Derbyshire County Council Adult Care

Care Homes Medication and Health Related Activities

Approval and Authorisation

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Change History

Version	Date	Name	Reason
V 1		John Boadle & Stella Whitehurst	First Edition
V 2	July 2001	John Boadle & Stella Whitehurst	Updated to comply with standards and regulations
V 2.1	January 2007	John Boadle & Stella Whitehurst	Draft updates to comply with current standards and regulations
V 3	September 2007	John Boadle & Stella Whitehurst	Approved final version
V 3.1	October 2008	Stella Whitehurst	Alterations to section A, B & D
V 3.2	February 2009	John Boadle & Stella Whitehurst	Alteration to section B, re clarification of procedures for medicines given out by care assistants
V 4	December 2015	Jane Parke / Trevor Thacker	Review and update whole document. Re name document (was Adults Medicines Code)
V5	September 2018	Emma Benton	Review and update of document

This document will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc please email Phil Robson – Policies and Procedures, phil.robson@derbyshire.gov.uk

Medication & Health Related Activities Sign Off Sheet

Name of Establishment:	

I have read and understood the policies and procedures set out in the Derbyshire County Council Adult Care Home Medication and Health Related Activities in Care Homes document and I agree to adhere to these policies and procedures while working in this establishment.

Name (please print)	Signature	Date

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Purpose and Scope of the Policy

The policy is designed to support Adult Care clients to achieve as far as possible, the following outcomes:

- Improved health and wellbeing
- Improved quality of life
- Making a positive contribution
- Exercise choice and control
- Personal dignity and respect
- Freedom from discrimination or harassment.

The policy is written in compliance with the Care Quality Commission Fundamental Standards incorporating the Key Lines of Enquiry.

Policy Aim

The overall aim of the policy is to promote independence by enabling clients to manage their own medicines as far as they are able.

In a social care setting 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 by a manager or appropriate trainer.

Mission Statement

Adult Care is committed to providing the appropriate support to individual clients enabling them to take their medication in a safe and supportive environment.

The Health and Safety at Work Act 1974 places a duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others who may be affected by their activities. This includes clients.

This policy is compliant with The Health and Social Care Act 2008 (Regulated Activities 2014), The Medicines Act 1968, The Misuse of Drugs Act 1971 and The Derbyshire County Council Adult Care Medication Management Standards.

The policy aims to promote the independence of clients to manage their own medication wherever possible. It is accepted however that in some cases, clients will require support.

The policy provides guidance and support to the team involved in the provision of residential care services.

Clients must be treated with dignity and respect at all times and consideration must be given to their age, beliefs, opinions, experience, ability, culture and any other factor that could impact on their lives.

Capacity will need to be considered when support is required with medication. In some situations it will be appropriate for an advocate to make a decision and act in the persons best interests. In all instances an individual's wishes, beliefs and values will be considered and recorded appropriately which may include advice from the relevant health care professional.

Clients have the right to expect that any support offered is carried out in a professional manner by appropriately trained staff. The client or their representative must agree to any support provided.

Training and competency assessments will be provided for all staff involved in the administration and control of medicines at a level appropriate to their grade.

This policy must be brought to the attention of all staff involved in supporting clients with their medication.

The policy complies with NICE guidelines "Managing Medicines in Care Establishments" which links in with The Royal Pharmaceutical Society Handling Medicines in Social Care and Care Quality Commission Fundamental Standards.

Legislation

- Management of Medicines **-** Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 states:

'The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity'.

- CQC - SAFE Standard 4 – How does the provider ensure the proper and safe use of medicines?

This is one of the core 16 quality and safety standards that CQC measure against and they check that registered providers follow published guidance about how to use medicines safely.

Published Guidance

- The Handling of Medicines in Social Care – Royal Pharmaceutical Society of Great Britain states:

'Record Keeping
It is important to record what you do when you do it. Do not rely on your memory to write information accurately at a later time. In every social care service where care workers give medicines, they must have a MAR chart to refer to.

Key tasks during medicines administration will include that the care worker:

- *Checks what the person takes on the MAR chart and the medicine label*

- *Checks it is the right person*
- *Makes sure that no-one else has already given it to him/her*
- *Prepares the correct dose for the time of day*
- *Signs the record.*

1.14.11 - Managing medicines in care homes NICE March 2014

'Care home staff must record medicines administration, including the date and time, on the relevant medicines administration record, as soon as possible and ensure that they:

- *make the record only when the resident has taken their prescribed medicine*
- *complete the administration before moving on to the next resident*
- *recognise that mistakes are less likely if 1 member of staff records administration on the medicines administration record rather than 2 staff recording*
- *record 'when required' medicines only when they have been given, noting the dose given and the amount left (where possible), to make sure that there is enough in stock and to reduce waste*
- *record when and why medicines have not been given*
- *Correct written mistakes with a single line through the mistake followed by the correction and a signature, date and time (correction fluid should not be used).*

1. Training

All staff employed in a residential unit must have an awareness of medicines and attend the training appropriate to their role which must be refreshed every three years.
For direct care workers this would be the Safe Administration of Medication and for SCW, DUM, UM and RSCW's this would be Administering Medications in a Care Home. In addition to this training SCW, DUM and UM's must also be judged as competent by a vocational qualification assessor, this will include the completion of a unit/s taken from a City and Guilds Level 3 Diploma in Adult Care.

It is the managers' responsibility to ensure that all staff maintain their competency by carrying out annual observations of practice or more often if required **(Appendix 1a & b).**

Records of training, competency assessments and observations of practice must be kept on file for each employee.

Newly recruited care workers will only administer medication once they have received the relevant training.

Newly recruited SCW will only administer medication under close personal supervision of the established competent senior person on duty until the Registered Manager deems them competent to work alone. New appointments must attend the DCC Administration of Medication in Care Homes as soon as possible.

Specialised Training

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

The important issues are:

1) That all the residential team are trained by a relevant health care professional or where appropriate the manager/trainer.
2) Staff must be assessed as competent to perform the tasks whenever relevant **(Appendix 2a and 2b).**
3) The client consents to the residential team providing the support as identified in the personal service plan.
4) Clear roles and responsibilities are agreed by the health care professionals and the residential team involved in providing care as recorded in the personal service plan and appropriate risk assessments.

Pharmacists are required to provide professional support to ensure that medicines prescribed or purchased for clients are used safely and effectively. The Pharmacist is available to provide advice and guidance and may offer training as appropriate. There may be a charge for training.

2. Medication on Admission

Legally, medicines prescribed for clients become their property as soon as they are dispensed. Responsibility for safe custody, administration and disposal of medicines however rests with the registered manager, whether the client is self-administering or not.

The Care and Support Plan where in place, should identify the client's medication needs prior to admission. The admitting responsible person on duty must ensure the medication is up to date and correct.

The responsible person on duty must ensure that a letter is forwarded to the carer/representative prior to any planned admission regarding correct procedures and up to date information about their current medication **(Appendix 3).**

For clients attending short term care, medicines information must be recorded **each time they are admitted** in order to ensure any changes are accounted for.

On admission the client or their representative may be able to confirm the regular medicines, which must be recorded on the Medication Administration Record (MAR). Where there is any doubt the responsible person on duty must contact the GP, Pharmacist or Hospital to confirm the medication, dose and times of administration.

Emergency admissions, often out of hours, are usually handled by Call Derbyshire with the OOH team. A representative from the team or hospital as appropriate will have assessed the situation and gathered as much information as possible. The responsible person on duty must record the medications immediately. If in doubt do not administer medication before seeking advice from the health care professional or 111.

Always ensure compliance with 'The 6 R's':

- Right person
- Right route
- Right time
- Right dose
- Right medication
- Right to refuse.

A system for examining and identifying the medicines must include the following:

- Two people must examine the medication; the responsible person on duty plus another individual such as a member of staff, client's carer, etc.
- Check the medication against any other written information received.
- Separate prescribed from non-prescribed medication ensuring the name on the label corresponds with the name of the client.
- Check the date of dispensing is within 6 months, remove any that are out of date and dispose of them.
- Examine bottles of medication and strips of tablets to ensure the contents are correct.

- Creams, drops, inhalers and liquids must have a prescription label on the container as well as on the box. Where there is any doubt contact 111 if out of hours or pharmacist.
- If you find controlled drugs, ensure they are entered immediately on the CD Register, double signed and stored in the CD cabinet, including any that are out of date (see *Section 17).*
- Check for any fridge lines (see *Section 9).*
- Examine any compliance device brought in. Compliance aids which are in date, labelled by a pharmacy and are sealed can be used to administer medication. Staff must not administer medicines which have been put into an unsealed compliance aid or where the integrity of the seal where in place has been compromised, regardless of who has filled it.
- Any medicines deemed as either surplus to requirements or needing further checking, including any non-prescribed medication, must be placed in a separate bag or container for consultation with the pharmacist or GP. These medicines must be kept secure and not be administered until it has been confirmed that they can be given safely.
- All information must be entered on the MAR as per pharmacy label including the total amount of medication being booked in e.g. number of tablets.
- After completing the MAR both individuals must initial to state this has been checked and is correct.
- Any omissions or amendments as advised by the health care professional must be recorded on the MAR and double initialled. This must also be recorded in the clients file (case note) with the name and designation of the person advising.

NB. All medicines are the property of the client and must not be disposed of without their or their representative's permission.

Clients admitted from a hospital, either planned or in an emergency, should have been assessed at the hospital and be sent out with medication, usually a seven day supply.

3. Medication Assessment

Clients must be encouraged to self-administer and maintain independence

The electronic 'Residential and Day Services Medication' risk assessment form must be completed by the manager on duty to identify the level of support required as soon as possible. Where the admission takes place overnight this can be completed the following day. The outcome must be formally recorded including any best interest decisions where a client lacks capacity *(see Section 5).*

The risk 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.

Level 1 - Assisting with Medicines

- This support is offered when the client takes responsibility for their own medication.
- A reminder or prompt from staff to the client. Where there is a risk that a client would not take medication without this support, confirmation must be obtained and a record made that it has been taken.
- Manipulation of a container e.g. opening a bottle for the client to self-administer. This does not include selecting the medication.

Level 2 – Preparation

- This support is offered when the client takes responsibility for their own medication but requires assistance to prepare medicines such as dissolving soluble aspirin in water. The client **must** hand the required medication to the staff for preparation.

Level 3 – Administer

- Taking the medication out of the container and handing it to the client.
- Selecting and measuring a dose of liquid medication for the client to self-administer immediately.
- Physically assisting the client to take the medication.
- Observing the medication has been consumed.
- Administering/applying medicated creams/ointment, inserting drops to ear, nose or eye, and administering inhaled medication.

A client can be assessed as self-medicating, partial self-medicating or fully managed by the residential unit. All clients must have a MAR in place with the complete record of medication. The Client Summary Medication Assessment **(Appendix 4)** must be at the front of the MAR and identify the preferred method of medication administration, for example:

- Prefers to take medication in her/his room, would like medication placed on a small plate as it's easier to pick up the tablets.
- This will include statements such as 'needs more time' or 'encouragement to

take their medicines'.
- Is unable to take tablets but can swallow capsules .
- Creams – check MAR/Body Map.

Where a client chooses partial administration it must clearly be recorded who is responsible for what, for example:
- Client can manage own inhaler but will need help with all other medication.

'Additional Alerts' can identify any other important information, for example:
- There are two ladies called ……

It's imperative that the individual summary medication assessment includes (for identification purposes) a current recognisable photograph of the client, a minimum of 7.5cm².

The Personal Service Plan must include the medication information required in 'My physical, health and wellbeing' which is completed on the electronic case management system. The Residential Client Information sheet must be completed as soon as possible also on the electronic case management system and updated when necessary to reflect any changes in medication. A paper copy must be accessible by staff to use in an emergency as a grab sheet to hand to paramedics along with the client's medication and copy of MAR.

All medication documentation must be printed and stored in the clients file except the MAR and Client Summary Medication Assessment. The medication forms must be reviewed on an annual basis or earlier when there is a significant change. Photos on the Client Summary Medication Assessment must also be updated as the client's appearance changes. This is also an opportunity to review the capacity assessment.

Self-Administration

It is the manager's responsibility to ensure clients who are self-medicating are monitored to ensure they are managing their medicines successfully. This must be assessed and recorded on the electronic 'Residential and Day Services Medication' risk assessment form in the self-medication section.

Where any risk is identified consultation with the relevant health care professional is advised to consider alternative methods of administration. This will allow the client to continue to maintain independence e.g. telecare medication dispenser, compliance aid for eye drops, etc.

The community pharmacist must be informed where a client is self-medicating so that the medicine can be dispensed in an appropriate container that meets the client's needs.

The client must be informed of the service that will be provided in terms of safety, custody and administration of medicines, including the advantages and responsibilities of retaining their own medicines.

Medication and Falls

Some drugs are more likely to be associated with falls and those on four or more medications or a central nervous systems suppressant e.g. sleeping tablets, anti-depressant are at greater risk of having a fall. An electronic Generic Risk Assess re Falls Prevention must be completed for each client that meet this criteria. For further information refer to the DCC Falls Prevention and Falls Guidance.

Medication reviews can plan an important part in falls prevention and must be arranged with their prescribing health care professional.

4. Medication Review

A review is necessary to ensure that clients receive maximum benefit from medicines that are prescribed on a regular basis. The responsibility for prescribed medication ultimately rests with the health care professional. It may be necessary for the manager to initiate a review when requesting further supplies or if a client's condition appears to have changed. The client or their representative should participate in the review process.

The community pharmacist is ideally placed to provide additional support on the review of medication.

Suggested points to consider for discussion with the health care professional/community pharmacist:

- Is the medicine still necessary for the medical condition?
- Is there an alternative medicine if the client is experiencing side-effects?
- Is there an alternative preparation, e.g. liquid instead of tablets?
- Is there a different strength of tablets to avoid splitting in half?
- Would a capsule instead of tablet facilitate swallowing?
- Could the number of administrations per day be reduced to facilitate self-administration?

This list is not exhaustive

Frequency of Review

Health care professionals are required to review all their patients as a minimum annually as referred in the NICE Guidelines.

Managers are required to ask the community pharmacist to conduct a limited regular review (recommended at 2 clients per quarterly visit). When necessary the community pharmacist should communicate with the prescriber with regard to reviewing the medication.

Medication Requiring Regular Monitoring

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

- Warfarin
- Thyroxine (or Levothyroxine)
- Lithium (Priadel)
- Insulin and oral anti-diabetic drugs
- Blood pressure medication – blood test required for kidney function.

Each surgery will have a system for carrying out these tests.

If a client is prescribed a drug which requires regular monitoring, the establishment will have individual agreements with the appropriate health care professional responsible for their care. This will establish the frequency and way in which the tests will be carried out. Details must be recorded in the client's personal service plan and a method established for

recording:

- date of the next test
- when the test was completed
- any outcomes
- New dose is logged and set up on the MAR.

It would be deemed as appropriate for the senior person on duty to support with the monitoring of some conditions under the guidance of the health care professional when judged as competent following training *(please see the detailed information on the 'Will do Won't do List'* **(Appendix 5).**

5. Capacity and Consent

Clients with mental capacity to make decisions about their medication retain responsibility for and control of their medication but may require varying levels of support and assistance. Risk assessment is used to determine the level of support required (see *Section 3*).

Where it appears that the client may lack capacity to make decisions about their medication, Mental Capacity Act procedures must be followed to assess capacity. If the assessment confirms that the client does not have capacity, a best interest decision must be made in consultation with family and relevant health professionals.

Even where written consent to administer medication or carry out related tasks is held, staff must seek the client's consent each time support is provided.

Where a client 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. This agreement must be documented using 'Clients Requiring Administrations in Food or Drink' form (**Appendix 6a**).

Where a client lacks capacity and a best interest decision is in place confirming that the client is at risk if the medication is not taken, it may be necessary to give medicine in food or drink (covert medication). The capacity assessment and best interest decision must involve the relevant prescribing professional. The 'Covert Administration of Medication in Food or Drink' form must be completed and signed by the appropriate relevant health care professional, the manager, service manager and the client'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 (**Appendix 6b**). 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 clients 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's the least restrictive option and include:

- Details of the medication which is to be administered covertly and the benefits to the client.
- 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.

The covert administration guidance is available at Derbyshire Medicines Management Prescribing and Guidelines.

6. Supply of Prescribed Medicines

The majority of medicines received into the residential services are those that have been prescribed for a client by a prescribing professional on an NHS prescription form. Alternatively, medicines may be prescribed on a private prescription written by a qualified medical practitioner.

Where the prescriber has not provided a prescription, the manager must ensure the prescriber is contacted with a request for the prescription.

In some circumstances it may be more appropriate for the community pharmacist to contact the prescriber directly.

Pharmacy Contract

The Registered Manager and pharmacy **must** complete a formal agreement for the provision of the pharmacy service to their establishment (**Appendix 7**).

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

- A fixed term contract
- An automatic renewal of contract
- Financial penalty clauses

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

The Registered Manager, or in their absence, Service Manager must only sign this agreement.

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 at a later date should it be required.

Repeat Prescriptions

Many clients are prescribed medicines on a long term basis, but must be reviewed regularly by the health care professional. Any uncertainty about whether a prescription can be repeated, the manager must discuss with the prescriber.

The community pharmacist may offer support and guidance about repeat prescriptions.

Prescriptions Left by a Visiting Doctor

If a visiting doctor leaves a prescription for a client which is needed for immediate administration, it must be either taken to the pharmacy, scanned and emailed or faxed, 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 client out of normal pharmacy hours (at night or at the weekend) and requires the client to receive new medicine immediately, he/she will leave a prescription for the medicine and possibly a supply of the first few doses. If an urgent prescription is required the form should be endorsed 'URGENT' by the health care professional.

The Registered Manager must keep a schedule of local out of hour's pharmacists. This information, together with relevant telephone numbers must be available at all times. It is the responsibility of the senior person on duty to arrange for the collection of the medication as soon as possible by the family, staff, etc.

If it is known that it would not be possible to obtain medicines out of hours because no arrangements exist locally, this should be discussed with the visiting health care professional before he/she leaves the establishment.

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 up to 5 days of phenobarbital) **may not** be supplied in this way.

It should be noted that the community pharmacist may make a charge for an emergency supply as it will not be covered by an NHS prescription.

Ordering Repeat Medication

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 client's medication.

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

The establishment must monitor the stock of repeat prescriptions for 'as and when required' medicines as these may not be required each month. It is also important to check the expiry date on 'as and when required' medication as any out of date medication must be returned to the pharmacy (**Appendix 8**). Any unused medication must be carried forward onto the next monthly MAR chart. This will enable a cost effective approach and reduce the wastage and costs of medicines.

Requests for repeat medication will be made using the surgery's own repeat medication request slips or the pharmacy produced copy of the MAR, these will then be sent to the GP. The manager must check the prescription against the items that were ordered before they are submitted to the pharmacy. However, many pharmacies are moving towards an online system of ordering prescriptions. Within this system there still needs to be an agreement in place where the manager is able to check the prescriptions prior to the medication being dispensed and delivered. A record must be made of each request which must specify the client's name, the medicine name, strength, frequency of administration, any special instruction and the requested quantity. This record must be available in the establishment.

For Controlled Drugs refer to Section 17.

Expiry Dates of Medication

Waste can be caused by:

- Inefficient prescribing or re-ordering systems
- Inappropriate prescribing
- Poor compliance (not taking the medication as prescribed by the GP).

In the past, care home providers and health professionals may have adopted a number of system approaches to managing medicines that may in themselves create waste. For example, care home staff returning tubs of topical preparations back to the supplying pharmacy every month and ordering new ones. The NICE guidance on Managing medicines in care homes, March 2014, concluded that provided the medicine is still currently prescribed, is within its expiry date, and the manufacturer's literature does not specify a short shelf-life when the product is opened, there is no requirement for the medicine to be disposed of early and it should be carried forward to the next 28-day supply cycle **(Appendix 8).**

Community pharmacists can contact the GP practice to ensure the medicine is still current or, with appropriate permission, check the patient's summary care record. This enables the pharmacist to keep the medicine on the MAR chart (as none supplied this month) to support the care home and care agencies with administration. There should be no need to order medication simply to make sure it appears on the MAR chart.

General points:

- Make sure communication between GP and pharmacy are clear.

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

- Over time, labels may fade or peel and essential information may be lost. In such cases advice should be sought from the supplying pharmacy and the product replaced if necessary.

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

- All creams should be used for a named resident only
- Gloves must be worn when applying creams and ointments
- Expiry dates should be checked at each use
- Creams in pots should be discarded if they appear to be contaminated, or if you have any other concerns about their appearance, or if the lid has been left off for any indeterminate period.

7. Medication Purchased by or on Behalf of Clients

Clients and their representatives may sometimes purchase medication and bring them into the establishment. It is a person's right to be able to do so, but it is often not 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.

When a client is first admitted to the establishment they must therefore be asked not to purchase medication without notifying the senior person on duty, this must also be discussed with their representative as they may be the person purchasing the medication on their behalf (**Appendix 3**). The senior person on duty will inform the health care professional who prescribes the medication to confirm if it is safe to use.

Any restriction or other advice obtained must be shared with the client/their representative and recorded.

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

Many prescribing health care professionals are now encouraging clients to purchase their own paracetamol, emollients and other medications that can be purchased over the pharmacy counter rather having these prescribed.

8. Receiving Medication

A secure place must be available for storage of the monthly medicines delivery until it can be checked and put in the cupboards and/or trolley from which the medicines will be administered.

Deliveries Must Not be Left Directly on the Floor of the Medicine Room

When a medicine is obtained you should enter the date and quantity received on the MAR. Any discrepancies must be discussed with the pharmacist or prescriber immediately, prior to administration.

Any new prescribed medicines must also be entered onto the client's MAR when they are received. If a label cannot be obtained this must be hand written and double signed as per policy *(*see *Section 10)*.

Instructions on labels/MAR should be clear and unambiguous, 'as before' or 'as directed' are unacceptable and must be queried with the pharmacist or prescriber for clarification.

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 should be discussed with the GP. A summary of the medication needs must be included on the client's personal service plan and the detail included on the summary medication assessment at the front of the MAR. This information can be gained by using a fax confirmation to identify 'as and when required' medication directions (**Appendix 9**).

Use of Fax Back Tool (Appendix 9)

If the community pharmacist cannot help with clarification of 'as required' medication, the prescriber must be asked to complete the fax back tool and send (via fax or secure email) to the social care provider. It must then be kept with the MAR sheet for safe administration.

The 'fax back' tool should be used in the following circumstances if the information on the medication administration record (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 sheet, label of medicine, directions stated by client or client's family
- To provide advice and guidance when completing/reviewing a PRN protocol.

For Controlled Drugs refer to *Section 17.*

9. Storage of Medication

All Medicines Must, at All Times, be Kept Secure

All establishments must have a designated medication room where all medication and health related equipment is to be stored (unless a client chooses to keep them in their own room). The room must have a stand-alone hand wash basin, with a soap dispenser fixed to the wall and paper towels. The layout of the room must allow for ease of access and provide sufficient space to enable any health related activities to take place.

The keys to the medicines room must be in the possession of the designated person/manager on duty at all times. 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 senior person to another (**Appendix 10**).

All medicines must be stored in locked cupboards or a locked trolley inside the locked medicine room and sited to allow ease of access to the contents whilst maintaining maximum security. 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 25 degrees centigrade, it will be necessary to record the temperature of the room on a daily basis. The room temperature must be checked daily and recorded (**Appendix 11a**). On the occasions where the room temperature exceeds 25 degrees centigrade the senior person on duty must put in systems to reduce this e.g. use of fans, closing blinds, etc. Permanent storage sites should be located away from a heat source such as a radiator or within a humid environment like a kitchen. Cupboards/trolleys should be sited away from windows to prevent observation by passers-by and away from busy thoroughfares in the establishment.

If medicines are received in traditional dispensing bottles or packs each person's medication must be kept together in individual drawers, boxes or compartments.

Self-Administration

Clients who have custody of and administer their own medicines, including creams or lotions, **must** keep them locked in the secure storage drawer or cupboard in their room. They may keep medicine containers on their person, e.g. in a pocket or handbag, as long as this does not place other clients at risk. They must be reminded to keep their medication secure at all times to prevent access by any other person.

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

Duplicate keys for clients' lockable drawers or cupboards must be available. The keys

should be identified and kept in an appropriate key store. The keys must be signed for when removed. Where this is to replace a lost key the responsible person needs to obtain a replacement key as soon as possible.

Creams/Lotions

Refer to *Section 13*

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 fridge must be kept locked at all times even if it is inside a medicines room and the key be stored together with the main medication keys.

It is important that the temperature inside the medicines fridge is maintained between 2ºC and 8ºC at all times. A daily record of the maximum/minimum temperature must be recorded using a maximum/minimum fridge thermometer; an ordinary fridge thermometer must not be used. A record chart (**Appendix 11b**) must be kept in a polythene sleeve attached to the door of the fridge.

It may be necessary to adjust the setting of the fridge in order to maintain the correct temperature. If the temperature inside the fridge varies outside the designated range, the fridge must be checked for correct operation and, if necessary, replaced. Medicines fridges must be cleaned and defrosted regularly (usually carried out when the fridge is empty) and recorded on the medicines room cleaning log. If the temperature has gone outside the normal range the pharmacist must be contacted for advice about suitability of medicines affected.

Certain products, e.g. suppositories and some creams are specified by manufacturers to be stored in a cool place. These products may not necessarily require refrigeration. For further information or guidance you should contact the community pharmacist or refer to the PILs.

Storage of Insulin

It is recommended that insulin should be at room temperature when it is injected. Please refer to the Patient Information Leaflet (PIL) in the pack of insulin. Vials and/or cartridges and pens of insulin which are in use should be stored either in secure storage in the client's room or in a locked cupboard in the medicines room.

Most insulin is stable for at least four weeks at room temperature. This information is stated on the PILs. Insulin which is not in use must always be stored in the medicines fridge.

All insulin remaining in the fridge and that which has been removed for use must be fully labelled. The responsible person should liaise with the pharmacy to devise a system that ensures that every single vial of insulin is labelled and that when a cartridge is removed

from the pack and put into an insulin pen, that the pen is contained in a fully, up to date, labelled box.

When insulin is removed from the medicines fridge the date of removal and the date it must no longer be used by MUST be written on the container and on the MAR.

Eye/Ear/Nose Drops

Some eye drops which are required to be stored in a fridge, may be removed when in use and do not need to be returned to the fridge between doses, these will remain stable for four weeks. This information is stated on the PILs. If eye drops are to be kept at room temperature for use, the date of removal from the fridge and opening MUST be written on the label and the MAR and the item replaced after 28 days.

Eye, ear or nose preparations and inhalers may be kept with medicines for internal use.

Note: If the client prefers eye drops straight from the fridge, this will do no harm.

Prescribed Nutritional Supplements

Nutritional supplements, while not medicines, may be prescribed for clients in order to improve their nutrition. The prescriber will specify the type of supplement and the frequency with which it is to be given. These products must be stored in a designated place, preferably a secure locked cupboard either in or close to the kitchen area.

Where this is not possible they must be stored in the medicines room.

Each client's supplements must be identifiable which can be a problem as individual cartons will probably not all be labelled with the client's name. The manager is responsible for establishing a safe system for storage so that each individual client's items are kept together.

A system must be established which ensures that the staff who will be responsible for giving nutritional supplements or incorporating them into food, do this according to the prescribed directions. The responsible people must ensure a record is maintained to monitor stock control and the effectiveness on the client's wellbeing. *NB thickening products for drinks must not be left unattended on a drinks trolley.*

Medicines for Emergency use

Supplies of prescription only medicines for emergency use must only be kept for named individuals – e.g. Glucagon injection for a diabetic, Midazolam for epilepsy, Epipens for anaphylactic shock.

The storage of Epipens must be risk assessed, this will identify whether it will remain with the person at all times or to be stored in the medication room. This must be recorded on the 'Individual Summary Medication Assessment' at the front of the MAR.

Containers for Medicines Administered by Staff

The pharmacist will make an assessment of a suitable container for each medicine. Any queries should be taken up with the pharmacist.

Adult Care residential establishments, in the main, use a Monitored Dosage System (MDS) of one kind or another but not all medicines are suitable for inclusion in an MDS, such as when required medication, some medicines that react to heat, short courses of antibiotics. It is acceptable for medicines to be dispensed in traditional bottles and packs.

It is imperative that all medicines packed into an MDS can be identified. It is preferable that MDS used is of the type in which only one type of tablet is put into each pocket, thus identification is by referral to the label on the card containing the tablets or capsules.

Only containers filled by a pharmacist can be accepted

Containers for Self-Administering Clients

The pharmacist will make an assessment of a suitable container for each medicine. Any queries should be taken up with the pharmacist.

Medicines dispensed for clients who administer their own medication may be dispensed in original containers which will have child-resistant closures. If a client has difficulty removing such closures, ordinary caps can be supplied by the pharmacy.

Clients may require a compliance aid e.g. Medidose box, telecare dispenser, etc. These must be filled by the pharmacist. When using these compliance aids pharmacists must provide descriptions of each individual tablet so that they can be easily identified. Where the pharmacist does not offer this service an alternative system must be agreed with the pharmacist and client to maintain the individual's independence.

Some clients may be able to fill their own or family members or a friend may fill the compliance aid for them. The community pharmacist may be willing to offer assistance with times of doses or provide a plan of the layout of the tablets or capsules in the compliance aid.

When it becomes apparent that the client is no longer able to self-administer either short term through illness or on a longer term basis, the medication assessment and PSP must reflect the change. Where the client has filled their own compliance aid this must be checked with the pharmacist against the MAR, that the contents are correct prior to administration, if there are no original containers to administer from. This must be for short term use only. Any written records on the MAR must be double signed.

Under no circumstance should residential establishment staff put medication into compliance aids for use by clients who administer their own medicines.

To enable clients to administer their own drops this may require an assessment to identify an appropriate compliance aid. This assessment can be completed by the senior person on duty, Pharmacist or health care professional.

10. Medication Administration Record (MAR)

A MAR is a legal document (**Appendix 12**)

The MAR will be taken as an accurate record of all medication administered. The MAR will be referred to for evidence by statutory bodies such as coroner or CQC. These documents are for the protection of staff as well as clients and it is in the interests of both that they are completed accurately and at the time of administration.

A list of all staff that are responsible for administering medicines, with their full name, signature and initials must be available at the front of file containing the MAR sheets. This will identify anyone administering medicines and must be in place prior to dispensing any medication (**Appendix 13**).

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

Every label should carry the following information:

- Name of the client
- 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.

The pharmacy supplies printed MAR sheets and these are delivered with the monthly medicines. In addition to checking the medicines delivered, the information on the MARs must be checked for accuracy along with ensuring that relevant information from the pharmacy printed label is also included e.g. may cause drowsiness, take 30-60 minutes before food. Particular attention should be taken to ensure that any medicine changes during the previous month are reflected on the new MAR.

Where there are any discrepancies the pharmacist must be contacted immediately and the medication withheld until the correct details are confirmed. A dose such as ‘take three daily’ is unacceptable as it could mean ‘take three at once’ or ‘take one three times daily’.

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

Labels must not be altered unless it is to add a date of opening (creams and/or drops) or instructed by a health care professional of a change of dose. This must be reflected on the MAR, recorded and signed, preferably by the health care professional.

A health care professional may issue a verbal order to change, add or discontinue a medication or dose. For telephone messages, written confirmation should be requested by fax where this is possible. A visiting health care professional must be

asked to sign or initial a note of the change preferably on the MAR. In order to do this, staff must ensure that the appropriate documents are readily available at the time of consultation.

A medication communication book must be set up in each establishment for the recording of verbal messages which must include the name of the health care professional, date and time that they made the verbal request. This book must also be used for any other medication related issues e.g. confirmation that single item medicines have been reordered.

A case note of any amendments must also be added to the client's electronic and paper record.

Details of the change must be added to the MAR in such a way that the change is obvious. The hand written entry must be signed and dated by the senior person on duty and a witness. This process must also be followed where new medications such as antibiotics are written on the MAR part way through the 28 day cycle.

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.

The MAR must be initialled/coded immediately after each administration ensuring that the initial does not exceed the box size.

The MARs must be checked after each administration round ensuring that all medication that was due has been initialled or coded and there are no unexplained gaps. A sample of MARs must be audited on a monthly basis (**Appendix 22a***)* by the manager and error report forms completed when necessary *(see Section 22).*

Use of Codes

When medication isn't administered as per direction the relevant code must be used in accordance with that specific MAR.

'Not Required Must Not be Confused with Refused'

When 'as and when required' medications are not needed by the client 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.

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

The result of the wrong code being used will instigate a medication error form needing to be completed as it will not give a true picture of the reasons why the medication hasn't been administered.

As and when required medication (PRN)

Some medication will only be required to be taken when needed e.g. painkillers. The PRN Protocol (**Appendix 14**) will need to record the following:

- 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.

The MAR must be completed with the appropriate code, as identified on the individual pharmacists MAR, when the medication has been offered but not required and initialled for when it has been taken. The time it was taken must be recorded to avoid follow up doses being administered too soon.

For those 'as and when required' medications that don't need to be offered/administered regularly e.g. Midazolam, it must be identified how it will be recorded on the MAR via the PRN protocol (**Appendix 14**). This will identify that this medication doesn't need a code recording when it is not administered which will justify why there are gaps on the MAR.

This would need to be reviewed on a regular basis to identify when the medication needs to be administered at set intervals due to changes in either client's behaviour or their medication.

Some 'as and when required' medicines may be carried over from one month to the next. The quantity received must be added to the quantity carried over to maintain an audit trail of tablet use.

Where a client lacks the capacity to identify when PRN medication is required the medication assessment must include the behavioural indicators that the individual may display when they need the medication. Refer to the PRN protocol.

If there is an option to give one or two tablets, the record must be made on either the front with the administrators initial or on the back of the MAR in the carers' notes, to show how many were taken. A recording system must provide a detailed picture of exactly what has taken place during medicines administration.

There must be NO GAPS on the MAR

Patient Information Leaflets

Patient Information Leaflets (PILs) must be supplied by the pharmacy with each medicine, including those supplied in MDS. Information of any common contra-indications must be recorded on the summary assessment at the front of the MAR such as 'do not take with grapefruit juice'.

The PILs should be made available to clients who may wish to read them and used as a reference source for staff. PILs must be filed in alphabetical order in a ring binder in the medicines room and replaced as updated ones are received.

If necessary PILs for most medicines can be found at the electronic Medicines Compendium (eMC).

11. Administering Medication

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

Care must be taken to adhere to instructions that medicines need to be given before or after food. It may be necessary to refer to the PILs or to the Pharmacist to establish the optimum time for administration.

The administration of a medicine must be directly from the original dispensed container and only to one client at a time.

The client must be asked prior to dispensing any 'when required' medication to establish the need first and record appropriate code on the MAR.

As a check it is good practice to put a small 'dot' on the MAR as each medicine is selected.

The person preparing the medication must be confident that the medication was witnessed being taken either by themselves or the care worker taking the medication to the client, prior to signing.

Clients should be asked to sit upright or to stand when taking tablets or capsules to reduce the possibility of the medicine sticking in the oesophagus (gullet). For the same reason, tablets and capsules should be swallowed with at least half a glass of cold water, hot drinks should be avoided as many medicines can be affected by heat.

Clients have the right to refuse medication but this must be recorded and where necessary appropriate action taken.

Initials (or codes in the case of medicines not taken) must not be added until after administration has taken place.

When the medication round is complete the trolley must be returned immediately to the medicines room and secured.

Care Worker 'Runner' procedure

Care staff may be required to support the administrator in distributing medication to the client/s. Where this is in place a single designated carer must be nominated for this task and **must have attended and be up to date** with Derbyshire County Council's medication training.

The care staff must indicate on the form (**Appendix 15**) the date, time, print their name and initial at the end of each round. This form must be stored at the front of each MAR folder.

The Care Worker will:

- Observe the administrator preparing the correct medication and dose for the client by referring to the MAR.
- Take the medication to the client.
- Witness/support the client taking the medication.
- Care Worker to sign the MAR on return to the administration point or use the appropriate code if the medication has not been taken.
- Return any medication that has been refused/spoiled.
- Feedback any relevant information.

NB. The Care Worker must only take medication to one client at a time and as long as the procedures above are followed does not have to remain in sight of the administrator.

In these circumstances, the administrator takes responsibility for the correct administration of the medication.

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 PILs on the amount of water needed. If appropriate stir the solution before handing to the client.

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 client 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. The bottle should be shaken well and the dose poured into a small medicine pot whilst on a flat surface and handed to the client. 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 etc. The administrator must be trained and signed off as competent to do so where needed. The advising health care professional could be asked to deliver any training needed and sign administrators off as competent using the Staff Competency Form (**Appendix 2a & b**). *(For further information on health related activities refer to Appendix 5 Medication Procedures 'will do won't do' List).*

Topical preparations

Refer to *Section 13*

Medicines for Emergency Use

Supplies for prescription medicines for emergency use must only be used for named clients e.g. Glucagon injection for diabetic, Midazolam for Epilepsy and EpiPens for anaphylactic shock.

All staff must be up to date with relevant first aid training.

Rescue medication inside the mouth (Buccal)

All workers must attend the Epilepsy Awareness training which provides generic information about how to administer via the buccal route including the awareness of protocols.

The health care professional will provide a detailed person specific protocol explaining the agreed ways of working to the staff team. It's the manager's responsibility to ensure that as many staff meet with the health care professional and then inform all others who were not present.

All staff must read the detailed Emergency Rescue Medication Protocol, signing and dating the back once they had read and understood it (**Appendix 16**).

The generic training covers the staff for a 3 year period however the individual protocol will need to be reviewed regularly dependent on individual need. It will be the health care professional who carries out the review and any changes must be relayed to all staff.

EpiPens

EpiPens must remain with the client at all times and kept in an agreed place e.g. a container within their bag. If it is proved that it is unsafe for them to keep this with them then an agreement must be made via a best interest decision meeting. If it is identified via the risk assessment that it's unsafe for the client to retain the medication it must be stored in the medical room following the correct storage procedures.

Training is required from a health care professional who will need to complete the Competency Form for Specialised Training (Generic) (**Appendix 2b**).

Side Effects/Adverse Reactions

All drugs have some side effects, most of which do not cause problems. Occasionally a client may suffer an adverse drug reaction (or interaction). Particular care must be taken to observe clients 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.

No medicine should be administered with alcohol, or given to a resident known to have consumed a large amount of alcohol. It is important that the GP is made aware of any resident consuming regular considerable quantities of alcohol and the possibility of interactions between any prescribed medicines and alcohol should be confirmed with the pharmacist.

Swallowing Difficulties

It is important to be aware of individuals who have swallowing difficulties. This can be due to a number of reasons. Some of the signs could include people refusing, concealing or chewing tablets.

Do not crush tablets without consulting a pharmacist as this will have an effect on how the tablet will work. With any guidance on crushing and breaking tablets in half due to swallowing difficulties, written consent must be given from the health care professional and must be stored with the MAR.

Consult GP/Pharmacist if you are aware of a person chewing their medication.

Consult GP to see if tablets could be changed to capsules or liquid form.

If necessary complete the 'Medication in food/drink' form in conjunction with other agencies (**Appendix 6a/6b**).

For further information see Swallowing Difficulties website.

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 refused. Any liquid medication that has been refused must also be placed in to an agreed pharmacy container (Refer to your local community pharmacist for advice).

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

If medicines are supplied in a MDS the replacement dose needs to be selected from doses at the end of the 28 day period.

The manager must request a replacement tablet or capsule 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.

12. Administration of Medication Away from the Care Establishment

There are a number of circumstances which could lead to a client taking medication away from the care establishment. The system used to ensure that they take their medication correctly, at these times, will vary from one situation to another.

Attendance at Day Care Services

Consultation with the appropriate health care professional is advised to identify if the medication is needed during their time at the centre. It may be possible to adjust the times and dosage on a short term basis to enable the medication to be taken at the care establishment 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 go with the client to the day service (**Appendix 17**). The 'drugs in transit' form must also be checked on return from the day service.

A Short Un-planned Absence (e.g. lunch out with a relative)

Consultation with the relevant health care professional is advised to identify if the medication is needed during this time. It may be possible to adjust the times and dosage on a short term basis to enable the medication to be taken at the care establishment and avoid transporting the medication.

Where it is not possible to alter the regime, the medication in the original container must go with the client. The senior person on duty must complete the drugs in transit form (**Appendix 17**) identifying the amount of medication handed over to the client's representative along with the amount of medication returned. The client's representative must also initial this document. A copy of this form must be retained in the establishment.

The client's representative must be made aware that the medication must be kept secure at all times.

At the time the medication is due to be administered, the MAR must be coded appropriately e.g. social leave and the details of who the medication was handed to for later administration, must be recorded on the back of the MAR.

A record must be added to their daily log.

Group Day Trips out from the Establishment

In the case of a day trip where staff will accompany clients, medication administration while away from the establishment must be treated in the same way as it would be in the establishment. A suitable container should be found in which to carry the medicines and the MAR, (e.g. a lockable brief case or a rucksack which can be secured with a pad lock). This should be kept in the possession of the senior person at all times In this way medicines can be administered and recorded as they would be in the establishment.

Holidays Away from the Establishment

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

If a client 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 client and be completed by the person responsible for the client'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 17**) by the senior person on duty. They must designate a member of staff who will take responsibility for the safekeeping of the medicines, this also applies for emergency medication such as Midazolam prescribed for seizures.

13. Topical Preparations

Creams/Ointments/Lotions

Where creams/lotions etc. are stored in people's rooms for self-administration or administration by a care worker they must be stored in individual locked medicines cupboards or drawers with the Creams MAR sheet (**Appendix 18**) for each cream being administered. Surplus stock must be stored in the medical room in a locked cupboard and stock rotation adhered to.

They must not be stored on window ledges, next to radiators or elsewhere where the temperature exceeds 25c. In some cases, creams need to be stored at refrigerated temperatures so these are not suitable to store in a resident's room. Care should be taken not to administer the cream straight onto the skin from the fridge.

The MAR 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 client has several different creams, ointments or lotions. The area must also be indicated on the body map which is within Appendix 18 and must be kept updated as changes occur.

Creams, lotions and ointments, must be applied following the infection control procedures in the privacy of a client's room. Directions on the label/Creams MAR will indicate how much to use and how long the treatment will last. 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 staff are uncertain of the shelf-life of a particular medicine once opened, they must check the information supplied with the medicine or contact a pharmacist for advice (**Appendix 8**).

The MAR must be initialled/coded by the member of staff who is responsible for administering the topical preparations as prescribed immediately after administration.
It is the senior workers responsibility to audit the cream MARs at the end of each shift as this will enable them to identify and address errors immediately.

Application

All medication belongs to the client whose name is on the pharmacy label and must only be used for them.

Commonly prescribed creams and ointments:

Emollients are used as first line treatment for a range of dry skin conditions:

- They hydrate the skin and can be applied frequently 3-4 times a day.
- Regular use of emollients can reduce the amount of steroid cream used.
- Apply in the direction of hair growth.
- Aqueous cream to be used as a soap substitute only not as an emollient (moisturiser).

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 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. There may also be reactions between emollients and fibres of dressings, clothing and items such as towels when used to carry out personal care.

Managers must make sure that:

- All emollients are stored securely.
- Risk Assessments reflect the use and storage of emollients and are reviewed regularly.
- Clients clothing and bedding regularly changed because emollients soak into fabric and can become a fire hazard.

Advise clients 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.

Steroid Cream:

- Be aware of potency of each steroid product. More potent steroids have more side effects.
- Used intermittently (maximum 7 to 14 days depending on preparation) for acute flare ups of inflammatory skin problems like eczema when an emollient alone is not enough.
- Inappropriate use of steroid creams/ointments can cause thinning of the skin and can even be absorbed into the body where it can cause side effects.
- Products which contain antimicrobials should be used regularly for a short period (twice daily for 1 week). Longer use increases the chance of resistance and sensitisation.
- Seek review for any resident on a long term steroid cream/ointment.
- Review of treatment is required as condition improves and especially if no improvement.
- If the client has been prescribed both a topical steroid and an emollient, the emollient should be applied first and then wait 30 minutes before applying the topical steroid.

How to use creams and ointments:

- Wash your hands and put on a pair of disposable gloves and apron.
- Once the seal is opened write the date on the tube/jar.
- Make sure the area is clean and free from moisture.
- Steroid creams and ointments need to be applied thinly to the amount absorbed through the skin.
- Apply the cream or ointment to the skin and gently rub in.
- Remove gloves and wash your hands.
- If more than one cream/ointment is to be applied, leave at least 15 minutes between applications. There are no standard rules which has to be applied first

unless otherwise specified.
- Record each application in the client's administration records.
- If the cream isn't applied for any reason the senior on duty must be informed and the correct code recorded on the MAR.

Over time, labels may fade or peel and essential information may be lost. In such cases advice must be sought from the supplying pharmacy and the product replaced if necessary. To assist in the life of the label, once the opening date has been written on clear plastic tape could be used to protect it.

Disposal

Opened creams and ointment should **not** routinely be disposed of at the end of a monthly cycle. It is not necessary to order creams and ointments monthly (**Appendix 8**). Unwanted topical preparations should be disposed of in the same way as the disposal of unwanted medicines and returned to your pharmacy.

Transdermal Patches

Medication patches such as fentanyl are used to relieve severe pain in people who are expected to need pain medication around the clock for a long time and who cannot be treated with other medications. Fentanyl is in a class of medications called opiate (narcotic) analgesics which are managed as a controlled drug following the agreed procedures. It works by changing the way the brain and nervous system respond to pain.

Transdermal fentanyl comes as a patch to apply to the skin. The patch is usually applied to the skin once every 72 hours and is changed at about the same time of day. Follow the directions on prescription label carefully, and refer to the PILs regarding possible side effects. Apply fentanyl patches exactly as directed and do not use a fentanyl patch that is cut, damaged, or changed in any way.

Press the patch firmly on to the skin for approximately 30 seconds to make sure that it sticks well, especially around the edges. It is important that you avoid touching the sticky side of the patch while you do this.

The area must also be indicated on a body map which must be kept updated as changes occur (**Appendix 19**).

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 through clinical waste.

Try to make sure that any patch the client is wearing does not come into contact with a heat source such as a heating pad as this can increase the amount of fentanyl that is released from the patch, which increases the risk of overdose. Having long hot baths and sitting out in the sun for long periods is also best avoided. Let the health care professional know if the client develops a high temperature at any time, as this can also increase the amount of fentanyl absorbed from the patch.

14. Anticoagulant Medication

Warfarin

Warfarin is an anti-coagulant drug commonly used to reduce the clotting power of blood in order to prevent venous thrombosis (clotting in veins) and pulmonary embolism (clotting in the arteries of the lungs). Warfarin is also used to prevent blockage of arteries in patients with rheumatic heart disease and atrial fibrillation (irregular heart beat).

It is important that clients 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. 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 clients who take warfarin have these tests regularly and that a system is in place to record and action any dose changes that may be required after a test.

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

If Warfarin is being administered within your establishment it is a legal requirement that a Derbyshire General Risk Assessment must be completed and stored within the Health and Safety Portfolio.

Administration of Warfarin

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

If changes are received verbally from the health care professional the information must be back up via an email or by using the DCC 'Fax Back Tool' (**Appendix 9**). This will be for short term only until the NHS anti-coagulant documentation has been updated or received.

Symptoms of Warfarin Over-dosage or Bleeding

Regular monitoring of warfarin effect, INR tests, should ensure that overdosing does not occur. However, it would be wise to be aware of the symptoms and signs of bleeding and, if these occur, to notify the GP immediately, or the out of hours service.

Excessive bruising, nose-bleeds, blood in urine, blood in motions (black specks or sticky tarry motions), cuts bleeding excessively, purple blotches on ends of toes, 'coffee grounds' vomiting, changes in vision, client is pale, clammy, light-headed, has an abnormally rapid pulse. Bleeding might not be due to a warfarin over-dose but any of these signs must be reported to the client's GP.

All falls must be reported and the relevant health care professional informed in case of any internal bleeding.

Novel Oral Anticoagulants (NOACs)

These medications include Apixaban, Dabigtran, Edoxaban and Rivaroxaban. Compared to warfarin these new agents have fewer 'drug to drug' and 'food to drug' interactions. It is important to ensure that the specific PILs are available and that staff are made aware of the specific administration, monitoring and recording procedures. It is important that all staff know what to do if doses are missed, too many doses taken, side effects, dental treatment, etc. for the specific medication being administered. The client should have been provided with a NOAC information booklet which must be kept in their MARs.
All clients 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 should have the name of the anticoagulant, the condition being treated and the length of treatment.

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

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

15. Medicinal Oxygen

If a health care professional prescribes oxygen, they will organise the supply, dependent on the system used.

Follow the storage instructions from the supplier.

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

Staff must not set any controls to regulate the flow of oxygen or change oxygen cylinders (**Appendix 5**).

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

16. Alternative Remedies

It is recognised that there may be occasions when a client 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 clients prescribed medication is changed.

Information received verbally from the health care professional must be confirmed via an email or by using the DCC 'Fax Back Tool' (**Appendix 9**).

The client's GP must be informed in all circumstances.

Storage must be followed as per remedy and MAR in place.

Household/Homely Remedies Appendix 20

A small range of 'over the counter products' may be kept in stock for the treatment of minor ailments such as colds, headache, etc. These will include mild analgesics (pain killers) and cough mixtures.

<u>These remedies must not be administered without checking with the community pharmacist or health care professional</u> to ensure they are safe and do not interact with other drugs. All details of any directions given must be recorded along with the date, name of the person and the time the information was received. Further information can be found on the patient information leaflet of the medication to be administered (PILs).

Medicines falling into this category may also be prescribed; these must not be used as a source of stock. An inventory of the stock must be in place and the remedies must be stored in the medicine room separate from prescribed medication.

The contents of the household remedies cupboard must be date checked every six months and short dated items replaced (**Appendix 20**). The date of opening is to be recorded on liquid medicines which must be replaced 12 months after opening or as per label.

All administered doses of household remedies must be recorded on the MAR according to the procedure described in section 10. Household remedies must not be used for more than ***two days*** without referral to the client's GP.

Follow guidelines in section 19 in the event that medication needs to be destroyed.

17. Controlled Drugs

Definition

All medicines are classified according to law so that appropriate safeguards regarding the acquisition, storage, custody and destruction of medicines can be made.

Medicines that are classified as Controlled Drugs (CDs) are defined in the Misuse of Drugs Act 1971 as "dangerous or otherwise harmful drugs". The act classifies Controlled Drugs into five schedules according to the different levels of control required. In residential establishments only Schedule 2 and Schedule 3 are likely to be of relevance (**Appendix 21**).

Identification of Controlled Drugs

There is no legal requirement for pharmacists to identify in writing the legal category of medicines that are dispensed. 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 with a client on admission or admission from hospital. 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.

Supply and Receipt of Controlled Drugs

Controlled Drugs may only be supplied by prescription by a health care professional who is authorised to prescribe CDs.

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 licence).

On receipt of the CDs, the senior person on duty, with a suitably trained witness (i.e. another member of staff) must immediately check the contents of the container with the quantity on the container 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 a medication error form completed**.

As good practice all morphine based products must be stored as a CD even if advised differently by the community pharmacist.

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 senior person must enter the relevant details onto the appropriate page. A separate page must be used for each client, each drug, form (e.g. tablets, capsules, liquid) and strength.

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

Entries must be in chronological order.

To obtain a controlled drugs register please discuss with your pharmacist or order through DCC contracts. The completed CD register must be stored as per the DCC retention policy.

Storage of Controlled Drugs

To comply with legislation cabinets must be installed in the medicines room and attached to a brick or block wall in accordance with the installation instructions, away from public view. Keys to the cabinet must be kept in the possession of the senior person at all times.

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 client 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.

Please note that the CD cabinet must *only* be used for the storage of Controlled Drugs.

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 client
- dose administered
- remaining balance of stock, which should be checked on returning stock to the cupboard
- witnessed by a member of staff
- Signed in full by the administrator and the witness after the procedure has been carried out.

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

All entries must be signed and dated by the member of staff making the entry and witnessed by a suitably trained member of care home staff who must also sign the entry.

The running balance must be kept to ensure 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 zero balances where appropriate) regularly during MAR audits.

When transferring the drug record to a new page in the CD register the amount remaining must be identified with 'carried forward from page x' written clearly on the new page.

Refer to the Drug Index to find the page in use for that client and drug and when the page is full go on to the next available blank page.

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

'No cancellation, obliteration or alteration of any such entry shall be made, and a correction of such an entry shall be made only by way of marginal note or footnote which shall specify the date on which the correction is made. Every such entry and every correction of such an entry shall be made in ink or otherwise so as to be indelible'. (The Misuse of Drugs Regulations 2001)

If a recording error is made as identified in the above paragraph, a Medication Error Form must be completed (**Appendix 23b**).

Discrepancies

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

- Report to the Registered Manager and pharmacist immediately.
- 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 making reference to any supporting documentation that was used to resolve the discrepancy.
- There must be no cancellation, obliteration or alteration of any entry in the CD register.
- A detailed Medication Error Form completed.

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

Disposal of Controlled Drugs

If a Controlled Drug is no longer required it must be disposed of by returning to the supplying pharmacy.

Details of the controlled drug(s) returned must be entered in the CD register and in the Returned Drugs Book and a signature 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.

Used patches may be disposed of through clinical waste, or according to your local pharmacy agreement and if they are not used they must be returned to the pharmacy like other CDs.

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

UNLESS A CLIENT IS SELF MEDICATING CONTROLLED DRUGS MUST NOT BE ALLOWED TO REMAIN OUTSIDE THE CONTROLLED DRUGS CABINET

18. Anti-Psychotic Drugs

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

If a client refuses their medication or is asleep at the time of administration, this must be recorded on the MAR with the appropriate code. The manager must inform the family, carer or social worker in the event of consistent refusal to consider alternative medicines/methods that may be available.

Derbyshire County Council Adult Care does not advocate the use of anti-psychotic drugs except in extreme circumstances when all other options have been exhausted.

We work with individuals with the use of positive behaviour support to promote and monitor health and wellbeing both mentally and physically.

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

Anti-psychotic drugs are often prescribed on a 'when required' basis. Clear descriptions and the steps to follow must be recorded on the 'as and when required' (PRN) medication protocol and these must be referred to before administration (**Appendix 14**).

In addition written guidance from the health care professional must be in place to clearly identify when the medication should be administered. This information must be recorded in the personal service plan and on the medication assessment summary on the front of the MAR.

The medication must be reviewed at regular intervals dependent on individual need and documentation updated as necessary as agreed with the health care professional(s) and clients representative where applicable.

19. Returning Medication

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

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

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

For spoilt doses refer to Section 11.

For the returning of controlled drugs refer to Section 17.

20 Palliative Care

Clients with a life-limiting illness often experience new or worsening symptoms as their condition deteriorates at the end of life. During the last days of life, when clients can no longer swallow their oral medication, delays in accessing appropriate non-oral medications can cause undue distress to both the client and their carer(s).
Prompt access to palliative care medications and proactive management of symptom control are essential to minimise this distress.

Anticipatory medication would usually be prescribed by the client's GP, but can be done by a hospital doctor or a hospice doctor as part of the discharge prescription. 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 in advance.

All clients thought to be within the last four weeks of life should have the anticipatory end of life drugs. They can be prescribed in advance and put in place ready for the client and can be supplied as per the normal dispensing supply from any community pharmacy and must be managed as controlled medication.

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

Refer to the DCC End of Life Care V2 policy.

21. 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

- A visual audit of the MARs and CD register as you are administering the medication e.g. checking hand written entries are completed as per the policy, identifying gaps on MAR/CD register.
- A visual audit of the MARs at the end of each medication round to ensure that all medication administered at that time has been initialled or coded.
- Visual audits to be carried out on the cream MARs twice daily by the Senior Care Worker.

Monthly Audit

- Manager to complete the 'Monthly Audit of Medication Administration Record' (**Appendix 22a**).

Six Monthly Audit

- Service Manager to complete the 'Six Monthly Medication Systems Audit Check Sheet' (**Appendix 22b**).

All errors found must be reported following the guidance in Appendix 23a and by completing the error report form in Appendix 23b.

All required actions identified must be recorded on the establishments 'Service Improvement and Development' Plan (SID).

22. Medication Errors

Errors result from a number of causes e.g. distraction, fatigue, trying to rush, human error or a systems error, these may vary in seriousness. Identifying the cause of an error is important in deciding if any changes are needed to make the system safer and prevent a repetition of the same error. Staff must report any situation where things have or could have gone wrong. The full facts must be reported within 24 hours of the error occurring or being discovered and the root cause of the medication related incident must be determined.

In the event of an error occurring in the administration of a client's medication, the following procedures must be followed:

- Telephone the client'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 back to them.
- Complete all sections of the Medication Error Form (**Appendix 23b**) in detail. The form must be completed immediately by the person/s that made/found the error, supported by the line manager.
- Manager on duty must make a judgment whether to inform the client and or carer.

Employees will ensure:

- That they report any instance of a medication error immediately to their manager and if required, seek medical advice from the clients' GP or out of hours health help line.
- That they assist the manager with the completion of a medication error report form.
- That they discuss regularly in supervision their medication training needs; such as if they require updating or refreshing.

Managers will ensure:

- That errors are reported. Failure to do so could result in serious consequences for the client and for the individual employee.
- That employees who report errors will be supported.
- A copy will then need to be sent to the Operational Service Manager, Quality and Compliance Service Manager for near misses and minor errors and for major errors the form also needs sending to the departmental health and safety adviser.
- Any major error resulting in a client being admitted to hospital the manager must notify the Care Quality Commission (CQC).
- When errors are reported or identified, the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action.
- If it is found from the investigation that employees have not followed guidelines and safe practice or have acted illegally, maliciously, negligently or recklessly in line with their duty of care, an investigatory interview may be undertaken in line with Derbyshire Council's disciplinary procedures.

- Reviewers of the medication error will use the Derbyshire County Council tool to identify the level of consequence and severity of the incident and subsequent actions that are required to be taken by the manager.

For guidance and medication error form see Appendix 23a and 23b.

Monthly Medication Monitoring Form

All medication error forms completed within the month must be recorded onto the monthly medication monitoring form (**Appendix 24**).

This will highlight at a glance any trends in the errors occurring and enable the management team to monitor them effectively.

This form must be forwarded to the Quality and Compliance Team at the end of the month with the completed error forms to the email address: AC.DCmedicationreports@derbyshire.gov.uk

23. Appendices

No	Appendix
1a 1b	Staff Observation Competency Check Sheet (Seniors/Managers) Staff Observation Competency Check Sheet (Care Workers)
2a 2b	Competency Form for Specialist Training (Individual Client) Competency Form for Specialised Training (Generic)
3	Letter to Carer/Representative Letter
4	Clint Summary Medication Assessment
5	Medication Procedures “Will do, Won’t do” list
6a 6b	Clients Requiring Administration of Medication in Food or Drink Covert Administration of Medication in Food or Drink
7	Pharmacy Agreement Letter
8	Expiry Dates
9	Fax Back Tool
10	Medical Key Handover Form
11a 11b	Room Temperature Chart Fridge Temperature Chart
12	Medication Administration Record (MAR)
13	Signature Sheet Care Homes Medication and Health Related Activities
14	PRN protocol
15	Care Staff Medication “Runner” Sheet
16	Emergency Rescue Medication Protocol
17	Drugs in Transit Form
18	Cream MAR
19	Transdermal Patches Body Map
20	Household Remedies
21	Controlled Drugs List
22a 22b	Audit of Medication Administration Record Medication Systems Audit Check Sheet
23a 23b	Error Reporting Guidance Error Reporting Form
24	Medication Monthly Monitoring Form

Appendix 1a – Staff Observational Competency Check Sheet

Establishment:	Date:	
Observer:	Position:	
Observee:	Position:	
Observation Details	**Compliant Y/N**	**Action Required**
Is the security of medication and MARs maintained throughout the process? • Keys kept on the worker administering. • Trolley is not left unattended. • Medication not on blister pack is returned to its correct location, immediately after use. • Trolley and MARs left secure after use. • CD's are collected out of the CD cabinet when ready to be administered. • Are fortified drinks stored in the medical room?		
Is the medication prepared safely prior to administration? • There is plenty of water, beakers, medic pots, lids, spoons and any other equipment needed for the administration? • The information on the printed Pharmacy label is checked against the MAR. • 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.		
Is the medication administered according to safe ways of working and following a person centred approach? • The recipient is clearly identified. • Obtain consent from the individual for the support required. • Use effective communication with the client. • Administer according to the identified support appropriate to the individual's needs. • Administer medication to one person at a time.		

• Administer as per instruction from the MAR. • Additional medication on the MAR and not in blister packs are administered/offered according to instruction (e.g. ear/nose drops, antibiotics).		
Are inhalers administered correctly? • Inhaler has been shaken. • Inhalers administered in the correct order. • One puff administered at a time. • Spacer is used correctly. • Drink is offered afterward.		
Are eye drops administered correctly? • 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.		
Are infection control precautions used? • Hands washed before, throughout and after the medication round. • None touch technique. • Use of gloves when required (changed between individuals). • Use of clean pots for each individual. • Trolley cleaned afterwards. • When the Spacer is washed, it is done in warm soapy water and left to air dry.		
Are MAR sheets signed appropriately and coded correctly? • The MAR is initialled/coded after every 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. • Handwritten entries on MARs are legible and accurate account and signed and dated by two people. • Changes to medication are clearly recorded on the MAR.		
Are Controlled Drug (CD) procedures in place and adhered to?		

• Witness' know what they are signing for (ask the person who is the witness).
• Two people administer CD's following the whole process:
  ○ Check label against info in the CD register.
  ○ Count tablets in stock.
  ○ Administer medication together.
• The CD register and MAR are signed after the medication has been administered (the lead only needs to initial the MAR).		

Are Near Miss/Error reports completed after each round, as applicable?		
Any other issues or comments:		
Signed Observer:	Date:	
Signed Observee:	Date:	

Appendix 1b – Staff Observational Competency Check Sheet (Care Worker)

Establishment:	Date:	
Observer:	Position:	
Observee:	Position:	
Observation Details	**Compliant Y/N**	**Action Required**
Administering home remedies. • Has the home remedies procedure and flow chart been referred to? • Where necessary have the relevant health care professionals been contacted. • Hand written entries on MARs are legible and accurate and signed and dated by two people. • Are home remedies only used for two days?		
Is the security of medication and MARs maintained throughout the process? • Keys kept on the worker administering. • Medication not on blister pack is returned to its correct location, immediately after use. • Trolley and MARs left secure after use. • CD's are collected out of the CD cabinet when ready to be administered.		
Is the medication prepared safely prior to administration? • There is there water, beakers, medic pots, lids, spoons and any other equipment needed for the administration? • The information on the printed Pharmacy label is checked against the MAR. • 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.		
Is the medication administered according to safe ways of working and following a person centred approach?		

• Prescribed medication is only administered as per instruction by SCW/Manager • The recipient is clearly identified. • Obtain consent from the individual for the support required. • Use effective communication with the client. • Administer according to the identified support appropriate to the individual's needs. • Administer medication to one person at a time. • Administer as per instruction from the MAR.		
Are creams administered correctly? • Follow infection control procedures. • The MAR and the printed label have been checked. • Body map has been checked. • PRN protocol has been referred to where appropriate. • The cream is applied in the privacy of a safe environment in a dignified way. • The cream and MAR are returned to the locked cabinet immediately after use. • The MAR is initialled/coded immediately after application.		
Are inhalers administered correctly? • Inhaler has been shaken. • Inhalers administered in the correct order. • One puff administered at a time. • Spacer is used correctly. • Drink is offered afterward.		
Are infection control precautions used? • Hands washed before, throughout and after the medication round. • None touch technique. • Use of gloves when required (changed between individuals). • Use of clean pots for each individual. • Trolley cleaned afterwards. • When the Spacer is washed, it is done in warm soapy water and left to air dry.		
Are MAR sheets signed appropriately and coded correctly? • The MAR is initialled/coded after every 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.		

Are Controlled Drug (CD) procedures in place and adhered to?
• Witness' know what they are signing for (ask the person who is the witness).
• Two people administer CD's following the whole process:
  ○ Check label against info in the CD register.
  ○ Count tablets in stock.
  ○ Administer medication together.
• The CD register and MAR are signed after the medication has been administered (the lead only needs to initial the MAR).		

Are Error reports completed after each round, as applicable?		
Any other issues or comments:		
Signed Observer:	Date:	
Signed Observee:	Date:	

Appendix 2a – Competency Form for Specialist Training (Individual Client)

Section A

Name of Client …….. 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)

Task to be completed **……**

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.

Name of Worker	Signature of Worker	Date

Name of Health Practitioner: …….

Signature of Health Practitioner: …… Date: ……..

Signature of Manager: ……. Date: ……..

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

Signature of client, or their representative: …….....

Date: ……

Appendix 2b – Competency Form for Specialist Training (Generic)

Section A

Task to be completed ……

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.

Name of Worker	Signature of Worker	Date

Name of Health Practitioner: …….

Signature of Health Practitioner: …… Date: ……..

Signature of Manager: …… Date: ……..

Appendix 3 – Letter to Carer / Representative

Address……..

Address……..

Address……..

Date……

Dear Sir/Madam

…(name of client)……is due to stay at……(name of home)…..on…..(date)…..

We understand…(name of client)…will require support with their medication during their stay.

To minimise any errors in administering….(name of client)…medication can you please ensure the following:

- Medicines, creams, drops, etc are in the original container or a sealed container filled by the pharmacist.
- All medicines are in date.
- All containers are clearly labelled.
- There are sufficient quantities for the period respite (if applicable).

It would be helpful if the repeat prescription form was available on admission to confirm details of the prescribed medication.

Clients and visitors may sometimes purchase medication and bring them into the establishment. It is a person's right to be able to do so but often not in their best interest. The use of purchased medication in addition to those prescribed may constitute a health risk due to interactions between medications. Please do not purchase medications that are not prescribed as we will not administer these until we have notified the GP or Pharmacist that it is safe to do so.

For further information please contact the manager.

Yours sincerely

Appendix 4 - Client Summary Medication Assessment

Insert Client Photo

Name: _____

Preferred Name: _____

Room Number: _____ **DOB:** _____

Known Allergies: _____

Self-Medicating: Yes / No

Partial Self-Medicating: Yes / No

Fully Managed: Yes / No

Is a Capacity Assessment required Yes / No

- If so, date completed: _____ Review date agreed_____

Additional Alerts: _____

Preferred Method of Administration/Support Needs:

Appendix 5 – Medication Procedures 'Will do won't do' list			
Procedure	**Will We Do It**	**What Will We Do**	**We Won't**
Tablets/Capsules	Yes: • Appropriate assessments are in place • Compliance aid/original containers • MAR sheet in place • It is good practice to use a FAX back method if additional directions are required • Refer to main policy for PRN protocol if required	Administer at the right time Place the dose into a container. Hand the container to the client to self-administer. Administer the dose when the client is unable to self-administer. Dissolve tablets in water as per instructions on the original container. Prompt the client to remind them to take their medication. If agreed, cut tablets in half using a proper tablet cutter or crush tablets using a tablet crusher.	Crush or cut tablets unless it is carried out with the written authority of a GP, psychiatrist etc. Accept any change to medication unless it is clearly evidenced in records who made the change, date and time. It is preferable that the health care professional signs the MAR but a double signature must evidence any change.

Procedure	Will We Do It	What Will We Do	We Won't
Liquid/Powdered Medicines	Yes: • Appropriate assessments are in place • MAR sheet in place • It is good practice to use a FAX back method if additional directions are required • Refer to main policy for PRN protocol if required	Administer at the right time Measure out the dose into a measuring utensil. Prepare a powdered medicine as per instructions on the original container. Hand the utensil to the client to self-administer. We will administer the dose when the client is unable to self-administer.	Accept any change to medication unless it is clearly evidenced in records who made the change, date and time. It is preferable that the health care professional signs the MAR but a double signature must evidence any change.
Eye, ear and nose drops/ointments	Yes • Appropriate assessments are in place • Senior person on duty administer • Generic training by an agreed provider • Individual specific training by a relevant health care professional and staff have been signed off as competent.	Place drops into compliance aids for client to self-administer. Prompt to remind client to self-administer. Administer the drops when all other options have been explored. Leave sufficient time between each dose.	Provide assistance with any drops that are over the counter / herbal medicines unless advised by the Health Care Professional.

Procedure	Will We Do It	What Will We Do	We Won't
Insulin/Blood Glucose Monitoring	Yes: • Monitored by DN • Appropriate assessments are in place • Training by a relevant health care professional has been provided where appropriate - Staff have been signed off as competent	Test/monitor/record the client's glucose/sugar levels and inform the relevant health care professional of the outcome. Adjust the dosage on the pen Hand the syringe/pen to the client to self-administer. Administer from the pen Pass the sharps bin to the client to deposit the used syringe. Remove and replace the covered needle on the pens. Us the client's personal prescribed equipment. Calibrate Blood Glucose Monitors as per manufacturer instructions.	Inject with a syringe. Test anybody who does not have the prescribed equipment. Make any judgement on the treatment required.
Patches (including pain relief such as Morphine). Refer	Yes: • Appropriate assessments are in place • MAR sheet in place.	Take out of the package for the client to apply. Apply the patch.	

Procedure	Will We Do It	What Will We Do	We Won't
to Appendix 19	• Body Map in place	Dispose of the patch.	
Peg Feeding	Yes: • Appropriate assessments are in place • MAR sheet in place where prescribed liquids are fed into the PEG • Training by a relevant health professional has been provided • Staff have been signed off as competent.	Ensure tubes are clean and running free. Attach a feed. Insert drinks into the tube using the correct utensils provided. Detach and dispose of the empty feed container. Clean the site area when required. Report to the DN/Senior person on duty any problems identified with any aspect of the PEG feed.	Make decisions about the quantity, content and speed of the feed provided. Rectify any faults identified with the feed apparatus.
Peg Medication	Yes: • Appropriate assessments are in place • MAR sheet in place where Medication is fed into the PEG • Training by a relevant health professional has been provided • Staff have been signed off as competent.	Ensure tubes are clean and running free. Senior person on duty insert medication into the tube as per MAR sheet using the utensils provided. Clean the site area when required.	Make decisions about the quantity, content and speed of the feed provided. Rectify any faults identified with the feed apparatus. Deviate from the instructed medication administration

Procedure	Will We Do It	What Will We Do	We Won't
	• Any changes to medication will require updated training • Follow written guidance by health care professionals	Report to the DN/Senior person on duty any problems identified with any aspect of the PEG. If confirmed will crush tablets using a tablet crusher.	guidance given by the health care professional. Crush tablets unless it is carried out with the written authority of a GP or relevant health care professional.
Fortified Drinks	Yes: • Appropriate assessments are in place • MAR sheet in place.	Provide the drinks as per prescription or client choice.	
Thickeners (Drinks and Food)	Yes: • Appropriate assessments are in place • Training by a relevant health care professional has been provided.	Make up the drink/food as specified by clear instructions on the box, container label or the relevant health care professional. Assist the individual to drink from a cup or spoon if required at a pace appropriate to the individual need.	Supplement the drink on advice from anyone other than a relevant health care professional which must be recorded.
Anal Medication including suppositories.	No	Assist the DN by supporting the client during the procedure.	
Vaginal Creams	Yes: • Appropriate assessments are in place	Apply external cream as directed on the pharmacist label.	Support where the procedure is assessed as high risk.

Procedure	Will We Do It	What Will We Do	We Won't
	• Internal - Training by a relevant health care professional has been provided • MAR sheet in place	Record and report any change in condition of the treated area to DN/Senior person on duty as appropriate. Apply internal creams with advice and guidance from the health care professional. Each circumstance will be assessed individually. There **MUST** always be a chaperone with the worker applying the cream.	
Pessaries	Yes: • Appropriate assessments are in place • Senior person on duty to administer • Training by a relevant health professional has been provided where appropriate • Staff have been signed off as competent • MAR in place.	Apply the pessary as instructed by the health care professional. Support the health care professional with the application. There **MUST** always be a chaperone with the worker applying the pessary.	Support where the procedure is assessed as high risk. Support with non-prescribed medication.
Inhalers	Yes: • Appropriate risk assessments are in	Assist the client in constructing a compliance aid for self-	

Procedure	Will We Do It	What Will We Do	We Won't
	place • MAR in place • Generic training by an agreed provider • Individual specific training by a relevant health care professional and staff to be signed off as competent	administering. Insert the capsules into the device as directed on the MAR sheet. Shake the device before use. Assist the client to use the inhaler by holding on to the device where dexterity is poor and pressing the inhaler to dispense the appropriate dose as defined on the MAR Sheet. Monitor condition and seek advice as per instruction on "when required" inhalers. Leave correct/reasonable time between each single dose. Inhalers must be cleaned weekly Spacers must be cleaned weekly in warm, soapy water and left to air dry.	
Oxygen	Yes: • Appropriate assessments are in	Assist the client to fit the mask/tube.	Set any controls to regulate the flow of oxygen.

Procedure	Will We Do It	What Will We Do	We Won't
	place • Training by a relevant health professional specific or generic as required • Follow manufacturer's guidance for storage.	Switch the machine on or off as required. Notify senior person on duty when pressure gauge indicates the contents of the cylinder are running low. Monitor condition and seek advice as per instruction on when required oxygen.	Change oxygen cylinders.
Anticoagulants e.g. Warfarin	Yes: • Appropriate assessments are in place • MAR sheet in place.	Adjust the dose following instruction from the health care professional. If more than one dose of an anticoagulant is missed it must be reported to the GP immediately.	Break tablets in half if only requiring half. Administer without referring to the NHS documentation each administration (Warfarin)
Controlled Drugs (tablets, medicine or patches)	Yes: • Appropriate assessments are in place • MAR sheet in place • CD Register maintained.	Follow regulations for the administration of controlled drugs as recorded in section 17.	Administer by injection.
Medication applied to gums/inside of mouth	Yes: • Appropriate assessments are in place • MAR sheet in place	Support the client to self-administer. Rub prescribed medication onto the affected/appropriate area of the	Administer the medication where there is a risk of harm to the employee due to behavioural difficulties.

Procedure	Will We Do It	What Will We Do	We Won't
	• Training by a health professional where appropriate.	mouth.	
Rescue Medication applied inside the mouth Buccal Midazolam	Yes: • Appropriate assessments are in place • MAR sheet in place • Generic training by an agreed provider • Individual specific training by a relevant health care professional to discuss the emergency rescue medication protocol • Reviewed and refreshed regularly.	Apply the medication when required Alert emergency services Monitor condition.	Enforce staff to administer. Administer without a protocol
EpiPen	Yes: • Appropriate risk assessments are in place • Individual specific training by a relevant health care professional • Recorded on PSP • MAR sheet in place	Administer from the pen Contact emergency services.	Make any further judgements on the treatment required.
Tens Machine	In exceptional circumstances when it has been supplied by the GP or other relevant professional: • Appropriate assessments are in place • Training by a relevant health professional has been provided and	Provide assistance to support the client to apply the pads where required.	Make any judgements where the pain relief will be set. Provide support where clients have purchased the machine themselves unless advised by the Health Care Professional.

Procedure	Will We Do It	What Will We Do	We Won't
	staff have been signed off as competent.		
Catheter Care (In-dwelling) (Supa-pubic)	Yes: • Monitored by DN • Appropriate assessments are in place • Training by a relevant health professional has been provided where necessary and staff have been signed off as competent.	Keep the area clean where the catheter enters the body. Provide personal care where there is evidence of infection or soreness to the entry site under instruction from the DN. Attach the night bag to the day bag. Empty the bags. Flush out the empty catheter bag. Change the day bag. Report any change in appearance of condition/bodily fluids no matter how small to the DN/Senior person on duty.	Insert or remove catheters.

Procedure	Will We Do It	What Will We Do	We Won't
Sheath Catheters	Yes • Where all other options have been explored	Attach and remove the catheter. Keep the area clean and monitor skin integrity. Shave the area under the guidance of a health care professional.	
Stoma Care / Colostomy Bags	Yes: • Monitored by DN • Appropriate assessments are in place • Training by a relevant health care professional has been provided and staff have been signed off as competent.	Promote a persons' independence in the management of stoma /colostomy care. Support with the removal of the bag, cleaning the area and applying the new bag. Provide assistance where there is evidence of infection or soreness to the site under the guidance of the health care professional. Report any change in appearance of the site and bodily fluids no matter how small to the DN/Senior person on duty.	

Procedure	Will We Do It	What Will We Do	We Won't
Open Wounds/Skin Tears	Yes: • Monitored by DN when appropriate • Appropriate risk assessments are in place • Staff have completed basic first aid training • Recorded on PSP • MAR sheet in place (creams).	Remove dressings and replace with dry dressing to protect from infection unless otherwise directed by the health care professional. Apply appropriate dry dressing as advised by health care professionals for any skin tears.	Undertake any medical intervention or apply creams/ointments unless directed by a health care professional.
Pressure Area Care/Tissue Viability	Yes: • Monitored by DN • Appropriate risk assessments are in place • Staff have completed DCC Tissue Viability training • MAR sheet in place - creams • Recorded on PSP and update • Record on Body Maps and update.	We will clean the pressure area and apply prescribed creams where the skin is not broken. We will record and report to the DN/Senior person on duty any changes in the appearance of pressure areas. Remove dressings and replace with dry dressing or like for like to protect from infection and to maintain comfort.	Make any judgements on the treatment required. Apply creams purchased by the clients to the affected areas unless advised by the health care professional.

Procedure	Will We Do It	What Will We Do	We Won't
Support Stockings.	Yes: • Appropriate risk assessments are in place • Training by a relevant health professional specific or generic as required.	Assist individuals to apply the stockings with or without the use of compliance aides as appropriate.	Apply stockings where there are areas of broken skin.
Contact Lenses	This is not a procedure we would undertake without prior discussion. • **Staff must feel confident to assist**	If this is a request the manager must complete a risk assessment and refer to the client's optician for further guidance.	Make any judgements on the treatment required.
Ocular Prosthesis (false eye)	This is not a procedure we would undertake without prior discussion. • **Staff must feel confident to assist**	If this is a request the manager must complete a risk assessment and refer to the client's relevant health care professional for further guidance. Remove and insert eye Clean the eye and socket using correct procedures and solution. Refer concerns to relevant health care professional.	Make any judgements on the treatment required.
Trusses	Yes: • Appropriate risk assessments are in	Assist the client to apply the truss as per direction of the health care	Adjust the Truss or change the application without direction

Procedure	Will We Do It	What Will We Do	We Won't
	place • Training by a relevant health professional specific or generic as required.	professional. Ensure the Client is comfortable with the appliance. Report and record any difficulties experienced by the client or staff member in applying the truss. Monitor for any sore areas and report to DN/manager.	from health care professional.
Prosthetics	Yes: • Appropriate assessments are in place • Training by a relevant health professional specific or generic as required.	Assist the client to apply the prosthetic as per direction of the health care professional/client. Ensure the client is comfortable with the prosthetic. Report and record any difficulties experienced by the client or staff member in applying the prosthetic.	
Callipers	Yes: • Appropriate assessments are in place • Training by a relevant health professional specific or generic as required.	Assist the client to apply the calliper per direction of the health care professional/client. Ensure the client is comfortable with the calliper.	

Procedure	Will We Do It	What Will We Do	We Won't
		Report and record any difficulties experienced by the client or staff member in applying the calliper.	
Monitor Blood Pressure	Yes: • Appropriate assessments are in place • Carried out when requested by the health care professional • Generic training by an agreed provider • Individual specific training by a relevant health care professional and staff to be signed off as competent	Take the readings under the guidance of the health professional Record and monitor the readings and report any changes to the health professional. Calibrate the Blood pressure machine as per manufacturer instructions.	Make any judgements on the treatment required.
Urine Testing	Yes: • Follow infection control procedures • Appropriate assessments are in place • Carried out when requested by the health care professional • The health care professional to provide the necessary equipment required.	Take the readings under the guidance of the health professional Record the readings and report to the health professional.	Make any judgements on the treatment required.

Procedure	Will We Do It	What Will We Do	We Won't
Temperature Monitoring	Yes: • Follow infection control procedures • Appropriate assessments are in place • Carried out when requested by the health care professional	Take the readings under the guidance of the health professional Record the readings and report to the health professional. Calibrate the Thermometer as per manufacturer instructions.	Make any judgements on the treatment required.

Appendix 6a – Clients Requiring Administration of Medicines in Food or Drink

Name of Establishment: _____

Name of Client: _____

D.O.B:_____

Reason for administration in this way: (e.g. client 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.

Clients 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 client).

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……

Registered Manager (Print) ……

Signature …….. Date …….

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

Appendix 6b – Covert Administration of Medicines in Food or Drink

Name of Establishment: _____

Name of Client:_____

D.O.B:_____

Reason for administration in this way: (e.g. client unable to swallow due to medical reasons and does not have capacity).

……..

Where the client does not have capacity you must ensure a Mental Capacity Assessment is in place and refer to the Best Interest Decision.

Date of Capacity Assessment:……

The client 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 client 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 client 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	Detailed 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 client).

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……

Client's Representative Name…….

Signature……. Date……..

Client Signature (Where applicable) …….

Registered Manager (Print) ……

Signature …….. Date …….

Service Manager (Print) ……..

Signature …… Date ……

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

Appendix 7 – Pharmacy Agreement Letter

FORMAL AGREEMENT BETWEEN THE REGISTERED MANAGER AND THE COMMUNITY PHARMACIST FOR THE PROVISION OF A PHARMACY SERVICE TO DERBYSHIRE COUNTY COUNCIL RESIDENTIAL HOMES

I … Registered Manager of … (Residential Home), registered under the Care Quality Commission, Registration No…… request (Name and Address of Pharmacist) to provide pharmacy services, support and advice to clients and staff of this residential home from …….. To ……

The services provided will include:

- Medication Administration Record Sheet (MAR) for each client
- Separate MAR for creams/inhalers etc. when requested
- Supply of medication in suitable compliance aids
- Patient information leaflets for all medication
- Offer support and guidance to clients who wish to self-medicate
- One off medication to cover for spoiled doses
- Delivery and collection of prescriptions and medication on a 28 day cycle
- Delivery and collection of changes to medication in an emergency
- Regular Medication Systems Audits
- Liaison with GP practices
- Advice on the safe keeping and correct administration of drugs
- Client Medication Reviews
- Staff Training.
- Regular communication to identify and address any issues raised by either party.

This agreement may be terminated by three months' notice in writing given by either party.

Number of registered places …….

Signed:	Signed:
Date:	Date:
Registered Manager	Pharmacist

Appendix 8 – Expiry Dates of Medication

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

http://www.derbyshiremedicinesmanagement.nhs.uk/assets/non_clinical_guidelines/Social_care_care_homes/Medicines_expiry_dates_in_community_settings.pdf

Appendix 9 - Fax Back Tool

The purpose of this fax is to fulfil the requirement that the directions for our client's medication are explicit and unambiguous. Employees and carers are not trained nurses; they make no claim to have clinical skills and they are not covered by current protocols to undertake such decisions. Please return within 48 hrs of receipt.

GP Surgery Practice Stamp

Date……..

Client……..

DoB……

Name and fax no. of establishment

……

……

Name of medication to be administered 'as required'

……

For what condition or situation is this to be administered?

……

How 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)**

Adapted from Derby City Council medication policy in conjunction with Derbyshire LMC. The requester will have tried to resolve the problem with other agencies (pharmacist, nursing staff) before using this form. The LMC advises that, in the interests of patient safety, practices should try to co-operate where practicable.

Appendix 10 – Medical Key Handover Form

Date	Time	From - Name	Signature	To - Name	Signature

Appendix 11a - Room Temperature Chart

Date	Time	Temp	Initial	Date	Time	Temp	Initial

NB – Room temperature must not reach above 25°C

Appendix 11b – Fridge Temperature Chart (must be between 2°C & 8°C)

Record of Maximum and Minimum Fridge Temperatures to be recorded at the same time each day

Please keep a copy of this chart in a plastic sleeve taped to the fridge door

Day	Date	Time	Maximum	Minimum	Day	Date	Time	Maximum	Minimum

Appendix 12 – Medication Administration Record (MAR)

Name:	**D.O.B:**
Address:	
Allergies:	**Doctor:**

Start Date:	**Period:**	**Start Day:**

Medication Details (including statutory requirements)	Commencing Date Hour Dose	Week 1	Week 2	Week 3	Week 4

Received Quant	Date	By:	c/fwd:	Returned Quant:	Date:	By:

Received Quant:	Date:	By:	c/fwd:	Returned Quant:	Date	By:

Received Quant:	Date:	By:	c/fwd:	Returned Quant:	Date:	By:

Received Quant:	Date:	By:	c/fwd:	Returned Quant:	Date:	By:

Key: **R** = Refused **O** = Offered but not required **L** = Social leave **H**=Hospital **C** = See notes overleaf
S = Sleeping **N** = Nausea/Vomiting **D** = Diarrhoea/vomiting **D/C** = Discontinued **O/S** = Out of stock

Carers Notes

(Include Date. Time, Detail and Signature)

Appendix 13 – Signature Sheet Care Homes Medication and Health Related Activities

This must be completed by all staff who administer medication
and be in place at the front of the MAR folder.

Name and Date (Block Capitals)	Signature	Initial	Date Assessed as Competent by Manager (minimum annually)

Appendix 14 – PRN Protocol

Establishment Name:	PIN Number:
Client's Name:	DOB:
Name of Prescriber:	
Medication prescribed (include name, strength, form):	
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: (resident if able to consent, carer if given in best interest)	
Date for review: (annually if not before)	

Appendix 15 – Care Staff Medication 'Runner' Sheet

Date	AM	Lunch	Tea	Night	Print Name	Initials

Appendix 16 – Emergency Rescue Medication Protocol

Client 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 (9)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:
Who needs to be informed post recovery? **Prescribing Doctor** **Family/carers** **Other**

Recovery Plan:

Prescriber Name (Block capitals): **Signature:** **Date:**
Clients Signature (if able to consent): **Date:**
Family/Carer Name (if in clients best interest) (Block capitals): **Signature:** **Date:**

Appendix 17 - Drugs in Transit Form

Name of Client:

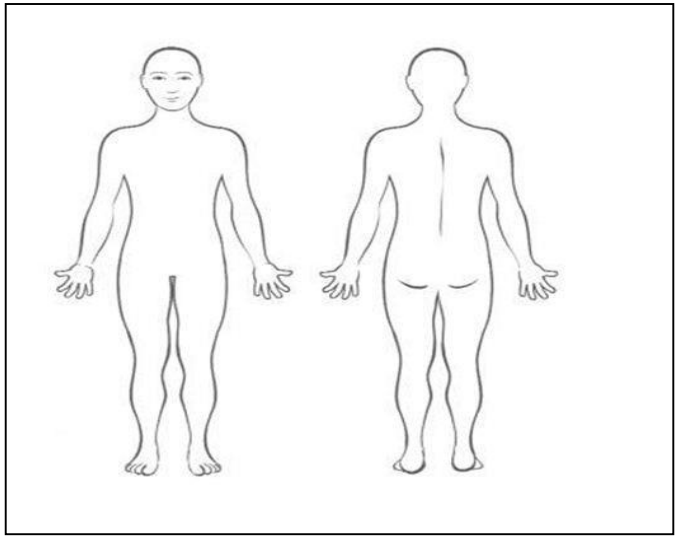
Drugs in Transit							
Date	**Medication Name and Strength as recorded on MAR sheet**	**Dose as recorded on MAR**	**Amount Sent**	**Amount Received**	**Amount Given**	**Amount Returned**	**Initials**

Appendix 18 – MAR Sheet

Creams Medication Administration Record (MAR Sheet)

Client Name:	**DOB:**
Name of Home:	**Room Number:**
GP:	
Known Allergies:	
Start Date and Day:	
Long Term Use/ Short Term Use	
Date Cream Opened: (Make sure this date is also recorded on the pharmacy label)	
Amount received: **Carried Forward:**	**Stock:**
Date Received:	
Initial of person who made handwritten record :	**Date:**
Witness Initial:	**Date:**

Health Care Professional Comment (including date and signature):



Medication Details (including statutory requirements)		**Day**																													
		Date																													
	Morning	Time																													
		Initial																													
	Lunch	Time																													
		Initial																													
	Tea	Time																													
		Initial																													
	Night	Time																													
		Initial																													

Key - **R** = Refused, **N** = Not Required , **L** = Social Leave **H** = Hospital, **S** = Sleeping **D/C** = Discontinued **O/S** = Out of stock and record action taken **C** = See notes over leaf

Carers Notes

Creams Medication Administration Record (MAR Sheet)

Date/Time	Comment	Signature	Action taken (including date and signature)

Appendix 19 – Transdermal Patches Body Map

Name of Client			
Name of Patch		**Strength**	

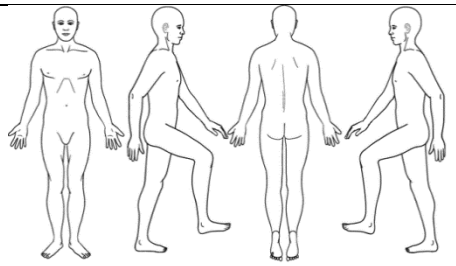
The patch should be checked on a daily basis to make sure it is still in place.

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

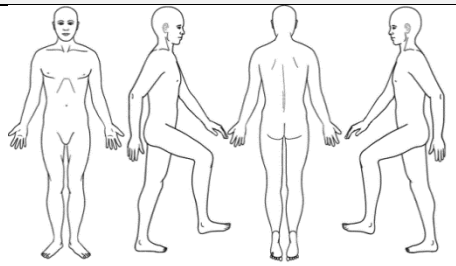
	Fentanyl	**Butrans/Butec**	**Transtec**	**Hyoscine**	**Rivastigmine**	**Rotigotine**
Duration of use	72 hours	1 week	4 days	72 hours	24 hours	24 hours
Interval before reusing a site	1 week	3-4 weeks	1 week	72 hours	14 days	Use only the specific chart for rotigotine.
Number of sites on rotation	3 sites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

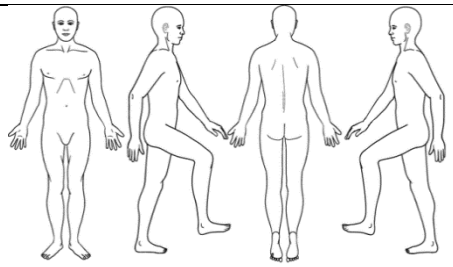
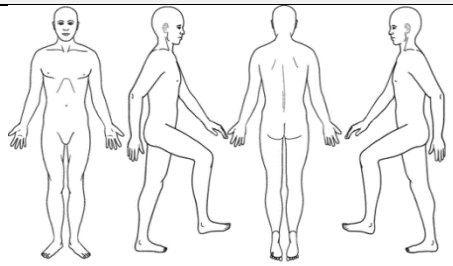
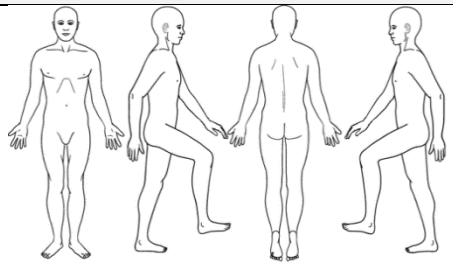
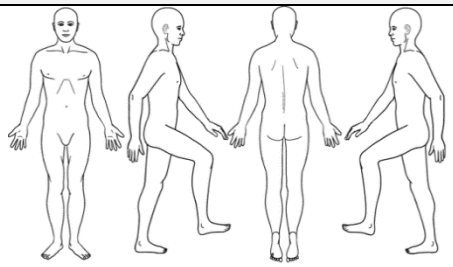
THIS DOES NOT REPLACE THE NEED TO RECORD ADMINISTRATION ON THE MAR



Date new patch applied		**Time**	
Applied by			
Date patch removed		**Time**	
Removed by			
Witnessed by	**Only required for CD's**		



Date new patch applied		**Time**	
Applied by			
Date patch removed		**Time**	
Removed by			
Witnessed by	**Only required for CD's**		

	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	Witnessed by	**Only required for CD's**		
	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	Witnessed by	**Only required for CD's**		
	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	Witnessed by	**Only required for CD's**		
	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	Witnessed by	**Only required for CD's**		

Appendix 20 – Household Remedies

Symptom	Medicine
Indigestion/heartburn	Mucogel (co-magaldrox) Gaviscon Advance (low in sodium at normal doses).
Pain (mild to moderate)	Paracetamol (other medicines containing Paracetamol may have been prescribed for some residents and this must be carefully checked).
Dry cough	Simple linctus for non-diabetic residents, Pavacol D or sugar free simple linctus for diabetic residents.
Constipation	Senna, Laxido Orange sachets
Diarrhoea	Oral rehydration therapy, eg Dioralyte sachets, Loperamide 2mg tabs/caps
Skin problems - dry skin and scalp, sweat rash, incontinence rash, insect bites and stings.	E45 cream, Doublebase, Vaseline, olive oil, cocois ointment, calamine lotion or cream, hydrocortisone cream 1%, Cavilon cream.

Appendix 21 – Controlled Drugs List

Please see link below for current controlled drugs list this will be updated regularly so please ensure you access the link to check the status of controlled drugs and how to manage them.

http://www.prescqipp.info/care-homes-controlled-drugs-good-practice-guide/finish/303-care-homes-controlled-drugs-good-practice-guide/1690-bulletin-75i-care-homes-controlled-drugs-good-practice-guide

How to find the information required:

1. Click on the link and press cancel on the windows security box if it appears and wait a few seconds for the Prescqipp web page to open.

2. Click on 'Our publications (bulletins and toolkits)'

3. Then choose 'Care Homes – Controlled drugs good practice guide'

4. Click on 'Bulletin 75 Care Homes – Controlled drugs good practice guide 2.3' and refer to page 8

You can also find further up to date information with regards to controlled drugs on the government website below:

https://www.gov.uk/search?q=controlled+drugs+list

Appendix 22a – Audit of Medication Administration Record

Instructions:

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

List Pin numbers below of the clients MARs that have been audited:

1.

2.

3.

4.

5.

	Findings	**Action**
1.Correct start date		
2.Drug allergies correctly recorded		
3.Quantity received initialled and dated		
4.Quantity of PRN items noted		
5.No. of tablets left in stock match balance expected on MAR		
6.Medicine labels match MAR sheet instructions		
7.All prescribed medication is in stock		
8.All directions are clear		

9.There is PRN protocol in place where needed and fully completed		
10.Any mid-cycle changes are clear, accurate, initialled and dated		
11.Handwritten additions are clearly written, initialled, dated and countersigned		
12.Initials are clear so that staff members can be identified		
13. The signature sheet Appendix 13 has been completed		
14.Gaps present on the MAR sheet are supported by error report forms		
15.For variable doses the amount administered is recorded appropriately		
16.The reason for non-administration is recorded appropriately		
17.The administration of all external preparations has been signed for on the relevant		
18. The use of homely remedies has been recorded appropriately		

Completed by: ……

Signed: …….

Date: ……

Appendix 22b – Medication Systems Audit Check Sheet

Name of Establishment:			Date: Date of last medication systems audit:
	Yes	**No**	**COMMENTS**
1. Does the establishment have a copy of the current DCC Adults Medicine Code for the administration and control of medicines? • Is it accessible by all whom administer medication? • Have all workers who administer medication signed the front sheet advising they have read and fully aware the policy within the last 12 months?			
2. Is there an up to date file containing copies of patient information leaflets stored in the medical room (PIL's).			
3. Are all medicines (including non-prescribed medicines) which are brought into the home recorded on the MAR?			
4. Are all creams that are administered by care staff recorded on a MAR? • Are the MAR's stored in an accessible place for all care staff to complete following administration? • Are the MAR's initialled by care staff?			

• Are there body maps identifying where the cream should be applied? • Are all creams stored as per individual risk assessment, especially for those being stored in client's bedrooms? • Creams that are kept in the medical room are locked away.			
5. Are medicine deliveries from the pharmacy checked, then initialled and dated on the MAR?			
6. Is all 'carried forward' medication recorded on the MAR?			
7. Is there a system to ensure that medication changes have been clearly recorded on the MAR sheet, including date of the change and the GP that made the change and their signature? • Has this change then been reflected on the next month's MAR sheet?			
8. Are fridge lines identified on the MAR and stored in a locked medicine fridge? • Is the temperature of the fridge checked and recorded daily?			
9. Is the room temperature checked and recorded daily?			

10. Are controlled drugs identified on the MAR sheet, entered in the CD register and stored immediately in the controlled drug cabinet? • Is the index in the CD book being completed along with the assigned page number? • Is the CD book signed by two members of staff? • Check one as a sample against stock.			
11. Have all staff who are responsible for the administration of medicines received suitable training and been assessed as competent within the last 2 years?			
12. Is there an up to date list of signatures and initials of staff responsible for the administration of medicines at the front of the MAR file? • Is it clearly recorded?			
13. Is there evidence of individual medication risk assessments on the client's file?			
14. Have mental capacity assessments/best interest decision meetings been completed for those who have been assessed as requiring support in the administration of their medication?			

Has a review date been set within the next 12months?			
15. Are protocols in place for all 'as and when required' medication (PRN)?			
16. Is there a robust system for the identification of clients? • Is the client's photo up to date? • Does the front sheet identify any preferred names used by the client, individual support needs, allergies, etc?			
17. Are the correct codes used in accordance with the agreed key on the MAR? • Are there clear explanations written on the back of the MAR when the code 'other' is used?			
18. Are the number of tablets administered recorded on the MAR eg. When Paracetamol is prescribed as 'take one or two tablets'?			
19. If information has to be added to the MAR by hand, has it been confirmed, signed and dated by two members of staff as accurate and is it legible? Are the staff administration initials legible?			
20. MAR charts are confidential documents, are they always kept in a secure place, even when kept in bedrooms?			

21. Are there any gaps on the MARs?			
22. Are errors being recorded and do they correspond to any found during this audit?			
23. Are the error report forms completed with enough detail to evidence the reason of the error and the actions completed by the manager? Has the risk rating been completed on the form?			
24. Are unwanted and excess medicines returned to the pharmacy? • Are all medicines returned to the pharmacy recorded in detail in the returned drug book? (Medicine, strength, quantity, name of client?) • Are these medicines “bagged and tagged” and stored in a locked cabinet? • Are returned CD’s stored in the controlled drugs cabinet? • Is a Pharmacist/driver signing to advise they have collected the returned CD’s?			

25. Are medication audits being completed? • Monthly MAR audits - completed by the Unit Manager • 6 monthly Medication Systems audits - completed by the service manager			
Audit Carried out by (print name): Emma Benton	Position:	Signature:	Date:
Audit received by (names):	Position:		
Additional points:			

Appendix 23a– Error Reporting Guidance

Part A to be completed by the person who discovered the error
Part B to be completed by the person identified as making
the error. Part C to be completed by the line manager.

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

Copies of this form **MUST** be sent on a monthly basis or sooner to:

- The Quality and Compliance Team by email to AC.DCmedicationreports@derbyshire.gov.uk
- Service Manager for your area

If you are a registered service a notification may need to be sent to the Care Quality Commission. A copy of this **MUST** also be sent to Adult Care Health and Safety Section.

The completed and signed medication error form is to be saved with the staff member's supervision records and a copy scanned onto the electronic record for the client involved.

When the form is scanned and sent through to the relevant person the document must be named as initials of resident, date error occurred and establishments name e.g. DF 15.10.16 Brook Bank Home.

General Principles:

- Staff must report any situation where things have or could have gone wrong.
- The full facts must be reported within 24 hours of the error occurring or being discovered and the root cause of the medicine related incident must be determined.
- Medication errors must be monitored on a monthly basis.

Employees will ensure:

- That they report any instance of a medication error immediately to their manager and if required, seek medical advice from the residents' GP or out of hour's health help line.
- That they assist the manager with the completion of a medication incident report form. A copy will then need to be sent to the Service Manager for the area, Quality and Compliance Service Manager for near misses and minor errors and for major errors the form also needs sending to the departmental health and safety adviser.
- That they discuss regularly in supervision their medication training needs;

such as if they require updating or refreshing.

Unit Managers/Domiciliary Service Organiser will ensure:

- Errors are to be reported using the Medication Error Report Form.
- Employees who report errors will be supported.
- That when errors are reported or identified, the appropriate manager will undertake a fact-finding audit with the intention of ensuring remedial action.
- That actions carried out or planned are recorded on the Medication Error Report Form.
- That Error Report Forms are monitored on a monthly basis by the manager with any trends identified and action agreed alongside the Service Manager.
- All completed medication error forms are sent to the relevant individuals on a monthly basis if not sooner.
- If it is found from the investigation that employees have not followed guidelines and safe practice or have acted illegally, maliciously, negligently or recklessly in line with their duty of care, an investigatory interview may be undertaken in line with Derbyshire County Council's disciplinary procedures.
- That CQC notifications are completed if the cause or effect of a medicine error met the criteria to notify one of the following:
  - A death
  - An injury requiring medical treatment
  - Abuse or an allegation of abuse
  - An incident reported to or investigated by the police

    http://www.cqc.org.uk/content/notifications

  Copies of these **MUST** be sent to Adult Care Health and Safety Section.

- Where relevant, they are able to evidence that a medicine error was a known or possible cause or effect of these incidents or events being notified.
- Reviewers of the medication incident will use the Derbyshire County Council tool to identify the level of consequence and severity of the incident and subsequent actions that are required to be taken by the manager.

How to use the Consequence/Severity Tool

Address the ***Impact*** of the error first followed by the ***Likeliness*** of the error occurring second.

Explanation of the examples given on the above tool:

Example 1: Low Risk: Score 1

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

Example 2: Moderate Risk: Score 5

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

Example 3: High Risk: Score 9

A dose has been incorrectly transcribed by a manager onto the MAR sheet. Due to the employee not cross checking the information on the MAR against that on the medication label, the client is repeatedly given an overdose of medication. Checks made by GP, antidote prescribed and administered to correct the consequences of the overdose.
This incident identifies a catalogue of errors made, therefore more than one form will need to be completed; the manager for the initial wrong transcription of the information and for each staff member who continued to administer the medication without checking the information on the MAR against that on the pharmacy label.

Example 4: Extreme Risk: Score 15

Controlled drug arrives at the care home, is booked in by two staff and entered into the CD register. The staff fails to notice that the actual medication strength is stronger than was prescribed (the label states 10mg the medication is actually 60mg). Three doses are administered; the client dies as a result. The home has a poor record of managing controlled drugs.
Again this incident identifies a catalogue of errors made by different people; GP/Pharmacist and the staff who didn't notice the error when booking in the medication and those administering it.

Guidance to completing the Consequence/Severity Tool

Likelihood →		**1**	**2**	**3**	**4**	**5**
Actual harm to person (s)		**Rare**	**Unlikely**	**Possible**	**Likely**	**Definitely**
Impact ↓		**This will probably never happen/recur**	**Do not expect it to happen/ recur but it is possible it may do so unless practice is altered**	**Might happen or recur occasionally unless practice is altered**	**Will probably happen/ recur OR history of incidents/ repeated errors**	**Will happen/ recur, possibly frequently AND history of repeated errors**
1	**Negligible(No harm)** **Near miss or harm prevented**	**Example 1** **1 x 1 = 1**				**Example 2** **1 x 5 = 5**
2	**Minor (minimal harm)** **Person(s) required extra observation or minor treatment**	X				
3	**Moderate (short-term harm)** **Person(s) required further treatment or procedure**	X		**Example 3** **3 x 3 = 9**		
4	**Major (permanent or long-term harm)** **Person(s) required permanent or long-term treatment**	X	X	X		
5	**Fatality** **Person died as a direct consequence of the error/ incident**	X	X	**Example 4** **5 x 3 = 15**		

MULTIPLY THE TWO NUMBERS TOGETHER TO GET A FINAL SCORE WHICH WILL INDICATE GUIDANCE ON ACTION TO BE TAKEN. Record this on the Medication Error Report Form.

Risk Scoring Action Plan

1 - 3: Low risk:	Discussion one to one with line manager and recorded on the error form.
4 - 6: Moderate risk:	Line manager to complete the 'Staff Observational Competency Check Sheet' Documented discussion one to one with line manager Consider need for attendance on medication training course Consider safeguarding referral
8 - 12: High risk:	Line manager to complete the 'Staff Observational Competency Check Sheet' Documented discussion one to one with line manager Consider need for attendance on medication training course Systems review by manager Consider safeguarding referral Managing Individual Capability Consider immediate suspension from administration of medicines until competency restored. Consider whether a CQC notification is completed and referral made to safeguarding
15 - 25: Extreme risk:	Line manager to complete the 'Staff Observational Competency Check Sheet' Documented discussion one to one with line manager Attendance on medication training course Systems review by manager Managing Individual Capability Consider immediate suspension from administration of medicines until competency restored. CQC notification completed and referral to safeguarding

The consequence/severity rating outcome MUST be completed in Part C of the Medication Error Form

Appendix 23b – Medication Error Report Form

Please type or clearly write all information in appropriate section.

PART A: TO BE COMPLETED BY THE PERSON DISCOVERING THE ERROR

Client Name
PIN Number
Date of birth of client
Establishment/Service where the error occurred

Name of person who discovered the error
Job Title
Date error was discovered

Name of the person identified as making the error	
External e.g. pharmacy/prescriber	
Internal Job Title	
Date of error	**Time of error**

What was the error? Tick box			
Recording error		Omission of dose	
Wrong client		Wrong time	
Wrong amount/dose		Other	
Wrong medicine			

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

<u>PART A</u> continued: How was the incident discovered and what action was taken at the time of discovery (Inc. medical advice sort)?

PART B: TO BE COMPLETED BY THE PERSON WHO MADE THE ERROR

Describe in detail the circumstances of the event as they happened (use extra sheet if needed)

PART C: **MANAGEMENT ACTIONS**

Risk Scoring (refer to the tool in appendix of policy or guidance and MUST be completed):

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

Risk Scoring will identify the selection of actions to be taken (see guidance)

Action taken to prevent a reoccurrence:

Remedial action taken?	Yes	No	Give reasons
Client informed			
Family/carers informed			
CQC have been informed if appropriate			
Safeguarding form completed and sent if appropriate			
Discussed with person who made the error and recorded			
Service Manager informed			

Signature/name of person who made the error

……Date……

Line Manager's signature/name

…….. Date……

Service Manager name

…….....

Appendix 24 – Medication Monthly Monitoring Form

Service name:

Completed by:

Month and Year:

1. Complete along with monthly medication audit
2. Use as cover sheet for monthly error forms
3. Scan and send to H&S and Quality and Compliance
4. Discuss with Service Manager

Date error made	Time error made	Person who made error (initials)	Client (Initials)	Type of error