health professional should describe complications including vaginal discharge, bleeding, difficulty removing pessary and pessary expulsion. They must also set the agreed timescales for removal.

See 'will do won't do' (Appendix 14)

Paracetamol

Where the person weighs less than 50kg, this should be highlighted on the medication risk assessment and 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 dose is administered and the MAR amended accordingly.

It is also important to be aware of any other medication the person is taking which contains paracetamol such as those bought over the counter by family/friends e.g. cold remedies so that the dose administered in total does not exceed their recommended allowance.

Cutting or crushing

Occasionally tablets may need to be cut in half, when this is required a specific tablet cutter must be used which is washed and thoroughly dried after each use. Where this is required longer term the pharmacy must provide these precut.

Tablets that have written confirmation to be crushed by the health professional must only be carried out with a specialist tablet crusher. This should be specific to the person where possible and washed and dried thoroughly after use.

Enteral feeding

Enteral feeding tubes provide access to the stomach or small intestine, these include:

- nasogastric (NG): a tube passed through the nose directly into the stomach
- percutaneous endoscopic gastrostomy (PEG) or radiologically inserted gastrostomy (RIG): a tube inserted through the abdominal wall directly into the stomach
- nasojejunal (NJ): a tube passed through the nose directly into the jejunum (small intestine)

Medicines administered through enteral feeding tubes are often not licensed to be given this way. The prescriber or appropriate healthcare professional needs to give:

- clear authorisation to administer medicines in this way
- information on how the medicines should be prepared and administered safely

When you are assessing a person's medicines support needs you should check whether they are still able to take their medicines orally, even if they are receiving food through a tube. This could be in their original form or after crushing or dissolving if appropriate. Not all tablets or capsules are safe to crush or open. You should only prepare them in this way if an appropriate healthcare professional can confirm that it's safe to do so. Refer to: Appendix 14 Will Do Won't Do List.

The person should give consent before administration, but if they lack capacity and do not know they are being given medication this must be treated as covert administration and the process carried out in line with the Mental Capacity Act 2005.

Administer each medicine individually. You should give the person a flush of water before and after administering, and between each different medicine. This will prevent any incompatibilities between the different medicines, or the feed being given. You should clearly record the volume of flush needed each time. Your record should take into consideration if the person is fluid restricted.

Emergency rescue medication

Emergency rescue medication is prescribed to provide **rapid relief during a sudden worsening of symptoms** for conditions such as seizures, diabetes, life threatening allergic reactions, respiratory including chronic obstructive pulmonary disease (COPD) (e.g. Salbutamol) and angina (e.g. GTN spray) and administered on an ‘as and when required’ basis.

For all these medications the appropriate protocol must be in place, stored in the MAR 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 person has capacity, then it can remain with them and the medication risk assessment and MAR must reflect this.

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 health professional is made aware of any person 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 and medication risk assessment.

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 forwarded 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, the health care professional will leave a prescription and possibly a supply of the first few doses. If an urgent prescription is required, the form should be endorsed as '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 medication is to be stored (unless a person chooses to keep them in their own room).

Where keys are used to access the medication room, 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.

Where keypads are used, the number must only be given to those on a need-to-know basis. When a worker leaves the service, the code must be changed for the main medical room/s.

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 locked and the key be stored together with the main medication keys.

It is important that the temperature inside the medicine fridge is maintained between 2ºC and 8ºC. A daily record of the maximum/minimum temperature must be recorded, a chart must be completed at the same time each day using the template at Appendix 13b. If the temperature has gone outside the normal range the pharmacist must be contacted for advice about suitability of medicines affected.

Medicine fridges must be cleaned monthly, preferably at medication change over.

Nutritional supplements

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

Supplements and Thickeners

Prescribed nutritional supplement complete drinks must be signed/coded on the MAR once administered and consumed by the person.

Supplements that are prescribed to be added to food and drink to fortify the diet do not require the administration to be recorded on a MAR.

Thickener is classed as a dietary product that is added to food and drink and does not require the administration to be recorded on a MAR. Further information can be found on the CQC's webpage Dysphagia and thickeners.

All products prescribed for individuals must be stored securely and clearly labelled with the person's name and date of opening (where applicable).

All information relating to specific dietary requirements must be recorded on the catering communication form, daily care record and personal service plan. Food and fluid intake must be monitored, see the Nutrition and hydration policy.

Cleaning

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

12. Medication Review

A regular review is essential in ensuring 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 and/or their representative and the establishments staff should participate in the review process.

Medication requiring regular monitoring

A number of drugs prescribed 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 MAR updated (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 into 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. Requests to the prescriber should be made to bring the person in line with the 28-day supply cycle. Stock 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 accessible for each request which must include the person's name, the medicine name, strength, frequency of administration, any special instruction, the quantity and date requested.

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 even if it is not required that month. There should be no need to reorder medication simply because it appears on the MAR.

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 declined. Any liquid medication that has been declined 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 if possible.

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 disposal. 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. This medication then must be placed in either a tamper proof container or sealed bag with a label over the opening that is signed and dated by the responsible person and stored in a locked cupboard.

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

Medicines must be retained for a period of 7 days or until any investigations are completed 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 on the medication risk assessment.

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. Where this has been arranged a handwritten MAR process must be followed.

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 before they leave 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.

Group day trips out from the establishment

In the case of a day trip where workers are planning to accompany the person, 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 box 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, workers 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 and corresponding carer note.

The 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** must carry out the monthly audits 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 on 5 individuals by the Quality and Compliance team and the template can be found at Appendix 17.

All completed medication audits must be uploaded to Mosaic under the organisation.

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. Workers must report any situation where **things have or could have gone wrong**. The welfare of the person must be checked to ensure the error has not had a negative impact on them. The full facts must be collated when the error occurred or when 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 must be highlighted on the MAR at the time of discovery. One Client Incident and Action Record form is required per medication round. The error that is the most serious must be recorded as the primary reason e.g. where an omission of dose has been made due to a recording error the omission will be the primary reason.

Workers will ensure:

- they report any instance of a medication error immediately to the responsible person on duty 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

Senior care worker/care lead LDSB will ensure:

- that as errors are discovered or reported they are recorded on the Client Incident and Action Record with the 'outcome' sent to the manager to complete. Where appropriate it may require the form to be 'assigned' to the person making the error for further information
- notify safeguarding, see decision making guidance, as required
- that workers who report errors are supported appropriately
- they carry out observations of competency when necessary, following the direction of the manager

Managers will ensure:

- that errors are reported via the Client Incident and Action Record
- that workers who report errors are supported appropriately
- notify safeguarding, see decision making guidance (as required)
- the Care Quality Commission if the error has resulted in:
    - a death
    - an injury
    - abuse, or an allegation of abuse (triggered a S42 enquiry)
    - an incident reported to or investigated by the police
- when errors are reported or identified, the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action
- workers refresh their medication training and undergo additional observations of competency if it is deemed necessary - where this is required it must be recorded in supervision
- disciplinary procedures are followed where appropriate
- the summary of the completed 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

Duty of candour

The duty of candour applies at all times and in all cases. So, you must let the person know what has happened.

If you have a safety incident, you should also check Regulation 20 to see if it is a 'notifiable safety incident'. If it is, the regulation also tells you how you must support the relevant people. They could be people who use services or people acting on their behalf.

Registered managers must have oversight of all Client Incident and Action Record forms before they are finished. When the registered manager is absent then appropriate act for arrangements must be in place.

NB: the use of correctional fluid must be treated as an error as this is classed as tampering with a legal document. Correct written mistakes with a single line through the mistake followed by the correction and a signature, date and time.

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 worker they must be stored in the person's locked medicines cupboards or drawers. Surplus stock must be stored in the medical room in a locked cupboard and stock rotation adhered to.

Creams e.g. barrier, emollients, are not suitable as a homely remedy. They can be purchased for stock and applied under the guidance of a health care professional but once opened they are for

the sole use of the person. Creams must not be stored on window ledges, next to radiators or elsewhere where the temperature exceeds 25°C. 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 workers are uncertain of the shelf-life of a particular medicine once opened, they must raise this with the duty manager to check the information supplied with the medicine or contact a pharmacist for advice.

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

It is the RSCW/SCW's 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 which is slow released 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

This medication prevents the blood from clotting and is classed as a high risk. It is important that all workers know what to do if doses are missed, too many doses taken, side effects, dental treatment, etc. for the specific medication being administered.

It is imperative that the person and workers 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 can be found at High risk medicines: anticoagulants.

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 workers team.

Administration of warfarin

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

When written confirmation of any changes to dose has been received these must be acted on even if the official NHS anti-coagulant documentation has not been updated. This documentation must be updated at the first opportunity.

Direct oral anticoagulants (DOACs)

It is important to ensure that the specific PILs are available, and that workers are made aware of the specific administration, monitoring, and recording procedures. The person should have been provided with a DOAC 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.

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 workers are instructed in the safety/use, of oxygen and that the statutory warning notices are displayed outside any room where oxygen is used or stored.

Workers 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 ordering process. The completed CD register must be stored as per the DCC retention policy.

Storage of controlled drugs

To comply with legislation lockable 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.

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.

Only CDs must be stored controlled drugs cabinets, away from other medication.

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 workers (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. When full a new register must be used.

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

The daily 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 person 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
- workers to record details and quantity including any carried forward on the MAR before handing the medication to the person
- 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 person and recorded on the medication risk assessment
- stock check to be carried out regularly
- if medication has not been taken discussion to be held with the person 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. Seek relevant health professional advice for the person and follow and record any guidance given. See medication error section.
3. 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.
4. There must be no cancellation, obliteration or alteration of any entry in the CD register.

Where the investigation indicates that the drugs cannot be accounted for, in addition to the above, police, safeguarding 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. These returns must be kept in the CD cupboard and clearly labelled until collected. 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 workers. 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

The CQC's quality statement for Medicines optimisation is that, 'People's behaviour is not inappropriately controlled by medicines'.

People must not be required to take medication against their will or for it to be used as a means of social control. Medication being declined can be attributed 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.

We actively promote alternatives to medication such as active support, intensive interaction or

positive behaviour support. Ensuring the people we support, and their circle of support, are involved in decisions about their care, including their medication.

For further information can be found on the NHS England webpage
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, see capacity and consent section.

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.

Further information: Stopping over medication of people with a learning disability and autistic people (STOMP)

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 and can be prescribed in advance and put in place ready for the person. 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 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. The outcome of this must be recorded on the medication risk assessment. 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 coughs, occasional pain and indigestion. 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. The outcome of this must be recorded on the medication risk assessment.

All administered doses of homely remedies must be recorded on the person's MAR and signed. In the carer notes it must state the date, time and dose and why it was administered. If the homely remedies are required for more than 48 hours or if the symptoms worsen, then a GP must be consulted.

Homely remedies must be stored in the medicine room in a separate cupboard from prescribed medication and clearly identifiable as homely remedies.

Medicines falling into this category may also be prescribed; these must not be used as a source of stock.

Establishments must maintain a list of current homely remedies on site and an up-to-date stock level. Establishments can either use a purchased homely remedies stock book or complete appendix 20. The date of opening is recorded on liquid medicines bottle and stock record, these must be replaced 12 months after opening or as per label. The contents of the cupboard must be checked every six months and short dated items replaced and items running low restocked.

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 homely remedies stock management system.

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 workers and recorded in the case notes.

Author History

Approval and Authorisation History

Name	Date
Authored by Quality and Compliance	September 2022
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Change History

Version	Date	Name	Reason
Version 1	September 2022	Quality and Compliance	New document
Version 1a	April 2023	Quality and Compliance	Slight amendment
Version 1b	August 2024	Quality and Compliance	Update
Version 1c	October 2025	Quality and Compliance	Update to remove the word Client
Version 1d	December 2025	Quality and Compliance	Minor updates regarding Learning Disability Short Breaks