Cambridgeshire County Council

MEDICINES MANAGEMENT IN THE RESIDENTIAL SETTING

ADULT SOCIAL CARE

Medicines Management in the Residential Setting (Adults)

DOCUMENT NO:	**(Leave blank for office use only)**

Lead author/initiator(s): (enter job titles)	Ann Darvill, Principle Pharmacist, Cambridgeshire Community Services NHS Trust Kerry Connelly - Training Adviser, Cambridgeshire County Council (Owner)

Approved by: (enter management group/committee)	Quality Governance Group Transformation Service Adult Social Care
Approval date:	June 2014
Review date:	June 2016
Version no:	1.0

For office use only:	
Ratified by: (enter Board of Directors or Sub-committee of BoD)	
Date ratified:	

DOCUMENT CONTROL SHEET

Purpose and Scope of document:	To provide guidance to support safe and consistent management of medicines by authorised staff in accordance with current legislation, national and local guidance. This policy applies to assistance with medicines in the residential setting for adults, including residential and nursing homes.
Documents replaced or superseded by this policy	**This Policy replaces**: Administration and Storage of Medication – Adult Services, Ref Nov 2003, which should be archived.
Development and Consultation:	Developed by the authors in consultation with: Derrick Biggs Angela Overall Tracey Gurney Jenny Brennan Ann Darvill
Dissemination:	Cambridgeshire County Council contracts department Care Homes within Cambridgeshire Cambridgeshire Community Services NHS Trust Medicines Management Team Cambridgeshire and Peterborough Clinical Commissioning Group Medicines Management Teams
Implementation:	For implementation by Cambridgeshire County Council staff and private providers who sign up to this policy.
Review:	Two years after ratification or earlier if there is new national guidance, changes in treatment or legislation.
This document supports (enter Standards and Legislation):	Care Quality Commission Guidance about compliance, Essential standards of quality and safety, Outcome 9 Management of Health and Safety at Work Regulations 2010 Mental Capacity Act 2005 and subsequent amendments Department of Health 2006, Our Health, Our Care, Our Say: A New Direction For Community Services The Royal Pharmaceutical Society of Great Britain: The Handling of Medicines in Social Care Medicines and older people implementing medicines – related aspects of the NSF for older people, Department of Health (March, 2001)
Key related documents:	Cambridgeshire Community Services NHS Trust Policy 'Assisting People with Prescribed Medication in the Domiciliary Setting' available (together with resource materials) from http://www.cambscommunityservices.nhs.uk/ClinicalPolicies/tabid/881/language/en-GB/Default.aspx Cambridgeshire County Council Adult Safeguarding Policy Guidance and Procedures April 2012 available at www.cambridgeshire.gov.uk/social/adultprot/ Homely Remedies Policy

Local Details	This Section must be completed by the Registered Manager.
	Care Home Name……. Address……. Type of Service…….. Only Registered Nurses permitted to administer medicines……..Y/ N Comments:
Process for Monitoring compliance with this policy	e.g. Monthly Incident Review, Audits to be conducted (annually, quarterly etc) • Incident Reviews will be conducted……..(frequency) • The following audits will be conducted: • Other (details):
	Local details completed by…….. **Date**……

TABLE OF CONTENTS **PAGE**

1.0 INTRODUCTION

Care Quality Commission (CQC) Outcome 9: Management of Medicines, states that people using a service regulated by CQC:

- *Will have their medicines at the times they need them, and in a safe way*
- *Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf*

This is because providers who comply with the regulations will:

- *Handle medicines safely, securely and appropriately*
- *Ensure that medicines are prescribed and given by people safely*
- *Follow published guidance about how to use medicines safely*

2.0 AIMS AND OBJECTIVES

This Policy has been developed in order to ensure that the resident's health, wellbeing and independence is promoted with regard to the management of their medicines, in a manner consistent with the eight principles set out in the Royal Pharmaceutical Society of Great Britain's document 'The Handling of Medicines in Social Care':

- People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines
- Care/ support workers know which medicines each person has and the social care service keeps a complete account of medicines
- Care/ support workers who help people with their medicines are competent
- Medicines are given safely and correctly and care/ support workers preserve the dignity and privacy of the individual when they give medicines to them
- Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely
- Medicines are stored safely
- The social care service has access to advice from a pharmacist
- Medicines are used to cure or prevent disease or to relieve symptoms and not to punish or control behaviour

3.0 ROLES AND RESPONSIBILITIES

3.1 Registered Manager

It is the Registered Manager's responsibility to:

- Complete the 'local details' section on page 3.
- Ensure that, when agreeing to provide assistance with medication, they have the capacity and capability to do so safely
- Ensure they have appropriate employee liability insurance.
- Ensure the required level of support with medicines is assessed and reviewed regularly (See Appendix 1 'Levels of Assistance with Medicines' and Section 7.1, Self Administration)
- Ensure that their staff comply with this policy.
- Establish an effective system for the handling and administration of medicines in the establishment, including developing a range of standard operating procedures which should cover the following aspects:
    - How medicines are obtained for residents, including ensuring repeat prescriptions are ordered in good time, medicines received are checked against the prescription request, and any shortages are followed up in order to ensure that medicines are always available when required.
    - Procedure to assess self-administration

- Obtaining resident's consent if care/ support workers give medicines or ensure actions in line with Mental Capacity Act are carried out
- How medicines are stored, centrally and for self-administration
- Procedure for administration, including ensuring protocols are in place for 'as required' (PRN) medication
- Procedure to assess competence to administer medicines safely
- Procedures for controlled drugs
- Procedures for providing medicines when residents take 'leave'
- How and which records are maintained
- How to deal with drug errors and incidents
- How to dispose of medicines
- Treatment of minor ailments, e.g. Homely Remedies protocol

- Designate an experienced senior member of staff to be responsible for management and monitoring of this system.
- Ensure that care/ support workers providing assistance with medication, and appropriate managers, have been trained and are competent to do so. (See Section 4, Training and Competency and Appendix 2, Standards for Medicines Management Training in Adult Social Care)
- Ensure that a Medicines Risk Assessment is conducted and maintained for each resident who takes medication.
- Ensure a Medication Administration Record (MAR) chart is available for their staff to record medicines administered. (See Section 9 MAR Charts)
- Set up a system to assure the source and accuracy of information contained in the MAR chart, and any changes.
- Establish a system by which any changes made after production are evident, i.e. dated, signed and indicates who has made the change.
- Establish a system by which completed (i.e. used) MAR charts are reviewed by a senior, experienced member of staff at least once a month, who reports any discrepancies via the organisation's incident reporting system and takes appropriate action
- Establish an effective system to ensure that the MAR chart is reviewed following discharge from hospital, and is updated when changes are made to the resident's medication, e.g. following an out-patient appointment.
- Ensure medical advice is taken immediately in the event of a mistake occurring, and fully investigate, document and take necessary measures to prevent recurrence.
- Establish an effective system to ensure that any MAR charts which are no longer in use are stored safely according to the organisation's records management policy.
- Monitor the care provision and requirements to ensure the care continues to be delivered and is appropriate.
- Respond to concerns raised by care/ support workers and others about the resident's medicines management.
- Respect the resident's right to refuse medicine on any occasion.
- Ensure that the resident's privacy, dignity and religious and cultural beliefs are respected at all times.
- Specify in the care plan the details of support with medicines to be provided.

3.2 Care/ Support Workers

It is the responsibility of care/ support workers to:

- Ensure they have received the necessary training and are competent and confident to provide the care required.
- Not put themselves or the resident at risk.
- Follow the care plan, this policy and the establishment's standard operating procedures with meticulous care and attention.
- Provide support with medicines as specified in the care plan:
- Only administer medicines which they have themselves taken out of the original pack as supplied by the pharmacy.

- Record all medicines administered or supported with, according to standard operating procedure.
- Be alert to any factors which may pose a risk to the resident, and report any concerns to their manager or the designated responsible person. This may include concerns about the accuracy of the MAR chart, dispensing errors or availability of the medicines.
- Immediately report any refused doses or mistakes in the administration of medication to their manager, including omitted doses. **If unable to contact the manager, the care/ support worker should not delay seeking medical advice**
- To understand their accountability and responsibility for their own actions.

3.3 Registered Nurses

It is the responsibility of a registered nurse to:

- Carry out a health care assessment.
- Provide nursing and clinical care to residents. This includes caring for wounds and pressure sores, and carrying out invasive procedures such as injections and use of catheter maintenance solutions.
- Monitor the health status of the resident and report any changes to the resident's General Practitioner (GP) as appropriate.
- Adhere to their professional practice guidelines.
- Adhere to their employer's policies

3.4 All Staff

All staff have a responsibility to:

- Immediately report any concerns for residents' safety as described in the Safeguarding Policy.
- Not put themselves or the resident at risk.

4.0 TRAINING AND COMPETENCY

Training must comply with Cambridgeshire County Council's Standards for Medicines Management Training in Adult Social Care. (See Appendix 2 and link to http://www.cambridgeshire.gov.uk/social/qualityworkforce/qualityassurance/Training+standards.htm

Staff must not be permitted to assist with medicines unless and until they have received training and been assessed as competent.

Training for staff in Cambridgeshire who provide care for residents who live in Cambridgeshire is offered by Cambridgeshire County Council.

5.0 OBTAINING MEDICINES

All medicines are prescribed individually for each resident. The only exception to this is in relation to Homely Remedies; see 5.1

Medicines prescribed for an individual are that person's property, and must never be used for another individual.

There must be an effective system for the ordering and receipt of medicines in the establishment. Standard operating procedures should describe the process, including the records to be made for audit purposes, for the

- management of repeat prescriptions requested
- management of acute prescriptions provided
- prescriptions presented for dispensing

- dispensed items being received
- checking of medicines received against the prescription

5.1 Homely Remedies

The use of any medicine which has not been prescribed, including over the counter medicines, herbal or alternative therapies must be in accordance with the establishment's Homely Remedies Policy (under review at time of approval of policy)

6.0 STORAGE OF MEDICINES

(For Controlled Drugs see section 6.3)

- The registered manager may choose to provide medicine storage for individuals in their own rooms, and this is essential when the resident looks after and takes their own medicines (self-administration – section 7.2)
- If medicines are stored centrally, they should be stored in a well constructed cabinet with a good quality lock, which may be within a clinical area or medicines room.
- The medicine cabinet should be located in a suitable place, i.e. not damp or humid, unhygienic, consistently over 25^{o}C or in direct sunlight. Examples of places that are not suitable include kitchens, bathrooms, toilets, sluice rooms, corridors and any room near heating pipes.
- The locked cabinet should be reserved solely for the storage of medicines, and not used to store any other item, and only staff responsible for the handling of medicines should have access to it.
- Medicines must be kept in the packaging in which they were received from the pharmacy or dispensary.
- Each resident's medicines should be stored separately from other residents' medicines.
- Preparations for external use should be stored separately from those which are taken orally.
- All medicines should be stored in accordance with the manufacturers' instructions.
- Consideration should be given to the space required for the storage of nutritional supplements, medicines that need refrigeration, dressings, ostomy products and catheters etc, which should not be stored on the floor or by the sink.
- There should be sufficient space to store the medicines that are brought into the home from the pharmacy for the next cycle. These should be locked away in a cabinet and not left in a box or bag in the medicines room or an office until they are needed.

6.1 Key Security

- Only authorised staff should have access to the medicines room, cupboard or trolley.
- The authorised member of staff should keep the keys in their personal possession at all times.
- There should be a single set of spare keys that should be kept in an appropriate, secure location, separately from the keys in current use.
- Relevant staff should know the arrangements for storing, monitoring and accessing the spare keys and action to take in the event of lost keys.

6.2 Medicines Refrigerator

- Medicines that require refrigeration must be stored in a locked medicines refrigerator.
- Medicines must be evenly distributed within the main body of the refrigerator, not in the door or next to the freezing compartment, to allow the air to circulate. The fridge must not be overfilled.
- Food, drink and clinical specimens must never be stored in the medicines refrigerator.

- Refrigerators should not be situated near a radiator or any other heat source that could affect their working, and should be appropriately vented.
- The refrigerator plug must be secured to avoid disconnection e.g. a notice stating “Do not switch off” placed on plugs and sockets to prevent accidental interruption of the electricity supply
- The refrigerator temperature should be monitored using a validated maximum-minimum refrigerator thermometer and recorded each working day.
- Records should be kept for a minimum of 2 years from the date of the last entry.
- The refrigerator temperature must be maintained between 2ºC and 8ºC.
- If the temperature rises above 8ºC or falls below 2ºC, where possible ascertain how long the temperature has been outside this range and seek advice regarding the medicines from the supplying pharmacist.
- If any medicine freezes, or is suspected of having frozen, it **must** be disposed of in accordance with the establishment’s Waste Management Policy.
- The refrigerator should be defrosted regularly in accordance with the manufacturer’s instructions.
- All medicine refrigerators must be cleaned regularly in accordance with the manufacturer’s instructions and infection control advice.
- Certain items require refrigerated storage before opening but may be stored at room temperature for a limited time whilst in use e.g. insulin, eye drops. It is important to read the manufacturer’s information regarding storage for each individual product and to clearly record the date removed from the fridge on the label.

6.3 Controlled Drugs (CDs)

Controlled Drugs are substances controlled under the Misuse of Drugs Act 1971, and the Misuse of Drugs Regulations 2001.

All Schedule 2 and some Schedule 3 controlled drugs must be stored in a suitable locked cabinet that complies with the Misuse of Drugs and Misuse of Drugs (Safe Custody) (amendment) Regulations 2007 (http://www.legislation.gov.uk/uksi/2007/2154/contents/made) unless the resident is responsible for their own controlled drugs in which case they may be stored in their personal lockable cupboard or drawer.

- The controlled drugs cupboard should be securely fixed to a permanent wall.
- It should store controlled drugs only and not be used for other items of value.
- The key should be kept separate from the other medicines keys
- Access should be restricted to the designated key holder.

A separate record of the receipt, administration and return to pharmacy of controlled drugs must be kept.

- Administration should be recorded both on the MAR and in the CD record book
- The CD record book must be a bound book with numbered pages
- There should be a separate page for each CD for each resident
- Include the balance remaining for each product. This should be checked against the amount in the pack or bottle at each administration and also on a regular basis.
- It is good practice for a second appropriately trained member of staff to witness each entry in the register, and this should be documented in such a way as to make clear the extent of their responsibility.

If a care/ support worker collects a CD from a pharmacy on behalf of someone else, they may be asked to provide identification.

6.4 Transport of Medicines

- If it is necessary for care/ support workers to carry medicines, they must be authorised to do so by their manager.

- If transporting medicines to or from the pharmacy, care/ support workers should never divert en route, but should go directly between the establishment and the pharmacy.
- Staff should carry out a risk assessment of the environment, and the area in which they are transporting medicines, to determine the measures required to safeguard the medicines and themselves.
- Medicines must be transported in their original packaging in a locked box, bag or other suitable container and kept out of sight, e.g. in the boot of a car.
- In extreme weather conditions where very hot or very cold temperatures may affect the products, appropriate measures should be taken to protect the stability of the products. If any doubt exists as to the stability of a product, it should be disposed of.
- Refrigerated items should be transported in such a way as to maintain the cold chain:
    - If medicines are transported and stored in a cold box e.g. for an excursion, the temperature must be recorded periodically. Any unused medicines may be returned to the refrigerator upon return, providing monitoring records show that the cold box has remained between 2 and 8°C. This medicine must be marked and used first at the next opportunity in accordance with local procedure.
- Medical oxygen must be transported in accordance with the supplier's instructions.

7.0 ADMINISTRATION

- The establishment must develop a standard operating procedure for the administration of medicines, to include the records to be made at the time.
- Medicines must only be administered in accordance with the prescriber's specific instructions.
- Medicines must only be administered to the resident for whom they were prescribed.
- Care/ support workers must ensure the comfort of the resident (e.g. appropriate positioning and availability of water when taking tablets).
- Care/ support workers must ensure the dignity and privacy of residents when administering medicines, including providing choice about where the medicines are administered.
- Residents' personal preferences (including religious and cultural beliefs) must be considered, and if necessary discussed with a healthcare professional.
- Care/ support workers may only assist with administration of medicines that are correctly labelled by a pharmacy or dispensary with the resident's full name and date of dispensing. The medicine name, prescribed dose and frequency should also be included on the label, except where the dose is variable and given in accordance with separately written instructions e.g. warfarin (see 10.2).
- The method and route of administration must be clear.
- Care/ support workers may only assist with medicines if they can individually identify and confidently sign for the administration of each individual tablet/ capsule.
- Tablets must not be crushed or dissolved or capsules opened unless this is stated on the dispensing label.
- Medicines must not be given after their expiry date. Note: many medicines have a reduced expiry date after opening. Check pack for details. If in doubt, refer to pharmacist for advice.
- If oral liquid medicines need to be measured via a syringe, a designated oral syringe must be used.

7.1 Covert administration of medicines

'Covert' is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink.

Covert medication is sometimes necessary and justified, but should never be given to people who are capable of deciding about their medical treatment. Giving medication by deception is potentially an assault. The covert administration of medicines should only take place in accordance with the

requirements of the Mental Capacity Act (MCA). All decisions of this nature must be fully documented, and all resulting actions for care/ support workers specified in the care plan.

7.2 Self-Administration

Wherever possible, adults should take responsibility for their own medicine. This preserves independence regardless of the social care environment.

Staff should not assume that medicines can automatically be removed from people in a residential care setting.

The establishment should have a policy and standard operating procedures which describe how self administration of medicines will be managed.

Self administration of medicines is not an 'all or nothing' situation. For example, some people might keep and use their own inhalers, but not their other medicines. Alternatively a resident might be able to manage his/ her medicines provided that care/ support workers assist him/ her, for example:

- A resident may need an occasional reminder or prompt from the care/ support worker to take their medicine
- A resident may be given a tube of cream to apply privately even though care/ support workers give other prescribed medicines

A robust system of risk assessment is essential to protect the resident, and other residents. This should explore whether the resident:

- Wants to take responsibility for looking after and taking medicines
- Knows the medicines they take, what they are for, how and when to take them and what is likely to happen if they omit taking them
- Understands how important it is not to leave the medicines lying around where someone else may unintentionally take them and be harmed as a result.

The level of support and resulting responsibility of the care/ support worker should be written in the care plan for each resident. This should also include how to monitor whether the resident is still able to self administer medicines without continually invading their privacy. The assessment is a continuing process. Monitoring how the resident manages to take their medicines and regular review form part of the resident's care. The medicine records will help the review and monitoring process.

A residential service should provide secure storage in the resident's room. This can be a lock fitted to a drawer and does not need to be made of metal, or even look like a medicine cupboard. If the room is shared, there must be a separate storage facility for each resident.

8.0 RECORD KEEPING

The home must maintain an accurate and up to date list of all medicines prescribed for each resident. Written confirmation of the medicines a resident is taking should be obtained from an authoritative source if possible.

Records must be:

- Made at the time of their occurrence
- Signed and dated by the person performing the task, and any witness
- A complete and accurate record of events that actually happened
- Legible, up to date and written in black ink
- Only contain codes and abbreviations approved for use in the establishment. If an approved list does not exist, do not abbreviate.

There must be a complete audit trail for all medicines brought onto the premises. Records are required for all activities involving medicines, including:

- Medicines ordered (e.g. a record of prescriptions requested)

- Name, strength and quantity of medicines received and checked against those requested
- Medicines administered must be recorded on a Medicines Administration Record (MAR) See Section 9.
- Medicines not given for any reason (e.g. refused, unavailable etc) must be recorded on the MAR using the appropriate code, and the reason documented, with a brief explanation of any action taken.
- Medicines wasted/ disposed of/ returned to pharmacy, including:
    - Authorisation for disposal/ return to pharmacy by the designated responsible person.
    - Date of disposal/ return to pharmacy
    - Name and strength of medicine
    - Quantity removed
    - Resident for whom the medication was prescribed or purchased
    - Signature of the member of staff who disposed of or removed the medicines
    - If returned to pharmacy, they should be requested to sign for receipt
- Medicines taken out for day trips and returned

The manager should ensure periodic balance checks are conducted. Records should be kept for a minimum of 6 years. The establishment should ensure that data protection legislation is complied with at all times.

9.0 MEDICATION ADMINISTRATION RECORDS (MAR CHARTS)

9.1 Purpose of the MAR Chart

The MAR chart is the confidential, formal record of administration of medicines. It is required for all administration of medicines, and may be used as evidence in clinical investigations and court cases. It is therefore important that they are clear, accurate and up to date.

- The MAR chart must provide an accurate account of the medicines being administered to the resident by the care/ support workers. It should document all prescribed medicines, including externally applied medicines.
- There should be an effective system by which any changes made after production are evident i.e. dated, signed, indicates who has made the changes and who has authorised them (i.e. prescriber)
- There should be a robust system for ensuring that changes are effectively communicated to the person/ pharmacy who produces the MAR charts.
- There should be a robust system in place to ensure timely removal from the MAR chart of items no longer prescribed or administered, following documented communication to this effect from the prescriber.
- There should be a robust system in place to ensure that when medicine formulations are changed, for example from a tablet to a liquid version, the original item is removed from the current and all future MAR charts for that resident.
- When a short course of medicine is prescribed, the MAR chart must be clear that this is the case.

9.2 Contents of the MAR Chart

The MAR chart must detail:

- The resident's details (minimum of three means of identification, e.g. name, date of birth, room number)
- Known Allergies
- The name and form (e.g. tablets, capsules) of ALL medicines that are to be administered or applied by the care/ support worker
- The time they must be given
- The dose
- The route

- Any important special information
- The names of those preparing and checking the MAR chart and the date prepared
- If more than one chart is in use, reference to the other charts, e.g. 'chart 1 of 2'

This information must exactly match that on the dispensing label provided by the pharmacy or dispensary

The use of recent photographs may be a useful means of confirming the identity of a resident.

9.3 As Required (Prn) Medication

Care/ support workers should not assist with these medicines unless there are specific instructions which clarify:

- What the medicine is being used for e.g. Pain
- The minimum interval between doses
- Maximum number of doses in 24 hours
- Quantity of medication to be given (dose)

The MAR chart or care plan should also include:

- Review date
- A reminder to inform the GP if needed frequently

The Care Plan should have clear instructions detailing:

- Whether the medicine should be offered at regular intervals to the resident, or only in response to a request from the resident, or in accordance with a written protocol provided by the prescriber. Should secion be added to reflect a response to specific criteria e.g. lack of bowel movements for a set period of time detailed in care plan?
- Any further useful information.

Care/ support workers should

- Refer to their manager if this information is not available
- Always check the time of the previous dose in order to ensure that it is within the minimum time interval specified by the prescriber.
- Check the resident has not taken the medicine themselves or been given it since the last documented dose.
- Record the date and time the dose was administered
- Inform their manager, who should contact the resident's doctor, if
    - The resident wishes to take prn medication more frequently than prescribed
    - Consumption increases markedly
    - They have reason to believe the medication is not effective for the resident.
- Record additional information (such as reason for administration of the medicine) in the care record

It is good practice to record the current balance remaining after each dose has been administered, when practical. This will facilitate good stock management and audit, and deter diversion.

If PRN medicines are used infrequently it is important to check before administering:

- That it was originally prescribed for the purpose for which it is now required.
- That the resident is not taking any new medication that might interact with or duplicate it. If in doubt, check with the doctor or pharmacist.
- That it has not been replaced by a different prn or regular medicine more recently prescribed.
- That the supply is still in date, bearing in mind that some medicines have a shortened expiry date once opened. Check pack for details. If in doubt, refer to pharmacist for advice.

10.0 VARIABLE DOSES

10.1 Resident Choice

If a variable dose is prescribed (e.g. one or two tablets to be taken if required for pain) the decision regarding the dose to take rests with the resident and the prescriber.

Care/ support workers must:

- Ask the resident how many they wish to take. If the resident is unable to decide or respond the care provider should request specific written instructions from the prescriber.
- Not assist with these medicines unless and until a decision has been made regarding the dose to be taken, by the resident or the prescriber.
- Clearly record on the MAR chart the number of tablets taken.

10.2 Warfarin

- The dose of warfarin varies according to results of a blood test.
- It is important to take great care that the correct dose is given, according to the most recent instructions which should be available in the resident's yellow book, or other anticoagulant record.
- The MAR chart must be completed as normal, but in addition the dose given in milligrams (mg) must be written below the signature. This should also be recorded in the care record.
- If the yellow book or other anticoagulant record is not available or not up to date care/ support workers must not administer until the correct dose has been clarified, and this clarification should be **urgently sought**.
- Care/ support workers should be vigilant and aware of arrangements for individual residents.

11.0 CHANGES IN MEDICATION

The care provider should have a system to check the source and accuracy of any changes. A cross reference to the care record is recommended.

When a resident's medication is altered, the care provider is responsible for ensuring the MAR is amended as follows:

- The original direction is cancelled
- The new directions are written legibly and in ink on a new line of the MAR
- The entry is signed and dated (including a witness when possible, but see section 13 for verbal instructions).
- The date any new medicine is received from the pharmacy or dispensary is recorded

For verbal instructions to change directions, refer to section 13.

12.0 DISCHARGE FROM HOSPITAL/ OUT-PATIENT APPOINTSMENTS

When residents leave hospital, even following a short stay or an out-patient appointment, it is likely that changes will have been made to their medicines.

The establishment should have a system to review and update the MAR chart promptly following discharge from hospital, taking into consideration items which may have been stopped or replaced as well as new medicines.

This must be conducted by a senior member of staff, who must take all appropriate action to verify the accuracy of the new MAR chart.

13.0 VERBAL INSTRUCTIONS TO CHANGE MEDICATION OR DOSES

Under exceptional circumstances, it may be necessary for the care provider to accept verbal instructions to change a dose or stop a medicine from a prescriber.

Care providers should have a standard operating procedure to assure accuracy and communicate changes clearly. This should ensure that the following actions are taken by a trained and competent person, **witnessed throughout** by another trained and competent individual:

- Establish the identity of the caller
- Clearly record the name and profession of the caller
- Ensure that verbal instructions are fully documented in the care plan.
- Ensure that the person completing the record:
    - Reads their instruction back to the authorising doctor or other prescriber in the presence of a witness
    - Sign and date the record and ask the witness to do the same
    - Records the time and date of the conversation
    - Request the prescriber to follow up verbal instructions in writing within 24 hours.
- Clearly amend the MAR chart according to the prescriber's instructions, ensuring that previous instructions are clearly scored through. The person and the witness should both sign and date the change(s).

14.0 MISTAKES IN ADMINISTRATION

If a care/ support worker is aware of a mistake having been made with medicines, they should immediately notify their manager.

If they are unable to contact the manager, the care/ support worker should not delay seeking medical advice.

The manager should ensure the following action is taken:

- First ensure the wellbeing of the resident
- Seek advice from the GP or appropriate health professional immediately
- Enter the details of the error in the care record, and on the MAR chart
- Make a note of any changes or deterioration in the resident's health or behaviour
- Ensure the error is fed into the establishment's incident reporting system, and is investigated in order to share learning and prevent recurrence.

15.0 DISPOSAL OF MEDICINES

15.1 Establishments with nursing care

- Unwanted or expired medicines must be promptly disposed of using a licensed waste management company.
- Unwanted or expired controlled drugs must be denatured using a kit designed for this purpose and the consigned to a licensed waste management company.
- All medicines consigned for disposal must be documented and witnessed.
- If a resident dies their medicines should be kept in the home for seven days, in case the Coroner's Office or courts ask for them.

15.2 Establishments without nursing care

- Medicines no longer required or date expired should be returned to the local community pharmacy for disposal
- If controlled drugs are to be returned for disposal, the exact quantities (e.g. number of tablets) to be disposed of must be recorded, checked and signed by a second

individual before removal from the establishment, and match exactly the number returned to, and receipted by, the pharmacy. Providers may wish to apply this to medicines other than controlled drugs at their discretion.

- If a resident dies their medicines should be kept in the home for seven days, in case the Coroner's Office or courts ask for them.

16.0 EQUALITY & DIVERSITY STATEMENT

Cambridgeshire County Council will ensure that this document is applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

17.0 GLOSSARY

Assessment/ Care assessment	The process of identifying and recording the health and social care needs and risks of an individual, and evaluating their impact on daily living and quality of life, so that appropriate action can be planned
Establishment	Residential setting for adults, including residential and nursing homes.
Care Plan	The plan which sets out the agreed care objectives, following assessment, and sets out how these are to be achieved. (May also be known as the "support plan")
Care Provider	The company which is commissioned to provide the package of care
Care Record	The daily record of care actually provided
Care/ support workers	Staff employed by the care provider for the purpose of providing care.
Compliance Aid	A device used to aid compliance. This includes special bottle tops or opening devices, reminder charts, Haleraid® devices, eye drop guides, and monitored dosage systems, otherwise known as 'dosette boxes', or 'multicompartment compliance aids'
Designated Responsible Person	An experienced senior member of staff with responsibility for the medicines management procedures
Healthcare Professional	Healthcare staff that are registered with a professional body e.g. doctor, dentist, pharmacist, nurse, pharmacy technician
Medication, Medicine	The terms 'medicine' and 'medication' are used interchangeably. For the purposes of this policy they relate to medicines prescribed for the resident by a doctor, dentist or non-medical prescriber
MAR Chart	Medicines Administration Record Chart. The form used to record the administration of medicines
Resident	Person receiving the service of a care provider
Medicines Risk Assessment	Systematic check of the hazards and risks for the resident and care/ support workers associated with the medicines in use It addresses problems such as difficulties with compliance, forgetfulness, complex drug

	regimes, hoarding of medicines etc.

Cambridgeshire County Council

Standards for Medicines Management Training in Adult Social Care

This document outlines the standards for Medicines Management training for managers and staff working in Adult Social Care in Cambridgeshire County Council locality and contracted partners. It is designed to assist managers and staff in understanding their duties and responsibilities to reduce the risks associated with assisting service users with medicines.

The standards support:

- Care Quality Commission Outcome 9 – Management of Medicines
- Our Health, Our Care, Our Say (DH 2006)
- Common Induction Standards (2010) for Social Care (Adults, England); Standard 8: Health and Safety in an Adult Social Care Setting

Please note:

- The Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting forms part of the Personal Supported Services, Homebased (PSSH) contract and the Specialist Home and Community Support contract for domiciliary care providers in Cambridgeshire.

- Administration of medicines by specialised techniques (otherwise known as Level 3 support) requires individual, specialised training. Such situations include:
    - Rectal or vaginal administration (suppositories, rectal tubes, pessaries)
    - Insulin or other injections
    - Administration of medicines through a Percutaneous Endoscopic Gastrostomy (PEG)
    - Oxygen

Authors:
Ann Darvill, Principal Pharmacist, Cambridgeshire Community Services NHS Trust
Kerry Connelly, Training Adviser, Cambridgeshire County Council
In consultation with:
Cambridgeshire Community Services NHS Trust Medicines Management Team
Cambridgeshire Community Services NHS Trust Workforce Development Team

FINAL Sept 2012

Contents

Stage	Timescale	Required Standard/ Outcomes	Additional Information	Resources Available to Support the Module
1: Induction for all staff (Level 1 Support)	At induction , within the first twelve weeks of employment	All care staff will understand the 'Agreed ways of working regarding medication and health care tasks' (Common Induction Standard 8, main area 5), in particular: • The risks involved with medicines • The limits of the support to be provided • Where and to whom to report concerns • The importance of reading and adhering to the care plan • The relevant sections of the Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting, or their company policy. On completion of Stage 1, staff will be permitted to provide level 1 support to service users. (See Appendix A)	Training will be part of induction Where a stand-alone training course is delivered it would be expected to take a minimum of 2 hours	• The Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting • Common Induction Standard 8 • Cambridgeshire County Council (CCC) training course: Level 1 Medicines management for carers working in domiciliary care or care homes course
2: Training for those administering medication (Level 2 support)	Before permitted to administer medicines to service users.	For all care staff who will be expected to administer medicines to service users (level 2 support). The training will incorporate all the aspects of Stage 1 training plus fulfil the elements set out in the Cambridgeshire Medication Competency Criteria (Appendix B). The training must also include:	Professional pharmaceutical advice should be sought and incorporated into the training material and/ or the organisation's policy. The Cambridgeshire Health and Social Care Organisations Policy:	• The Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting and associated documents.

Stage	Timescale	Required Standard/ Outcomes	Additional Information	Resources Available to Support the Module
		• Their responsibilities under The Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting, or their medication policy. Training to be delivered by a person who (as a minimum): • Fulfils the requirements of Appendix C Where a stand-alone training course is delivered, this should be a minimum 6 hour session On-line training alone is not considered adequate. If used, you must also have face to face sessions with a person who fulfils the requirements of Appendix C. Following training the individual must be assessed as competent to administer medicines against the Cambridgeshire Medication Competency Criteria, to be repeated annually. This is completed in the workplace by a manager/ line manager or person with delegated authority to assess competency, who has completed Stage 4 training	Assisting People with Prescribed Medication in the Domiciliary Setting forms part of the PSSH contract and the Specialist Home and Community Support contract for domiciliary care providers in Cambridgeshire.	(Pharmaceutical advice already incorporated into the policy) • Which includes the Cambridgeshire Community Services NHS Trust (CCS)/ CCC competency assessment tool • The Handling of Medicines in Social Care; Royal Pharmaceutical Society of Great Britain. • CCC training courses: Level 2 Medicines Management for carers working in domiciliary care/ care homes courses ('Pills and Potions')
2a: Training for care workers in the administration of ear, eye and nose drops and inhaled medicines	Before permitted to administer drops, inhaled medicines or eye ointments	For care staff who will be expected to provide support with ear, eye or nose drops or inhaled medicines. • Candidates must have completed Stage 2 medicines management training In addition, the candidates must understand: • How to prepare the service user prior to the		• Cambridgeshire Community Services NHS Trust (CCS)/ CCC competency assessment tool • CCC training course:

Stage	Timescale	Required Standard/ Outcomes	Additional Information	Resources Available to Support the Module
		administration of drops and inhaled medicines and apply this to everyday practice • The correct techniques for applying drops/ointments and inhaled medicines and have a basic knowledge of the anatomy. • The risks involved in the administration of drops and inhaled medicines, with particular reference to infection prevention and control, and safe disposal of medicine waste • Safe storage of drops/ointments & inhaled medicines. • Fulfil the elements of competence set out in the Cambridgeshire Medication Competency Criteria. Training to be delivered by: • A registered nurse or other healthcare professional OR • A trainer with a minimum level 3 development and learning NVQ or equivalent, and following assessment by a registered healthcare professional. Following training the individual must be assessed as competent to administer relevant medicines against the Cambridgeshire Medication Competency Criteria. This is completed in the workplace by a person who has completed Stage 4 training, with additional competency in the assessment of techniques for administration of ear, eye and nose drops and inhaled medicines.		'Ear, nose, eye drops/ ointments and inhaled medicines' courses

Stage	Timescale	Required Standard/ Outcomes	Additional Information	Resources Available to Support the Module
3: Refresher training in Level 2 Medicines Management	Managers are responsible for ensuring an annual competency check against the Cambridgeshire Medication Competency Criteria, as a minimum, is carried out for all relevant staff. Managers should ensure that refresher training is carried out: • If competency is not being met, AND • At a minimum of every 3 years, OR • If there is no evidence of a robust system for ensuring continued updating of knowledge and developments	For all care staff who will be expected to administer medicines to service users (level 2 support) The training must include: • Their responsibilities under The Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting, or their medication policy, A general assessment of knowledge, and information update. Training to be delivered by a person who (as a minimum): • Fulfils the requirements of Appendix C Where a stand-alone training course is delivered, this should be a minimum 4 hour session On-line training alone is not considered adequate. If used, this must be supplementary to face to face sessions with a person who fulfils the requirements of Appendix C.	Professional pharmaceutical advice should be sought and incorporated into the training material and/ or the organisation's policy.	• The Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting and associated documents. (Pharmaceutical advice already incorporated into the policy) • CCC training courses: Key Medication Trainer Scheme and 'Pills and Potions' Refresher Course

Stage	Timescale	Required Standard/ Outcomes	Additional Information	Resources Available to Support the Module
4: Training for • front-line/ registered managers • those with delegated authority to competency check those expected to provide support with medicines	Prior to assessing the competency of care workers, And as necessary to ensure a robust method for ensuring continued updating of knowledge and developments.	The training must incorporate all the aspects of Stage 2 training and enable the manager to feel confident in their understanding of, and be assessed as competent in : a) The Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting, or their medication policy, and their responsibilities under the policy AND Those with delegated authority to check staff competency in medicines management should also be assessed as competent in: b) The Cambridgeshire Medication Competency Criteria and be able to apply practical aspects for administration of medicines, assessing competency, risk assessment, the levels of support and the production of the MAR Charts, and sign off staff competency relevant to the needs of the service user. c) Where assessment of staff to assist with ear, eye and nose drops and inhaled medicines will be required, a separate assessment of their (the manager's) competency to do this is necessary. Training to be delivered by a person with the following minimum qualifications: • Level 3 development and learning NVQ (or equiv) AND	Professional Pharmaceutical advice must be sought and incorporated into the training material and/ or the organisation's policy.	• Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting and associated documents (Pharmaceutical advice already incorporated into the policy) • The Cambridgeshire Medication Competency Criteria • Cambridgeshire Community Services NHS Trust (CCS)/ CCC competency assessment tool • CCC training courses

Stage	Timescale	Required Standard/ Outcomes	Additional Information	Resources Available to Support the Module
		• A minimum of 2 years recent experience of supervision of and responsibility for staff in the management of medicines. AND • A working knowledge of the current medication policy **OR** • A health professional such as a pharmacist with at least 2 years experience of working in the community. AND • A working knowledge of the current medication policy AND • A working knowledge of the RPS guidance "Handling Medicines in Social Care" and relevant updates/ replacements AND • If the training is for care home staff, has satisfactorily completed the latest version of the Centre for Pharmacy Postgraduate Education (CPPE) programme "Supporting People in Care Homes" Training should be a minimum of one day each on aspects a) and b). There must be a robust system for assuring the ongoing quality of the support provided to care staff, ensuring continued updating of knowledge and developments.		

FINAL Sept 2012

Appendix A

LEVELS OF ASSISTANCE WITH MEDICINES

- Level 1 (General Support and Prompting)
  The person takes responsibility for their own medicines
  Level 1 Support may include an occasional reminder or prompt; manipulation of a container, etc.

- Level 2 (Administering Medicines)
  It is considered that the person cannot take responsibility for their medicines and that care staff will need to do this
  Level 2 Support may include:
  - When the care worker selects and prepares medicines for administration;
  - When the care worker applies a medicated cream/ ointment; inserts drops to ear, nose or eye; and administers inhaled medication

- Level 3
  Specialised techniques (usually nursing tasks, which may be delegated or performed following competency assessed training)
  Examples may include:
  - Insulin by injection
  - Rectal administration, e.g. suppositories
  - Administration of medicines via a PEG tube
  - Assistance with Oxygen

For further details refer to the Cambridgeshire Health and Social Care Organisations Policy: Assisting People with Prescribed Medication in the Domiciliary Setting, currently available at: http://www.cambscommunityservices.nhs.uk/Publications/Cambridgeshire/tabid/1564/language/en-US/Default.aspx

FINAL Sept 2012

Appendix B

Cambridgeshire Medication Competency Criteria

For the Administration of Medication to Individuals in a domiciliary care setting

Based on:
Unit 4222- 616 - Administer medication to individuals, and monitor the effects, and
Unit 4222- 331 - Support use of medicines in social care

Competency		Unit	Outcome
1. Understand the legislative framework for the use of medication in social care settings			
1.1	Explain how and why policies and procedures or agreed ways of working must reflect and incorporate legislative requirements	4222-331	1.3
2. Know about common types of medication and their use			
2.1	Identify common types of medication	4222-331	2.1
2.2	List conditions for which common types of medication may be prescribed	4222-331	2.2
2.3	Describe changes to an individual's physical or mental well-being that may indicate an adverse reaction to a medication	4222-331	2.3
3. Understand roles and responsibilities in the use of medication in social care settings			
3.1	Describe the roles and responsibilities of those involved in prescribing, dispensing and supporting use of medication	4222-331	3.1
3.2	Explain where responsibilities lie in relation to use of 'over the counter' remedies and supplements	4222-331	3.2
4. Understand techniques for administering medication			
4.1	Describe the routes by which medication can be administered	4222-331	4.1
4.2	Describe different forms in which medication may be presented	4222-331	4.2
4.3	Describe materials and equipment that can assist in administering medication	4222-331	4.3
5. Prepare for the administration of medication			

5.1	Demonstrate how to access information about an individual's medication	4222-331	7.1
5.2	Apply standard precautions for infection control.	4222-616	4.1
5.3	Explain the appropriate timing of medication e.g. check that the individual has not taken any medication recently	4222-616	4.2
5.4	Obtain the individual's consent and offer information, support and reassurance throughout, in a manner which encourages their co-operation and which is appropriate to their needs and concerns	4222-616	4.3
5.5	Select, check and prepare correctly the medication according to the medication administration record or medication information leaflet	4222-616 4222-331	4.4 7.3
5.6	Demonstrate how to address any practical difficulties that may arise when medication is used	4222-331	7.4
5.7	Demonstrate how and when to access further information or support about the use of medication	4222-331	7.5
6. Administer and monitor individuals' medication			
6.1	Select the route for the administration of medication, according to the patient's plan of care and the drug to be administered, and prepare the site if necessary	4222-616	5.1
6.2	Safely administer the medication: • in line with legislation and local policies • in a way which minimises pain, discomfort and trauma to the individual	4222-616	5.2
6.3	Describe how to report any immediate problems with the administration	4222-616	5.3
6.4	Monitor the individual's condition throughout, recognise any adverse effects and take the appropriate action without delay	4222-616	5.4
6.5	Explain why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others	4222-616	5.5
6.6	Maintain the security of medication and related records throughout the process and return them to the correct place for storage	4222-616	5.6
6.7	Describe how to dispose of out of date and part-used medications in accordance with legal and organisational requirements.	4222-616	5.7
7. Be able to receive, store and dispose of medication supplies safely			

7.1	Demonstrate how to receive supplies of medication in line with agreed ways of working	4222-331	5.1
7.2	Demonstrate how to store medication safely	4222-331	5.2
7.3	Demonstrate how to dispose of un-used or unwanted medication safely	4222-331	5.3
8. Know how to promote the rights of the individual when managing medication			
8.1	Explain the importance of the following principles in the use of medication • consent • self medication or active participation • dignity and privacy • confidentiality	4222-331	6.1
8.2	Explain how risk assessment can be used to promote an individual's independence in managing medication	4222-331	6.2
8.3	Describe how ethical issues that may arise over the use of medication can be addressed, e.g. covert administration; family requests etc.	4222-331	6.3
9. Be able to record and report on use of medication			
9.1	Demonstrate how to record use of medication and any changes in an individual associated with it	4222-331	8.1
9.2	Demonstrate how to report on use of medication and problems associated with medication, in line with agreed ways of working	4222-331	8.2

FINAL Sept 2012

Appendix C **CASCADE MEDICATION TRAINING**

For care providers delivering medicines management training to their own staff in Cambridgeshire

To deliver Cascade Medication Training, a person must have the following minimum qualifications:

- Level 3 development and learning qualification **OR** a management qualification at level 4 or equivalent
  AND
- A minimum of 2 years recent experience of supervision of and responsibility for staff in the management of medicines.
  AND
- A working knowledge of the current medication policy
  OR
- A health professional such as a pharmacist with at least 2 years experience of working in the community.
  AND
- A working knowledge of the current medication policy
  AND
- A working knowledge of the RPS guidance "Handling Medicines in Social Care" and relevant updates/ replacements
  AND
- If the training is for care home staff, has satisfactorily completed the latest version of the Centre for Pharmacy Postgraduate Education (CPPE) programme "Supporting People in Care Homes"

Professional pharmaceutical advice should be sought and incorporated into the training material.

There must be a method of assuring the ongoing quality of the training provided to care staff, and regular updating of information shared.

Information and updates are posted on the Cambridgeshire Community Services website

Alternatively

Within Cambridgeshire, a Key Medication Trainer Scheme is available.

Key Medication trainers (CCC scheme) must have:

- Knowledge of the relevant care setting
  AND
- Successfully completed Stage 2 Medicines Management training
  AND

Been assessed as competent to administer medicines, against the Cambridgeshire Medication Competency Criteria
AND

- have a relevant training qualification e.g. Preparing to Teach in the Lifelong Learning Sector (PTLLS), or equivalent (minimum)

The scheme has an associated quality assurance framework, training resources and regular updates.

Training Standards

Staff Group	Stage required	Timescale
All staff	Stage 1	Induction – within the first 12 weeks of employment
Staff whose role will include administering medicines at level 2	Stage 2	Before permitted to administer medicines at level 2
Staff required to administer ear, eye, nose drops or inhaled medicines	Stage 2a	Before permitted to administer ear, eye, nose drops or inhaled medicines
Staff administering medicines at level 2 who do not demonstrate competency at the annual competency check	Stage 3	As necessary, and before permitted to continue to administer medicines at level 2
All staff administering medicines at level 2, if there is no evidence that the employing organisation has a robust system for ensuring continued updating of knowledge and developments	Stage 3	Every 3 years minimum
Front-line and registered managers	Stage 4	Induction – first month
Those with delegated authority to competency check staff who will support service users with medicines	Stage 4	Induction, or before permitted to competency check staff.