



Adult Social Care

Shared Lives Medication and Health Related Activities Procedure

Version 1

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This guidance will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc. please email: asch.adultcare.policy@derbyshire.gov.uk

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1. Procedure

This procedure considers the following legislation and guidelines:

- [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 guidelines '[Managing Medicines for Adults Receiving Social Care in Community](#)'
[March 2017](#).

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

As a registered provider, the council is responsible for ensuring that there are systems in place to ensure safe and appropriate handling of medicines in the community. This includes ensuring that all Shared Lives carers involved in supporting with medication are fully trained and assessed as competent as part of the induction process and ongoing reviews.

2. Roles and Responsibilities

The registered provider will:

- ensure systems are in place to promote the safe and effective use of medicines in its Shared Lives settings
- ensure Shared Lives carers have appropriate training available to them and those carers are compliant with that training
- ensure the Regulated Services: Quality Assurance Framework is being applied and adhered to across its Shared Lives Services

Group managers will:

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

The Registered manager will:

- ensure the requirements of this procedure are being applied across the Shared Lives service.
- ensure the [Quality Assurance Framework is](#) being applied and adhered to

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across the Shared Lives services

- take appropriate action where an issue with compliance is identified
- ensure the allocated workers for every Shared Lives carer have completed the required training and that assessments are completed, and support is provided to the required standard.

Shared Lives Allocated Worker

Every Shared Lives carer has an allocated Shared Lives worker [referred to as the allocated worker throughout]. The allocated worker is responsible for completing an assessment of a person's need for medication when they are matched to a Shared Lives carer. Following this assessment, the day-to-day support required is detailed in the personal service plan which must be reviewed every 12 months or whenever there is a change in need. The allocated worker must be satisfied that the Shared Lives carer understands the guidance set out in the personal service plan.

Where unpaid carers, such as relatives or friends also assist the person with medication, it must be clearly stated in personal service plan including who is responsible for medication at specific times. A person's medication assessment record (MAR) must be coded appropriately by all individuals who provide support with medication.

The allocated worker must ensure that the letter at [Appendix 1](#) is sent to any informal/unpaid carers involved in providing the person with support to take their medication.

The allocated worker must involve health professionals where appropriate.

Shared Lives Carers

The Shared Lives carer must follow all guidance set out in the personal service plan and report any concerns or changes in presentation to their allocated worker and accurately update the MAR where this is required.

Shared Lives carers must ensure that the person they are supporting takes their medication with them should they go to day care, or to stay in respite or stay with family/friends and that the MAR is completed during any such activity.

The Shared Lives carer must complete the mandatory training.

The Shared Lives carer must complete the MAR appropriately and inform their allocated worker if the person to whom they are providing support refuses to take certain prescribed medication.

3. Training and Observation

All Shared Lives carers must complete all mandatory training set out in their training profile.

The allocated worker will complete an observation of the practice of the Shared Lives carer which will be recorded on the form at [Appendix 2](#) as part of the induction process and will repeat this on an annual basis. Records around training and observations will be stored for each Shared Lives carer.

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Specialised Training

The training referred to above does not cover specialised or other health related activities such as, administration via a percutaneous endoscopic gastrostomy feeding tube (PEG), use of oxygen, stoma care, etc.

Where the Shared Lives carer is required to support with any health-related activities the following must be in place:

- training must be provided by the relevant health care professional
- the Shared Lives carer must be assessed by that health care professional as competent to carry out the task and this must be recorded on the template at [Appendix 3](#)
- where able, the person consents to the Shared Lives carer providing the support as identified in the personal service plan. Where a person lacks capacity to consent the principles of the [Mental Capacity Act 2005](#) must be applied
- clear roles and responsibilities are agreed by the health care professionals and the Shared Lives carer, and this is recorded in personal service plan

4. Medication Risk Assessment

A Shared Lives carer must only support a person with medication following an assessment and only as part of an agreed written personal service plan. The plan must describe in detail what support is required for ordering, storage, administration, recording and disposal of medication.

The medication assessment must take account of any part of the process which the person can manage for themselves.

Supporting with Prescribed Medication

The assessment for each person must indicate the level of assistance, if any, they need with medication, and this must be reviewed on an annual basis or earlier when there is a change of circumstances or cause for concern.

Shared Lives carers can provide the people they are supporting with the following levels of support which must be clearly identified in the personal service plan.

There are four levels of support that may be required:

Order & Collect

This support is offered when the person takes responsibility for their own medication, but the Shared Lives carer supports the person to ensure they have the required medicine to take:

- requesting repeat prescriptions from the GP
- collecting medicines from the community pharmacy
- disposing of unwanted medicines safely by return to the supplying pharmacy

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This level of support does **not** need to be recorded on a MAR sheet.

Prompt

This support is offered when the person takes responsibility for their own medication, but the Shared Lives carer may support with:

- a reminder or prompt from Shared Lives carers to the person - where there is a risk that the person would not take medication without this support, confirmation must be obtained.

This should be recorded as 'prompt' on a MAR sheet using the relevant code

Assist

This support is offered when the person takes responsibility for their own medication but requires assistance:

- preparing medicines such as dissolving soluble aspirin in water - the person **must** hand the required medication to the Shared Lives carer for preparation
- reading the label to remind the person of the correct dose for their medication.
- manipulation of a container e.g., shaking and opening a bottle for the person to self-administer - this does not include selecting the medication
- handing the person, a compliance aid if filled by the pharmacist and properly labelled

This should be recorded as 'assist' on a MAR sheet using the relevant code.

Administer

This support is offered when the Shared Lives carer supports:

- taking 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/patches, inserting drops to ear, nose, or eye, and administering inhaled medication.

This should be recorded with a signature on the MAR sheet.

These lists are not exhaustive and other support may be required.

5. Capacity and Consent

People with capacity to make decisions about their medication retain responsibility for and control of their medication but may require varying levels of support and assistance to take it and to store and dispose of it safely.

Where it appears that the person may lack capacity to make decisions about their medication,

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the procedure set out in the [Mental Capacity Act 2005](#) and subsequent legislation must be followed to assess capacity and support decision making. If an assessment confirms that a person does not have capacity, a best interest decision must be made in consultation with any lasting power of attorney (LPA) health & welfare, family and relevant health professionals.

Even where written consent to administer medication or carry out related tasks is held; Shared Lives carers must seek the person's consent each time support is provided.

Where a person has capacity but requires 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 the pharmacist and the Allocated Worker must be notified. This agreement must be documented using 'Persons Requiring Administrations in Food or Drink' form at [Appendix 5a](#).

Covert Medication

Where a person lacks capacity, and a best interest decision is made that it is in the best interests of the person to have the medication administered covertly, the capacity assessment and best interest decision must involve the relevant prescribing professional. The 'Covert Administration of Medication in Food or Drink' at [Appendix 5b](#) form must be completed and signed by the appropriate relevant health care professional, social care professional and the person's representative. The suitability of the medicine to be given in this way must be checked with the community pharmacist and clear, descriptive details of the method of administration must be documented in the medication assessment and personal service plan. This document must be reviewed regularly and this must be planned from the previous meeting.

A best interest decision must be made for each of the persons medications prescribed and must only be administered using the covert method 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 is 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 administration process must then be recorded on the back of the MAR so this can be reviewed.

6. Medication Purchased by or on Behalf of People Using the Service

People and their representatives may sometimes purchase over the counter medication. It is a person's right to be able to do so, but it may not be in their best interest. 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.

Non-prescription medication includes herbal remedies or medicines you can buy over the counter, such as cough syrup or paracetamol.

Whilst the purchase of medication may take place as a shopping provision, the Shared Lives carer must not offer advice with these medications, including skin treatments, unless stated on

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the personal service plan.

It is the responsibility of the Shared Lives carer to consult with the person's GP/pharmacist to ensure it is safe to support with the medication. It is advisable that all prescriptions and non-prescription medication is obtained from the same pharmacist. They can then give advice if over the counter medication would interact with their regular medication.

Under no circumstances should support be offered with non-prescribed medication without guidance from the person's GP or pharmacist.

Shared Lives carers should refer to the box or patient information leaflet (PIL) for the number of days the medication can be taken before seeking medical advice.

If this medication is to be supported, then it will need to be recorded on a MAR sheet as a non-prescribed medication.

Moisturising Creams, Body Lotion and Sun Cream

Where people have been using certain brands of cream i.e., moisturising creams for general personal care, it is acceptable for Shared Lives carers to continue this care. This will be recorded in the personal service plan.

Where a Shared Lives carer is applying any of these creams to a person a body map must be completed. See [Appendix 10a](#).

If the person chooses to change the brand or type of cream, Shared Lives carers must ensure they do not contain ingredients that the person is allergic to.

Should a person have an allergic reaction to a particular cream, they should discontinue using it and the GP informed. The allocated worker should be notified, and it must be added to the personal service plan.

7. Storage of Medication

Medicines must be stored as advised on the label and where they are readily accessible to the person/Shared Lives carer as appropriate.

Should they need to be stored securely or out of the reach of the person, the allocated worker must ensure that the personal service plan include this and that information on their location is available.

Medicines must be kept out of the reach of children.

All medicines must be stored away from children living in or visiting the Shared Lives carers home.

The hiding of medicines will **only** occur where the medication assessment indicates this is needed to protect the health and safety of the person. In some cases, it may be necessary to have a lockable container to prevent inappropriate access to medicines in the home. A decision to hide medication must be made in accordance with the principles of the [Mental Capacity Act 2005 \(MCA\)](#) where a person is assessed as lacking capacity to make a decision

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about safe storage of their medication.

The medicines must be stored in the original packaging or compliance aids supplied and labelled by the pharmacists.

MEDICINES MUST NOT BE SEPERATED FROM THE PHARMACY LABEL

Medication/drops/lotions/creams etc. have a shelf life and containers are marked with an expiry date.

Out of date medication must not be used; must be returned to the pharmacy by the Shared Lives carer as appropriate and recorded on the MAR.

Medication must be stored at room temperature which does not exceed 25 degrees C unless stated otherwise on the original container. Medication requiring lower temperatures should be safely stored in a refrigerator. Medication stored incorrectly can cause it to deteriorate, particularly if it is exposed to heat and light sources.

It must be noted that people may choose not to act on the advice given regarding the correct storage of medication, this needs to be respected but must be recorded and reported to the allocated worker and discussed with the relevant health care professional for further guidance. If it is agreed that the medication can be stored in this way, it must be recorded in the personal service plan.

8. Medication Administration Record (MAR)

A MAR is a legal document which 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 the Care Quality Commission (CQC). These documents are for the protection of Shared Lives carers as well as for the people to whom they provide support, and it is in the interests of both that they are completed accurately and at the time of administration.

All support with medication, irrespective of the format, must be recorded at the time it is provided, by the person who provides it. A MAR sheet must be kept in the person's home with the personal service plan.

The MAR sheet must list the person's:

- current medication

and:

- the product name
- strength
- quantity / dose
- frequency
- route
- the date and time when assistance has been given with a person's medication, or to record a reason for non-administration using one of the codes identified on the MAR sheet.

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In some areas the pharmacist will provide a MAR sheet when the prescription is dispensed. Where a pharmacist is unable to provide a MAR sheet, the blank MAR, [Appendix 6](#) must be completed.

The pharmacist may agree to use the DCC blank MAR by attaching the dispensing labels securely on to the sheet, photocopying it and returning it along with the medication. Where they will not do this, please refer to the handwritten entry section on how to complete the MAR.

Any concern that doses are being given by others and not recorded, must be reported by the Shared Lives carer to their allocated worker immediately.

It is very important that MAR sheets are kept up to date. GPs/pharmacists are required to follow good practice requirements when changing prescribed medication, including:

- if visiting the home, the GP may make changes on the MAR sheet and initial the change.
- the GP should alert the pharmacist either verbally or by fax to make them aware of the change
- at this stage arrangements regarding the collection and dispensing could be arranged.

Shared Lives carers must send completed MAR sheets to their allocated worker using the pre-paid envelope monthly.

The registered manager must ensure completed MAR sheets are securely retained and scanned on to the person's electronic social care record. Systems must be in place to ensure any gaps or other errors are investigated as soon as possible; this must not be left until MARs are reviewed/stored.

Handwritten Entries

In an emergency situation a health care professional such as GP or district nurse may handwrite on the MAR. Such situations would include when antibiotics are prescribed part way through a month or changes to existing medication are made.

In other exceptional circumstances which may require a handwritten entry on the MAR sheet the Shared Lives carers can write on the MAR sheet, it should be double signed where possible.

Use of Initials and Codes on the MAR

The codes used on MAR sheets can vary with different codes representing different actions. The code used on any individual MAR sheet MUST accord with the 'key' on that specific MAR sheet. Any errors in coding must be picked up as soon as possible and during all audits and recorded as a medication error.

MAR sheets must only be initialled by Shared Lives carers if administering medication otherwise the appropriate code must be used.

There must be no gaps on the MAR sheet where medication is administered, or support is offered. If there is a gap on the MAR sheet which indicates a dose of medicine may have

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been missed Shared Lives carers **MUST NOT** offer a double dose unless otherwise advised by the relevant health care professional, and details of which must be clearly recorded on the back of the MAR sheet.

Shared Lives carers must only record their own support offered. If more than one Shared Lives carer is involved in the support of the medication for the person, it is the responsibility of the person who actually provides the support to record appropriately on the MAR sheet.

Shared Lives carers must not become involved where it is recorded on the personal service plan that medicines are self-administered.

Where mixed packages of care are in place, the same MAR sheet must be used to ensure a complete record of medication administration is maintained. Family carers involved in the package of care will also be required to either initial or appropriately code the MAR sheet. The person responsible for each dose of medication must be clearly identified.

Where a person visits a Shared Lives short break carer for a period of respite, the MAR sheet currently in use, along with the medication folder and person's medication must go with them, to ensure a continuous record is kept.

Not required must not be confused with refused:

- when 'as and when required' medications are not needed by the person the 'offered but not required' code must be used
- when medication is prescribed for administration at set times throughout the day and doesn't state 'as required' the 'refused' code must be used if the person does not want the medication
- when medication has been refused details of the refusal must be recorded on the back of the MAR sheet to identify whether a pattern is occurring
- where the incorrect code is used a person incident and accident record will be completed

As and When Required Medication (PRN)

Some medication will only be required to be taken when needed e.g., painkillers. Where this applies it should be recorded on the personal service plan and the PRN protocol must be completed using [Appendix 4](#) and in place recording the following information:

- medication prescribed
- signs that the medication is required
- what to try before giving medication and how long to wait
- capacity/best interest
- how to administer
- dose per administration and frequency
- minimum time between doses
- maximum number of doses in 24hrs
- possible side effects
- special precautions/monitoring

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The MAR sheet must be completed with the appropriate code when the medication has been offered but not required and initialled for when it has been taken.

Where a person lacks the capacity to identify when PRN medication is required e.g., due to dementia, the medication assessment must include the behavioural indicators that the person may display when they need the medication. Advice and guidance may be sought from regular carers, GP, district nurse, psycho-geriatrician, etc. to inform the assessment.

If there is an option to give one or two tablets, the record must be made with the administrators initial or on the back of the MAR sheet in the carers' notes, to show how many were taken.

Instructions such as 'when required' should be expanded with a reason, e.g., 'as and when required for pain'. The dose range and a maximum dose must be stated. Complicated dosage instructions which would not fit onto a label/MAR sheet should be discussed with the GP.

A Shared Lives carer or their allocated worker may ask the pharmacist to complete the health professional confirmation tool at [Appendix 7](#) to identify 'as and when required' medication directions if they are complicated or unclear. If the community pharmacist cannot help with clarification of 'as required' medication, the prescriber must be asked to complete the health professional confirmation tool and send via email to the allocated worker. It must then be kept with the MAR for safe administration.

The health professional confirmation tool should be used in the following circumstances if the information on the MAR sheet is not complete:

- details of medication to be administered
- the dose of medication inc. quantity and regularity
- details of specific directions
- confirmation of discontinuation of a drug
- clarification on any other discrepancy on MAR, label of medicine, directions stated by person or person's family
- to provide advice and guidance when completing/reviewing a PRN protocol

9. Administering Medication

Only give medicine to the person named on the label of the original container/compliance aid dispensed by the pharmacist.

Compliance aids filled by families/carers must never be used under any circumstance.

Prior to any assistance being provided, Shared Lives carers must check all the details on the pharmacy printed label and cross reference this information with the MAR sheet. The guidance at [Appendix 8a](#) is a useful reference when administering medication and a copy should be kept along with the MAR sheets in the front of the persons medication folder in the home.

If there are no directions on the label refer to the pharmacist. Do not support with the medication until the problem has been resolved.

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All support provided must ensure compliance with 'The 6R's

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

Any concern about a person and their medication must be reported to the GP and the scheme immediately who will seek appropriate advice from the relevant health care professional.

Supporting with Medication

Whenever supporting with medication, standard infection prevention and control precautions set out in the Infection Prevention and Control Policy must be followed. It is particularly important to:

- wash and dry your hands before and after any task
- where suitable facilities are not available approved wipes or solutions must be provided
- wear disposable gloves and aprons and dispose of after each task
- cover all cuts and abrasions with a waterproof dressing

Shared Lives carers must wash and thoroughly dry any utensil that may be required e.g., medicine spoon or pot. Only purpose-made calibrated pots/spoons should be used to administer medication.

A small dot should be made on the MAR sheet as the medicine is selected.

People should be asked to sit upright or to stand when taking tablets or capsules to reduce the possibility of the medicines sticking in the oesophagus (gullet). A Shared Lives carer should not attempt to assist with oral medication for a person who is in a prone position (lying down).

For the same reason, tablets or 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.

If people have difficulty swallowing the medication it may cause them to refuse, conceal or chew their tablets, if this occurs the Shared Lives carer must discuss with a health care professional and notify their allocated worker.

Shared Lives carers **MUST NOT** crush tablets without written confirmation from the health care professional as this could affect how the medication works.

Dissolvable/Dispersible Medication

Medication which is to be dissolved before administration should be put into a glass and sufficient water added to allow dissolving completely. Follow guidance in the patient information leaflets (PILs) on the amount of water needed. If appropriate stir the solution before handing to the person.

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It should be noted that some tablets do not completely dissolve but **DISPERSE**. These should be added to a smaller volume of water (see PILs), allowed to break up and disperse and the liquid should be swirled around before handing to the person to ensure that no particles are left in the bottom of the glass.

Liquid Medication

Liquid medicines should be selected in the same way as tablets and capsules, the label being checked against the MAR sheet. The bottle should be shaken well, and the dose poured into a small medicine pot whilst on a flat surface and handed to the person. For small doses of liquid medication, the pharmacist must provide a measuring syringe.

Health Related Activities

It is the person administrating the medication that has responsibility for other health related tasks such as eye drops, inhalers, PEG feeds, Stoma Care, rescue medication etc. The person administering must be trained to do so where needed by the relevant health care professional.

Eye/ear/nose drops

Shared Lives carers must write the date of opening on the bottle and record this date on the MAR sheet. Once opened these must be discarded after 28 days. Check the expiry date on the bottle prior to opening. Any bottles without a record of date opened must be discussed with the pharmacy to ascertain whether it is safe to administer or if repeat prescription will be required.

Medicines for Emergency Use

Supplies for prescription medicines for emergency use must only be used for named people e.g., glucagon injection for diabetic, midazolam for epilepsy and EpiPens for anaphylactic shock.

All Shared Lives carers must be up to date with relevant first aid training.

Rescue medication inside the mouth (Buccal)

Where it has been identified that Shared Lives carers are supporting people with epilepsy, they must undertake the epilepsy awareness training which is on the Derbyshire Learning Pool training system. This training does NOT enable the carer to carry out and follow an agreed rescue plan but gives them a basic awareness of epilepsy and what to do should a seizure occur whilst they are supporting the person e.g., first aid and contacting the emergency services.

Should a person suffer from frequent seizures, and it has been discussed and agreed with the health care professional and Allocated Worker that a Shared Lives carer can support with a rescue plan which should be recorded on the protocol at [Appendix 9](#). Additional specialist training and competency observations will be required in this case.

EpiPens

EpiPens must remain with the person at all times. If it is identified via the risk assessment that it's unsafe for the person to retain the medication it must be stored in an agreed place as identified within the assessment.

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Training is required from a health care professional who will need to complete the competency form for specialised training (generic) at [Appendix 3](#).

Medicinal Oxygen

If a health care professional prescribes oxygen, they will organise the supply, dependent on the system used. They will provide information and/or instruction with regards to how it must be used. It is important to ensure the storage instructions provided by the supplier are followed. Where oxygen is in place and is being operated by Shared Lives carers a risk assessment must be completed by the Shared Lives allocated worker.

It will need to be ascertained whether the oxygen system in place has a high or low-pressure output, this information can only be obtained by the health care professional involved. If it is high pressure then it is classed as an aerosol generating procedure (AGP), therefore the carer(s) may need to be 'fit' tested with suitable masks before providing support. The allocated worker will take the required steps to ensure any fit testing required is completed.

Side Effects/Adverse Reactions

All drugs have some side effects, most of which do not cause problems the detail of which can be found in the PILs. Should concerns arise, the Shared Lives carer should note whether any new medicine or change of dose to existing medicines have occurred and refer to the possible side effects. The Shared Lives carer should discuss with the GP, pharmacist or nurse as appropriate and notify their allocated worker.

Occasionally a person may suffer an adverse drug reaction (or interaction). Particular care must be taken to observe people when a new drug is introduced, and any adverse reactions must be reported immediately to the health care professional.

No medicine should be administered with alcohol or given to a person known to have consumed a large amount of alcohol. It is important that the GP 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.

Person Consuming Alcohol or Using Illicit Drugs

Should a person appear to be under the effects of alcohol or illicit substances the Shared Lives carer must seek advice from the relevant health care professional as to whether the medication should be given. Details of this must be recorded on the MAR sheet and reported to the Allocated Worker.

It is a person's own decision to drink alcohol or use illicit substances. A risk assessment should be compiled where a risk is identified in relation to alcohol use or illicit substances and medication with clear guidance for Shared Lives carers. Should a person request an alcoholic drink with medication, this must be refused and reported to the GP or pharmacist and the Allocated Worker.

Spoiled Doses

A single spoiled or refused dose should not be returned to the container. It must be placed into a small envelope, food bag, disposable glove with the details recorded on the back of the MAR sheet and placed into a safe cupboard awaiting to be returned to the pharmacy. Another tablet

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must then be administered, and another tablet will have to be ordered to replace the spoilt dose.

If the person requests that a spoilt dose is not destroyed (e.g., after having been dropped on the floor) and that the dose be administered the details must be recorded on the back of the person's MAR sheet.

Blister Packs

Where blister packs are provided to promote the person's independence to self-administer and we are not involved as stated in the medication assessment, a MAR sheet would not be required.

Where possible the medication will need to be transferred to the original container if support with administration is required on a long-term basis and a discussion must be held with the pharmacist.

Most pharmacists do not provide MAR sheets when a blister pack is in place. If this occurs, it can be overcome with DCC blank MAR sheets at [Appendix 6](#).

A blister pack which contains multiple tablets must have a description of each tablet on the blister. If the person refuses any tablet from the pack the Shared Lives carer will be able to identify the tablet being refused. Under these circumstances a record that describes the colour, size, shape of the tablet being refused will need to be included on the back of the MAR sheet.

Some tablets are not compatible with a blister; the pharmacist will advise where this is not appropriate.

Shared Lives carers must never administer medication from blister packs if they appear to have been tampered with. This includes packs that have been altered by a pharmacist and taped back up.

Person Unwell

Should the person appear to be unwell, distressed, or not their usual self the Shared Lives carer must contact the person's GP or, if unavailable, contact 111. Guidance must be sought as to whether any medication that is due should be offered to the person. The Shared Lives carer must notify the scheme and record the appropriate code on the MAR sheet.

Hospital Admission

If a person is admitted to hospital, it is important to ensure that the person's medication goes with them. This is usually asked for by the ambulance staff. All medication that has been taken with them must be recorded by the Shared Lives carer in the person's notes and reported to the allocated worker.

10. Topical Preparations

Creams/Ointments/Lotions

Medicinal creams, ointments and lotions must be stored and administered in accordance with

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instructions.

The MAR sheet and labels on products for application to the skin must indicate the areas of the body to which it should be applied. This is particularly important if a person has several different creams, ointments, or lotions. The area must also be indicated on the body map, [Appendix 10a](#) and must be kept updated as changes occur.

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, or if you have 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 Shared Lives carers 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.

Body charts should be used to clearly identify where topical medicines should be applied. Where physical assistance is provided with skin applications, protective gloves must always be worn.

Apply small quantities at a time and rub in gently to the affected area.

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 are covering this with a dressing or clothing, there's a danger that smoking or using a naked flame could cause these dressings or clothing to catch fire. There may also be reactions between emollients and fibres of dressings, clothing and items such as towels when used to carry out personal care.

Shared Lives carers must make sure that:

- all emollients are stored securely
- risk assessments reflect the use and storage of emollients and are reviewed regularly
- persons 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 or go near anyone with either of these.

Transdermal Patches

Where transdermal patches are prescribed this should be indicated on a body map which must be kept updated as changes occur, [Appendix 10b](#).

Transdermal patches must be rendered unusable before disposal. This is done by folding the patch in half with the adhesive edges joined thus sealing the transdermal surface so that the drug could not be absorbed through the skin of anyone who may handle the patch. Dispose of following the double bagging system, which could be via a disposable glove followed by a bag and disposed of in the outside bin.

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11. Disposal of Medicines

Medicines belong to the person for whom they were prescribed or supplied.

Shared Lives carers should not keep an excess of medication present in the home as this may pose a risk. The removal of excessive quantities or out of date medicines may only be considered following agreement with the person. Stockpiling and excess of medication could be resolved via pharmacies which offer a prescription collection service. All unused, refused or out of date medication should be disposed of safely and in an environmentally friendly way.

It is recommended that that any unused medication should be put in an envelope or other suitable package and taken to the pharmacy at a convenient time where there is no collection service. Any disposal of medicines must be recorded on the MAR sheet.

Medicines, such as eye drops open longer than 28 days, may be disposed of by placing in household waste, although for environmental reasons a return to pharmacy is preferable.

12. Medication Audits

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.

Daily audits must be completed by Shared Lives carers and consist of:

- a visual check of the MAR sheet by the Shared Lives carer before administering the medication e.g., checking for gaps on the MAR sheet
- all errors found following a daily visual check must be recorded by completing the Shared Lives Carer Medication Error Form, [Appendix 12](#), and the Allocated Worker must be notified as soon as possible

Upon notification the allocated worker will complete a person accident and incident record

Monthly audits must be completed by the allocated worker who will:

- carry out a visual audit of the MAR sheets every month and complete a monthly audit recorded on the template at [Appendix 11a](#).
- ensure that all MAR sheets that are due each month are received and follow up any with the appropriate Shared Lives carer where MAR sheets are not received on a monthly
- sign and date the MAR to evidence their audit before it is scanned onto the person's electronic record
- ensure all errors found must be reported by completing the person incident & action record on the person's electronic record

Monthly audits must be completed by the registered manager who will::

- complete an audit of around 10% of the MAR sheets each month recoding this on the form at [Appendix 11b](#).
- ensure that the MAR records for different people are chosen each month and that they are chosen from people with different allocated workers.

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13. Medication Errors

General Principles:

- Shared Lives carers 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 medicine related incident must be determined
- medication errors must be monitored on a regular basis.

Where an error is found by a Shared Lives carer it should be reported to the allocated worker within 24 hours to allow the appropriate action to be taken, including sharing learnings where mistakes are made. In the event of an error occurring in the administration of a person's medication, the following must be completed:

Shared Lives carers must:

- telephone the person's GP or pharmacy (or if out of hours helpline 111) with full details of the incident for a medical judgment of the significance of the incident
- record and follow any advice given by the health care professional contacted; note the person's name, in case you need to refer to them
- complete all sections of the Shared Lives carer medication error report form, [Appendix 12](#) in detail - the form must be completed immediately by the person/s that made/found the error, and the allocated worker notified in a timely manner.
- discuss with the allocated worker at support and monitoring visits their medication training needs, such as if they require updating or refreshing.

The allocated worker will ensure:

- that errors are reported using the person incident and action record on the person's electronic record
- that they inform the registered manager
- that shared lives carers who report errors are supported.
- that when medication errors are reported or identified, they undertake a fact-finding audit with the intention of ensuring remedial action
- that actions carried out or planned are recorded on the person incident & action record form

The registered manager will ensure:

- the CQC and the council's Quality and Compliance team are notified of a medication error where required.
- when errors are reported or identified, the appropriate manager will undertake a fact-finding exercise with the intention of ensuring remedial action
- that medication error report forms are monitored on a monthly basis, with any trends identified and action agreed

N.B. Duty of Candour – There is a legal duty upon providers of regulated services to act in

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an open and transparent way. See the council's Duty of Candour for Direct Care Policy.

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Appendix 1. Letter to Relatives, Friends or Other Carers Involved in Administration of Medication

Dear (Name of family member/carer.....)

If you are involved in supporting (name of person.....) with their medication either prescribed or non-prescribed medicines, could you please inform the Shared Lives allocated worker so this can be recorded as part of the support plan.

All medication that's administered must be recorded on a Medication Administration Record (MAR) sheet, which in most cases is provided by the pharmacist upon request.

You must make sure that you fill in the MAR sheet every time you provide support with medication as agreed with the Shared Lives allocated worker. This is to ensure that (name of person.....) does not miss a dose or receive a double dose of medication.

If you decide to give (name of person.....) any non-prescribed medicines that aren't in the Personal Service Plan you must check with the doctor or pharmacist first and clearly communicate this information to the Shared Lives carer(s). Non-prescription medicines include medication such as herbal remedies or medicines you can buy over the counter, for example cough syrup.

If you have any concerns about the medication, or any side effects (name of person.....) is having, please contact their doctor or pharmacist, and again communicate this conversation with the Shared Lives carer.

If (name of person.....) is having difficulty making decisions about taking their medication, contact the (name of person.....)'s allocated social care worker who will arrange a mental capacity assessment to be carried out. In such circumstances you will be consulted to ensure that any decisions made are in their best interests.

Yours sincerely

Laura Morson
Project Manager – Derbyshire Shared Lives Scheme

Appendix 2 – Shared Lives Carer Observational Competency Check Sheet

Service: Shared Lives Scheme	Date:	
Observer:	Position:	
Observee:	Position:	
Observation Details	Compliant Y/N	Action Required
<p>Is the medication prepared safely prior to administration?</p> <ul style="list-style-type: none"> • Is there water, beakers, medic pots, spoons and any other equipment needed for the administration available? • The information on the printed Pharmacy label is checked against the MAR. • Where medication is dispensed in original boxes the name and strength of the medication on the back of the foil packs are the same as on the box. • The batch number on the back of the foil pack is the same as on the box. • Liquid medication is shaken and measured on a flat surface. • “Pop and dot” system is used as each medicine is prepared. • Medication is prepared according to the written instructions. 		
<p>Is the medication administered according to safe ways of working and following a person-centred approach?</p> <ul style="list-style-type: none"> • Only prescribed or agreed over the counter medication is administered. • The recipient is clearly identified. • Obtain consent from the individual for the support required. • Use effective communication with the person. • Administer according to the identified support appropriate to the individual’s needs. • Administer as per instruction from the MAR. 		

<p>Are creams administered correctly?</p> <ul style="list-style-type: none"> • Follow infection control procedures. • The MAR and the printed label have been checked. • Body map has been checked. • Expiry date and condition of cream has been checked. • PRN protocol has been referred to where appropriate. 		
<ul style="list-style-type: none"> • The cream is applied in the privacy of a safe environment in a dignified way. • The MAR is initialled/coded immediately after application. 		
<p>Are inhalers administered correctly?</p> <ul style="list-style-type: none"> • Inhaler has been shaken. • Inhalers administered in the correct order. • One puff administered at a time. • Spacer is used correctly. • Drink is offered afterwards. 		
<p>Are eye drops administered correctly?</p> <ul style="list-style-type: none"> • Follow infection control procedures. • Correct technique – one drop at a time. • Clear supportive communication. • Correct use of compliance aids. • Comfort, privacy and dignity is maintained. 		
<p>Are infection control precautions used?</p> <ul style="list-style-type: none"> • Hands washed before and after medication is administered. • None touch technique. • Use of gloves when required. • Use of clean pots. • When the Spacer is washed, it is done in warm soapy water and left to air dry. 		

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<p>Are MAR sheets signed appropriately and coded correctly?</p> <ul style="list-style-type: none"> • The MAR is initialled/coded after administration. • Any gaps are identified, recorded and reported. • The correct codes used (not required is not the same as refused). • Where 'other' is recorded, this is clearly described on the back of the MAR. 		
<p>Are error reports completed as applicable?</p>		
<p>Any other issues or comments:</p>		
Signed Observer:	Date:	
Signed Observee:	Date:	

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Appendix 3 – Competency Form for Shared Lives Carer Specialist Training

Section A

Name of Person Date of Birth:
 PIN:

Address:

Is Personal Service Plan Completed? Yes/No (If no, complete immediately)
 Is Medication Assessment Completed? Yes/No (If no complete immediately)

Section B

Elements of the Task:

1. What Personal Protective Equipment is required

2. The steps to take to reduce the risk of cross infection

3. The correct use of the equipment

4. The correct procedure to administer

5. What to look for when monitoring and where to record this information

Section C

I am satisfied that the worker/s listed below is/are competent to perform the specialist task at the time of assessment. All Shared Lives carers will require ongoing monitoring by health professionals.

Name of Shared Lives Carer	Date

Name of Health Practitioner:.....

Signature of Health Practitioner: Date:

Signature of Allocated Worker Date:

I agree to allow the above-named carer/s to perform this task as part of my overall care package.

Signature of person, or their representative:

Date:

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Appendix 4 – PRN Protocol

Derbyshire Shared Lives	PIN Number:
Person's Name:	DOB:
Name of Prescriber:	
Medication prescribed (include name, strength, form):	
Where the medication is stored:	
Signs that medication is required:	
What to try before giving medication and how long to wait:	
Does the resident have capacity to consent to having this medication or is it being given as part of a best interest decision? Capacity / Best Interest	
How to administer:	
Dose per administration and frequency:	
Minimum time between doses:	
Maximum number of doses in 24 hours:	
Possible side-effects:	
Special precautions/ monitoring:	
Form Completed By:	
Witnessed By:	
Date for review: (Annually if not before)	

Appendix 5a – Requiring Administration of Medicines in Food or Drink

Derbyshire Shared Lives Scheme

Name of Person:

.....

Date of Birth:

Reason for administration in this way: (e.g., person unable to swallow due to medical reasons).

.....

.....

..... I am unable to take medicines in the form they are prescribed.

I understand there are no alternatives to this method after discussion with the GP.

Persons signature:

Date:

Medicine Name and Strength	Method of Administration

(NB the medicine must be added to a small quantity of food/drink to ensure that the whole dose is taken by the person).

The suitability of these medicines to be given in this way has been verified by the GP/pharmacist.

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Pharmacist name: Date:

Signature: Date:

Name of the Health Care Professional:

.....

Job title:

.....

Signature: Date:

.....

Shared Lives Allocated Worker:

Signature: Date :

This will be reviewed on or at an earlier date if the person's situation or condition changes.

To be stored on the person's electronic record and a copy in their personal held records alongside the Medication Administration Record (MAR) sheet.

Appendix 5b – Covert Administration of Medicines in Food or Drink

Derbyshire Shared Lives Scheme

Name of Person:

Date of Birth:

Reason for administration in this way: (e.g., person unable to swallow due to medical reasons).

.....

The person is unable to understand the necessity to take medicines prescribed for him/her. This matter has been discussed fully with the appropriate health care professional and representative. It has been agreed that it would be in the best interests of the person to administer medicine covertly in food or drink in order to maintain health and wellbeing.

Where the person does not have capacity, you must ensure a Mental Capacity Assessment is in place or refer to it.

Date of Capacity Assessment:

The person is unable to understand the necessity to take medicines prescribed for him/her. This matter has been discussed fully with the appropriate health care professional and representative. It has been agreed that it would be in the best interests of the person to administer medicine covertly in food or drink in order to maintain health and wellbeing. We are not aware of any previous instructions given by the person that medicines should not be given in this manner.

It may be appropriate to instigate a Deprivation of Liberty Safeguards (DoLS).

Medicine Name and Strength	Method of Administration

(NB the medicine must be added to a small quantity of food/drink to ensure that the whole dose is taken by the person).

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We are not aware of any previous instructions given by the person that medicines should not be given in this manner.

The suitability of these medicines to be given in this way has been verified by the GP/pharmacist.

Pharmacist name: Date:

Signature: Date:

Name of the Health Care Professional:.....

Job title:.....

Signature: Date:.....

Shared Lives Carer:

Signature: Date:.....

Shared Lives Allocated Worker:

Signature: Date :

Person Signature (Where applicable):

Registered Manager:

Signature: Date:

Persons Allocated Worker:.....

Signature: Date:.....

This will be reviewed on or at an earlier date if the person's situation or condition changes.

To be stored on the person's electronic record and a copy in their personal held records alongside the Medication Administration Record (MAR) sheet.

Appendix 6 – Shared Lives Medication Assessment Record (MAR)

ONLY TO BE USED IF THERE IS NO MAR SUPPLIED BY THE PHARMACY

Name:					Doctor:										DOB:				
Address:										Completed by:									
Allergies:					Start Day:					Start Date:					End Date:				
		Week 1				Week 2				Week 3				Week 4					
	DATE																		
Medication:	Time																		
Quantity received:		Sig:		Date:		Brought Forward:				Carried Forward:				Returned:		Sig:		Date:	
Quantity received:		Sig:		Date:		Brought Forward:				Carried Forward:				Returned:		Sig:		Date:	
Quantity received:		Sig:		Date:		Brought Forward:				Carried Forward:				Returned:		Sig:		Date:	

R - Refused. **N** - Not taken/offered. **P** - Prompt/remind, e.g., verbally asking if meds have been taken.
Z – Offered but not required (PRN)
A – Assist, e.g., opening the bottle of medicine/creams and passing to the person. **X** - Supplementary notes (see over)

ONLY SIGN WHEN ACTUALLY ADMINISTERING MEDICATION
Carers Notes

**(Include date, time, detail and
signature)**

Appendix 7 - Health Professional Confirmation Tool

The purpose of this tool is to fulfil the requirement that the directions for a person’s medication requirements are explicit and unambiguous. Shared Lives carers or their Allocated Worker may ask for this to be completed by a health care professional where there are complex instructions for a particular medication.

GP Surgery Practice Stamp

Date:.....

Person:.....

...

DoB:.....

Derbyshire Shared Lives Scheme
Email: ASCH.Shared.Lives@derbyshire.gov.uk

Name of medication to be administered ‘as required’

.....

For what condition or situation is this to be administered?

.....

How much should be given?

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

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

Signature of Prescriber

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

(Tick to confirm)

To be stored on the person’s electronic record and a copy in their personal held records alongside the Medication Administration Record (MAR) sheet.

Appendix 8a - Medication Administration Check Sheet

The following is a list of checks you must have made before you initial/code the MAR each time of administration:

All checks below refer to the “6 Rights” within the Shared Lives Medication and Health Related Activities Policy

Right Person

Right Medication

Right Strength

Right Dose

Right Time

Right to Refuse

IMPORTANT:

If you make/notice an error/recording error, it is your responsibility to report this to your Shared Lives allocated worker as soon as possible

MAR Sheet/Pharmacy Printed label

- start date of MAR sheet
- date of administration on mar sheet
- name of person
- name of medication
- strength of medication
- name of person
- dose (amount of medication to be given and when)
- specific directions
- statutory warnings

IMPORTANT:

The information on the pharmacy printed label must be the same as the information recorded on the MAR sheet

Medication

- all prescribed medication must be dispensed into pharmacy filled containers
- if medication is dispensed into foils packs inside a box, the batch number on the foil pack must match the batch number on the box
- you have observed the person swallow their medication – if not, the correct code must be used

Appendix 8b – Shared Lives Sample Medication Administration Record Sheet

This sample MAR Sheet has been produced as a reminder of all the sections which must be completed.

Any known allergies. If the person has no known allergies then 'No known' must be recorded

Name and Address of person, date of birth and GP

Start day of the MAR

The start date of the MAR. These two start dates should match

A signature each time a medication is administered

The name, strength and form of medicine should be an exact copy of the dispensing label, along with the full dosage instructions (exactly as they appear on the label) and any additional instructions. Or the label from the pharmacy stuck in the appropriate box

Where a variable does of a medicine is prescribed e.g. 'take one or two tablets' The number of tablets administered should be recorded

A signature each time a medication is administered. If for any reason the medicine is **not** administered the appropriate code should be entered, in place of a signature. Codes will vary depending on the MAR sheet

Quantity Received: The actual quantity received from the pharmacy should be recorded, then signed and dated

Brought Forward: The number of medication left over from the last 28 day MAR period which is still prescribed and in date

Carried Forward: This is the number of items to be carried forward from this MAR sheet, which is still prescribed and in date

Returned: This is the number of items which have been returned to the pharmacy for disposal

This should then be signed and dated as correct

Name: John Somebody		Doctor: Dr. Bones The Medical Practice, Somewhere										DOB: 07/09/1973																	
Address: 4 High Street, Somewhere, Derbyshire		Completed by: JP																											
Allergies: None known		Start Day: Wednesday					Start Date: 21/07/2021					End Date: 17/08/2021																	
		Week 1							Week 2							Week 3							Week 4						
	DATE	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Medication:	Time																												
	Epilim crushable 100mg tabs	SAM	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP
2 to be taken Twice Daily		SPM	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP
Quantity received: 56		Sig: JP	Date: 21/7/21		Brought Forward: 0		Carried Forward: 0		Returned: 0		Sig: JP		Date: 17/08/21																
Aledronic Acid 70 MG tablets		SAM				JP								JP															JP
Take 1 tablet WEEKLY																													
Quantity received: 56		Sig: JP	Date: 21/7/21		Brought Forward: 0		Carried Forward: 52		Returned: 0		Sig: JP		Date: 17/08/21																
PARACETAMOL 100 MG tablets		SAM						JP						JP															JP
TAKE ONE OR TWO AS REQUIRED.		SPM						2						2															
NO MORE THAN 8 PER DAY								1																					
Quantity received: 28		Sig: JP	Date: 21/7/21		Brought Forward: 12		Carried Forward: 35		Returned: 0		Sig: JP		Date: 17/08/21																
R - Refused. N - Not taken/offered. P - Prompt/remind. A - Assist. Z - PRN (When required) offered but not wanted. X - Supplementary notes (see over)																													

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Appendix 9 – Emergency Rescue Medication Protocol

Emergency Rescue Medication Protocol

Person Name:	Pin Number:
Establishment Name:	DOB:
Name of Prescriber:	
Name and strength of prescribed rescue medication:	

Seizure Classification (if known)

Description of seizures which may require rescue medication: (Record all known physical and psychological symptoms of each seizure eg: Sudden drop, loss of consciousness, convulsions down both sides of body etc.)

Usual duration of seizure:

Other useful information: (This could include triggers for seizures, warning signs and potential allergies etc.)

When should the rescue medication be administered? (Identify if after a certain length of time or after a number of seizures)

Initial dosage? (Prescribed number of mg/mls)

What is the usual reaction/s to the prescribed rescue medication?

If there are difficulties in administration, what action should be taken?

Can a second dose of the rescue medication be administered? (If so provide details)

When should 999 be called?

Immediately after initial administration YES/NO

OR

After..... minutes post initial dose of prescribed rescue medication

Other (provide details below):

Under what circumstances should the prescribed rescue medication not be used? (e.g. – other medication might have already been administered which could have contra indications)

Maximum dose of the rescue medication to be administered in a 24-hour period:

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Who needs to be informed post recovery?

Prescribing Doctor:

Family/carers:

Other:

Recovery Plan:

Prescriber Name (Block capitals):

Signature:

Date:

Persons Signature (if able to consent):

Date:

Family/Carer Name (if in person's best interest) (Block capitals):

Signature:

Date:

Appendix 10a – Creams Body Map

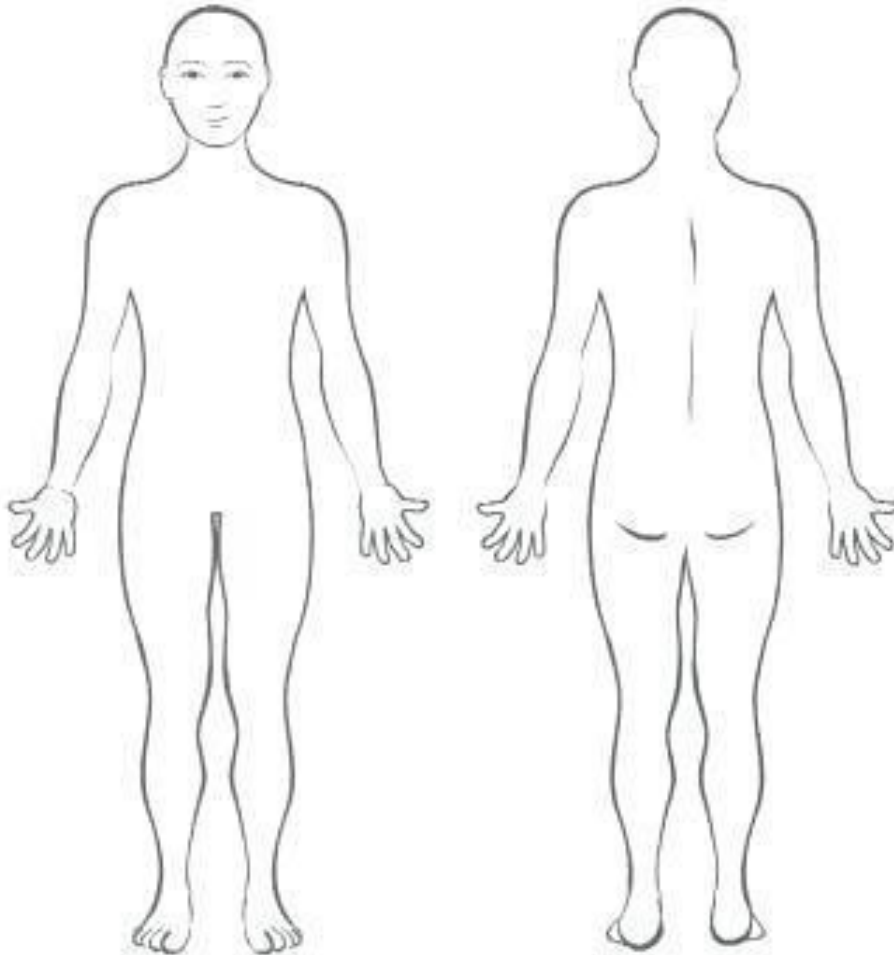
Person's name:

Name of cream:

Directions of application:

.....
.....
.....
.....

Completed by:Date:



NB one body map per
cream

Appendix 10b – Transdermal Patch Body Map

Name of Person:			
Name of Patch:		Strength:	

The patch should be checked on a daily basis to make sure it is still in place.

Below is a guide to rotating of sites but it does not replace your responsibility in ensuing you have all the information needed to use the patch correctly

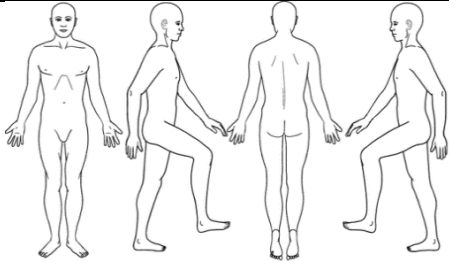
	Fentanyl	Butrans/Butec	Transtec	Hyoscine	Rivastigmine	Rotigotine
Duration of use	72 hours	1 week	4 days	72 hours	24 hours	24 hours
Interval before reusing a site	1 week	3-4 weeks	1 week	72 hours	14 days	Use only the specific chart for rotigotine
Number of sites on rotation	3 sites	4 sites	2 sites	2 sites	14 sites	

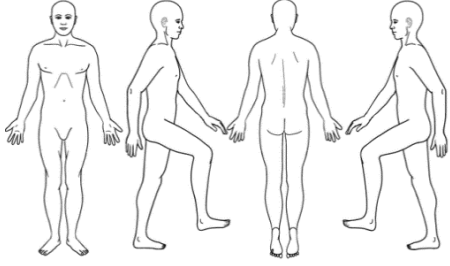
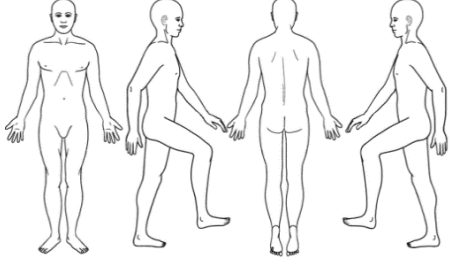
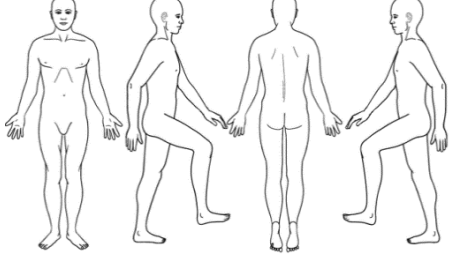
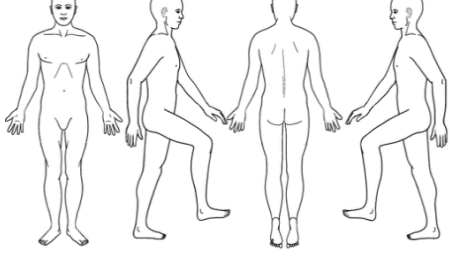
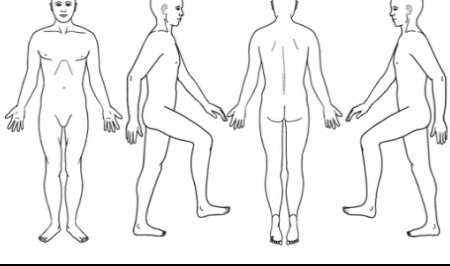
Patches should not be applied to bony prominent parts of the body and Hyoscine should be place behind the ear.

The old patch must be folded in half and stuck together before disposal, in accordance with the care home policy.

Please indicate where the patch has been applied using a cross (x). If more than one patch is in use please indicate with a separate symbol, e.g., o

THIS DOES NOT REPLACE THE NEED TO RECORD ADMINISTRATION ON THE MAR

	Date new patch applied		Time	
	Applied by			
	Date patch removed		Time	
	Removed by			
	Witnessed by			

	Date new patch applied		Time	
	Applied by			
	Date patch removed		Time	
	Removed by			
	Witnessed by			
	Date new patch applied		Time	
	Applied by			
	Date patch removed		Time	
	Removed by			
	Witnessed by			
	Date new patch applied		Time	
	Applied by			
	Date patch removed		Time	
	Removed by			
	Witnessed by			
	Date new patch applied		Time	
	Applied by			
	Date patch removed		Time	
	Removed by			
	Witnessed by			
	Date new patch applied		Time	
	Applied by			
	Date patch removed		Time	
	Removed by			
	Witnessed by			

Appendix 11a – Shared Lives Allocated Worker MAR Monthly Audit

Audit of Medication Administration Record

1. Complete the 'Action' column in detail including realistic target dates and actions already carried out.
2. Re-audit as necessary.

Name of Carer:	Name of Person:
Start date of MAR sheet:	End date of MAR sheet:
Date MAR sheet received:	

Audit Questions	Yes/No N/A or O/A	Action	Date Actioned
1. Correct start date			
2. Drug allergies correctly recorded			
3. Quantity received signed and dated			
4. No. of tablets left matched balance expected on MAR			
5. Medicine labels match MAR sheet instructions			
6. All directions are clear			
7. Any mid-cycle changes are clear and accurate			
8. Handwritten additions are clearly written, signed, dated and countersigned			
9. Initials are clear so carer administering can be identified			
10. Correct codes are being used			
11. Variable amount doses that are administered are recorded appropriately			
12. The reason for non-administration is recorded appropriately			
13. The administration of all external preparations has been signed for (creams, lotions)			
14. The use of homely remedies has been recorded appropriately			
15. All medication has been administered in accordance with the directions			

Completed by: Signed:	Date:
Person Incident & Action Record completed on person's electronic record Y / N / NA	

Appendix 11b – Manager Monthly MARs Audit

Instructions:

- 1) Conduct audit upon receipt of the MAR sheets.
- 2) Audit a sample of 10% of the MAR sheets. These must be for different Shared Lives allocated workers and Shared Lives carers each month.
- 3) All concerns must be recorded in the ‘Findings’ column in detail.
- 4) Complete the “Action Required” column in detail with realistic target dates.

List the PIN number and allocated worker below of the peoples MARs that have been audited:

Allocated worker	Person
	1.
	2.
	3.
	4.
	5.

	Findings	Action Required
1. Correct start date	1.	
	2.	
	3.	
	4.	
	5.	
2. Drug allergies correctly recorded	1.	
	2.	
	3.	
	4.	
	5.	
3. Quantity received signed and dated	1.	
	2.	
	3.	
	4.	
	5.	
4. Number of tablets left matched balance expected on MAR	1.	
	2.	
	3.	
	4.	
	5.	
5. Medicine labels match MAR sheet instruction	1.	
	2.	
	3.	
	4.	
	5.	
6. All directions are clear	1.	
	2.	
	3.	
	4.	
	5.	

7. Any mid-cycle changes are clear and accurate	1.	
	2.	
	3.	
	4.	
	5.	
8. Handwritten additions are clearly written, signed, dated and counter signed	1.	
	2.	
	3.	
	4.	
	5.	
9. Initials are clear so carer administering can be identified	1.	
	2.	
	3.	
	4.	
	5.	
10. Are there gaps present on the MARs	1.	
	2.	
	3.	
	4.	
	5.	
11. Variable amount doses that are administered are recorded appropriately	1.	
	2.	
	3.	
	4.	
	5.	
12. The reason for non-administration is recorded appropriately	1.	
	2.	
	3.	
	4.	
	5.	
13. The administration of all external preparations has been signed for (creams, lotions)	1.	
	2.	
	3.	
	4.	
	5.	
14. The use of homely remedies has been recorded appropriately	1.	
	2.	
	3.	
	4.	
	5.	
15. Correct codes are being used by the Shared Lives carer	1.	
	2.	
	3.	
	4.	
	5.	

Completed by:**Signed:**

Date:

Appendix 12 – Shared Lives Carer Error Report Form

Shared Lives carers should complete the following form **when a medication error is discovered**.

This information needs to be shared with your Shared Lives Allocated Worker as soon as possible following the discovery.

- | | | |
|--|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Monthly audit | <input type="checkbox"/> Daily check | <input type="checkbox"/> Other |
|--|--------------------------------------|--------------------------------|

What was the primary reason for the error

- | | | |
|--|---|---|
| <input type="checkbox"/> Recording error | <input type="checkbox"/> Missed signature | <input type="checkbox"/> Wrong person |
| <input type="checkbox"/> Wrong dose/amount | <input type="checkbox"/> Wrong medicine | <input type="checkbox"/> Omission of dose |
| <input type="checkbox"/> Wrong time | | |

If recording error

- | | | |
|--|---|---|
| <input type="checkbox"/> Incorrect handwritten error | <input type="checkbox"/> handwritten not counter signed | <input type="checkbox"/> Error with stock carry forward |
| <input type="checkbox"/> Other, please give details: | | |

What was the secondary reason for the error (if appropriate)

- | | | |
|--|---|---|
| <input type="checkbox"/> Recording error | <input type="checkbox"/> Missed signature | <input type="checkbox"/> Wrong person |
| <input type="checkbox"/> Wrong dose/amount | <input type="checkbox"/> Wrong medicine | <input type="checkbox"/> Omission of dose |
| <input type="checkbox"/> Wrong time | | |

Who made the error

- | | | |
|-------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Prescriber | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> DN/ANP |
| <input type="checkbox"/> Other | | |

Please give details for the person/pharmacy:

Time of administration

- | | | |
|----------------------------------|--|------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Lunch | <input type="checkbox"/> Tea |
| <input type="checkbox"/> Evening | <input type="checkbox"/> Other, please give details: | |

Which medicine does this relate to

- | | | |
|--|---|---|
| <input type="checkbox"/> Topical/cream | <input type="checkbox"/> Capsule/tab/liquid | <input type="checkbox"/> Controlled drugs |
| <input type="checkbox"/> Inhaler/spray | <input type="checkbox"/> Rescue medication | <input type="checkbox"/> Eye drops |
| <input type="checkbox"/> Injection | | |

Name of medication:

Strength:

Dose:

Immediate action taken

- | | | |
|--|---|---|
| <input type="checkbox"/> Contacted GP/ANP | <input type="checkbox"/> Phoned 11 | <input type="checkbox"/> Phoned 999 |
| <input type="checkbox"/> Monitoring of person health | <input type="checkbox"/> Recording error only | <input type="checkbox"/> Informed person |
| <input type="checkbox"/> Informed family | <input type="checkbox"/> Admitted to hospital | <input type="checkbox"/> Contacted pharmacist |
| <input type="checkbox"/> Informed manager | | |

Give details of the above action taken:

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Author History

Approval and Authorisation History

Authored by Quality and Compliance	November 2022
Approved by DMT	November 2022

Change History

Version 1	Quality and Compliance New policy	November 2022
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