

## Medication Management in Care Homes (England) Policy

This care service recognises that the safe administration of medication is a vitally important area for service users and providers. The care service recognises that many service users are prescribed some form of medication and many have multiple medication needs. While some service users can, with the support, manage their medication effectively themselves, others require their medication to be managed for them.

### Legislation and Guidance

This organisation will act at all times in compliance with relevant legislation and best practice guidance relating to the management and administration of medication in adult social care, including:

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- SC1 *Managing Medicines in Care Homes* (March 2014) National Institute for Health and Care Excellence (NICE)
- QS85 *Medicines Management in Care Homes* (March 2015) National Institute for Health and Care Excellence (NICE)
- *Improving patient outcomes - the better use of multi-compartment compliance aids* (July 2013) Royal Pharmaceutical Society
- *The Safe and Secure Handling of Medicines* (December 2018) Royal Pharmaceutical Society

The home understands that *The Safe and Secure Handling of Medicines*, published by the Royal Pharmaceutical Society, is written primarily for healthcare settings. However, the RPS state that some of its content is applicable to adult social care settings and can be used to inform social care policies.

### CQC Fundamental Standards Compliance

This organisation will act at all times in compliance with the regulatory requirements which apply to the management and administration of medication in adult social care.

The organisation understands that Health and adult social care providers in England must comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

to maintain their registration with the Care Quality Commission. These include Fundamental Standards below which care must not fall.

Regarding the management of medication, Regulation 12: Safe Care and Treatment includes a requirement for the “proper and safe” management of medicines and for sufficient medicines to be made available to meet service users’ needs and ensure their safety.

Guidance accompanying the regulations states that:

- the provider must provide care and treatment, including medication management, in a safe way
- care and treatment assessments, planning and delivery (including those related to medication and when service users start to use the service, are admitted, discharged/transferred or move between services):
  - should be based on risk assessments that balance service users’ needs and safety with their rights and preferences
  - should include arrangements to respond appropriately and in a timely manner to service users’ changing needs
  - where appropriate, should be carried out in line with the Mental Capacity Act 2005
- medication reviews should be part of, and align with, service users’ care and treatment assessments, plans or pathways and are completed and reviewed regularly in relation to changes in medication
- the provider should comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare Products Regulatory Agency (MHRA) and via the Central Alerting System (CAS)
- arrangements should be in place to ensure the provider can take appropriate action in the event of a clinical/medical emergency
- the administration of medications should be timely to ensure that service users are not placed at risk from any non-concordance (non-adherence or non-compliance) by the service user
- any arrangements for giving medicines covertly, where this is thought to be in the service users’ best interests, should be in line with the Mental Capacity Act 2005
- staff responsible for medicines management and administration should be suitably trained and competent. They should work only within the scope of their qualifications, competence, skills and experience (including when administering medication). This is particularly important when the service user has been prescribed “controlled drugs”.

## Policy Statement

This medication policy covers:

- Person-centred principles
- Ordering medicines
- Storage
- Administration and recording
- Disposal
- Medicines-related safeguarding (including medicines errors).

The policy should be read and used as part of a suite of related policies and procedures that address specific matters involved in the management of medication, all of which reflect current best practice guidance. They include:

- [Anticipatory Medicine in Care Homes](#)
- [Controlled Drugs in Care Homes](#)
- [Covert Medication](#)
- [Domestic \(Homely or Non-prescribed\) Medicines in Care Homes](#)
- [Drug/Medicines Errors \(Identifying, Reporting and Reviewing Medicines-related Problems\)](#)
- [Medicine Reconciliation and Review](#)
- [Medication to be “Taken as Required” in Care Homes](#)
- [Medication when the Service User is Away from the Home](#)
- [Medication Non-compliance in Residential Care](#)
- [Oxygen Use in Care Homes](#)
- [Pain Management](#)
- [Requests for Service from GP, Other Healthcare Practitioners and/or Paramedic/Emergency Medical Services](#)
- [Record Keeping](#)
- [Information Governance Under the General Data Protection Regulation](#)
- [Confidentiality of Service Users’ Information](#)

- Caldicott Principles
- Sharing Information with Other Providers
- Access to Records (England)
- Transfer to, Stay In and Discharge from Hospital.

## Safe Medication Management Procedures

### Principles of safe medicines management

The service follows the rules of safe medicines management that are provided in NICE guidelines by ensuring that its care staff observe the “6 R’s” of safe medicines administration:

- right person
- right medicine
- right route
- right dose
- right time
- right of the person to refuse.

The service also considers that giving or withholding medication should never be used as a means of control or punishment.

### Person-centred principles

- This home works on the principle that every service user has the right to manage and administer their own medication if they wish to and provides support to enable safe self-administration wherever possible. The home believes that encouraging self-medication promotes the independence and autonomy of service users and will enhance their dignity and privacy.
- However, some service users may not wish to manage their own medication and others may be unable to even if they wish. Therefore, to ensure their safety, and the safety of other residents, and to ensure that adequate support can be provided, all service users must be assessed on a regular basis and will be considered for self-administration only if considered safe to do so.
- Records are kept of all medication prescribed to service users who self-administer and a secure area is provided in the service user’s room for the storage of self-administered medication.
- The choices made by service users — eg to administer and manage their own medication — are always respected by staff and recorded in the plan of care.

- No assumption is made that a service user cannot self-administer their medication purely because of their condition or mental capacity.
- Service users who are suspected to be lacking capacity are assessed in line with the “best interest” principles of the Mental Capacity Act 2005. Where a service user can be enabled to self-medicate with additional support, or where they can self-administer parts of their medication, such support is provided.
- Information on a person’s current medication and likely medication needs are routinely sought on their referral and admission to the home, when a detailed list is routinely drawn up, checked and built into their plan of care (see [Medicine Reconciliation and Review Policy](#)).
- The home will work closely with community pharmacy services and with service users’ GPs to ensure that they are provided with adequate support and a seamless and integrated service relating to their medication needs. This includes observing all local arrangements for prescribing, dispensing, and ordering of medicines, repeat prescriptions, and medication reviews.
- In line with guidance from the Royal Pharmaceutical Society and the CQC, in this home monitored dosage systems and other compliance aids should not be the first choice intervention to help people manage their medicines. Wherever possible medicines should be supplied in their original packaging. MDS systems will only be used if there are clear benefits identified for an individual resident.
- Each resident’s medication needs are regularly reviewed in consultation with the individual, GP and other professionals who need to be involved in ensuring that their medication needs are being correctly and safely met.

### Ordering medicines

- When ordering medicines, the home makes sure that they reach only the service users for whom they have been prescribed.
- Staff responsible for ordering medicines always check that the medicines delivered to the home are in line with the prescriptions and ordering.
- The home makes sure that it has at least two staff members with the training and skills to order medicines, although ordering might be done by one member of staff.
- The home accepts that it is responsible for ordering medicines from the GP and does not delegate this to the supplying pharmacy.
- The home makes sure that records are kept of all medicines ordered.
- After medicines have been delivered they are routinely checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly.

### Remote prescribing

- The home recognises in line with NICE (2014) guidance that new or changed prescriptions obtained remotely (ie by way of telephone, video — link, or online) should only occur in exceptional circumstances. The home expects that the prescribing health professional will also be following General Medical Council guidance, when agreeing to prescribe remotely.
- For its part, the home will ensure the following. Care home staff involved in the process should:
  - be competent in the communications and procedures involved, including: describing the service user’s conditions and needs (if the person cannot do so on their own), understanding the health professional’s instructions, and communicating them to other staff involved in the person’s care, which could be about general care and treatment, medicines’ administration and monitoring
  - ensure that any change to a prescription or prescription of a new medicine by telephone or other remote means is supported in writing (by fax or email) before the next or first dose is given
  - ask that the health professional using remote prescribing changes the prescription
  - carefully record any prescribing instructions given and check their accuracy with the prescriber
  - update the person’s medicines administration record and the care plan as soon as possible, checking accuracy with the written confirmation when available, and highlighting any changes that have been made by the remote prescribing
  - record any details of text messages (to be sent and received in exceptional circumstances only) received about a resident’s medicines, and ensure service user confidentiality is kept.

### Storage

- All medication within the home is safely stored, including blister packs, non-prescription medication, alternative remedies and self-administered medication. A lockable metal drug cabinet and a lockable trolley are provided for this purpose. The keys to the cabinet and trolley are always kept by the senior nurse in charge or by a manager.
- Neither the cabinet nor trolley is ever left unlocked or unattended at any time and when not in use, the trolley is secured to a wall.
- A lockable fridge is provided for medication that needs to be kept between 2–8°C. The temperature in this fridge is recorded daily at the same time (with recordings taken of actual and minimum/maximum temperatures) and the records are monitored weekly

by a designated nurse/manager. The procedure ensures that the fridge temperature is compatible with the temperatures at which the medicines must be stored.

- Medicines that require storage between 2–8°C are stored in a separate fridge/separate fridge compartment of a domestic fridge. They are never mixed with normal foodstuff.
- The temperatures of the rooms and all storage facilities for medicines are likewise checked and recorded daily with weekly monitoring by a designated nurse/manager to ensure that medicines are always kept within the required range of values, which will be indicated on their labelling and/or patient information leaflet.
- All incoming medication is recorded in the stock record, including blister packs. Controlled drugs are recorded in the controlled drugs register. Incoming medication without a clear label stating name of patient, name of medication, expiry date, strength, dose, frequency of administration, start and finish times, must be referred to the community pharmacist.
- Stock is checked weekly by the nurse in charge/manager/nominated senior staff member with particular attention paid to expiry dates. Checking enables medicines that are only used periodically to be correctly maintained. Medication is always kept in its original packaging with the service user's name clearly visible.

### Administration and recording

- Medication is always administered by a registered first level nurse or by a designated, appropriately trained and competent member of staff.
- Staff provide appropriate support to any service user who wishes and is able to take all or some of their own medication.
- Medication is only ever administered to a service user on the basis of their explicit consent or agreement to take the medication except where “best interests” decisions have been taken as a result of a person's mental incapacity.
- A separate medication record (MAR) chart is kept for each service user using prescribed medication. Staff must carefully check the identity of each service user to ensure that the correct record is being used and that the correct medication is being given to the correct person.
- Staff must also check the medication name, the strength of the medication, the dosage instructions and the expiry date. Controlled drugs must always be double-checked by a second suitably trained member of staff. Complex dosage calculations must also be double-checked.
- Staff should know the therapeutic use of the medication administered, its normal dose and the side effects, precautions and contra-indications of its use. They should check that the prescription or the label on the medication is clear and unambiguous and that the service user is not allergic to the medication.

- Clear and accurate signed records should be kept of all medication administered, withheld or refused.
- All drug errors must be reported to the manager/nurse in charge or to a responsible medical practitioner without delay.
- Staff are expected to be always aware of the medication being taken by individual service users and to report any change in condition that might be due to medication or side-effects immediately to the nurse in charge/manager. The nurse in charge/manager will then discuss the case with the prescriber, with another prescriber or with the community pharmacist.
- Instructions are written into individuals' care plans about any specific issues to be considered in the giving of their medicines, such as taking medication before, after, or with food, risks of non-compliance, the importance of waking or not waking someone who is sleeping at the time. All such issues will be considered individually by balancing individual wishes, and the risks associated with the taking or non-taking of the medication at certain times.
- Staff involved in the application of medicines by different routes, including the use of syringes, etc, are always trained and competent in the safe use of these different items of equipment used to assist the taking of medicines.

### Applying topical creams

- Staff must ensure effective hand hygiene and wear disposable gloves when administering creams, ointments, etc — this is particularly important for creams, such as corticosteroids, so that the cream and its active ingredients are not absorbed through staff member's skin.
- Check MAR chart for prescription and for when and where the cream should be applied. Check packet/label details. Check that the preparation is in date and is in good condition. Note on the tube or tub the date of opening and use creams within three months of first use or as directed on the label or product information leaflet.
- Always apply creams or ointments to clean skin. Wash, rinse and dry skin and then apply a small amount of cream gently in the direction of hair growth using a gloved hand. Do not rub vigorously. When finished remove and discard gloves and wash and dry hands.
- Record the administration on the MAR chart.
- Never apply a cream that is prescribed for one service user to another person.
- When applying a medicated cream (such as a steroid cream or ointment), apply sparingly and only to affected areas.
- Never try to return unused cream to a tub or container as this will result in contamination. Discontinued, contaminated or out-of-date preparation should be disposed of as per medication disposal procedure.



- Emollient creams prescribed for use a soap substitute or moisturiser to treat or prevent dry, rough, scaly, itchy skin and minor skin irritations may be kept in a secure place in a service user's room. Emollients should be used as directed on the packet, tube or tub. Emollients can usually be used plentifully and can be applied to damp skin to enhance the moisturising effect. A note should be made in the service users records when they are used.

## Disposal

- All unwanted or surplus medication, including controlled drugs, is returned to the community pharmacist for disposal and a receipt obtained, or in line with local procedures to a contracted clinical waste disposal service.
- When a service user dies, all their medicines are retained for at least seven days before disposal.

## Medicines-related safeguarding

(See also separate policy on [Drug/Medicines Errors \(Identifying, Reporting and Reviewing Medicines-related Problems\)](#).)

1. In this home, the safety and safeguarding of residents is considered paramount. This includes safety from any misuse of medicines by staff or errors in medicine administration. The home will take all possible action to safeguard residents from such risks, including by explicitly linking its medicines management safeguards with its wider safeguarding processes.
2. Staff in this home are required to report and record all medicines related incidents, including errors, “near misses” and incidents that might represent a safeguarding risk. Where necessary these should be reported to the regulator and to local safeguarding authorities.
3. Immediately after the discovery of any medicines-related safeguarding incident, the home will contact an appropriate health professional to check that suitable action has been taken to protect the health and wellbeing of any resident involved — this will usually be the GP.
4. The home will include the investigation of all medicines incidents in its wider safeguarding and governance processes, establishing root causes of incidents and monitoring reports for trends. Lessons learnt will be included in a review of the homes medicines policies and processes, including training for staff.
5. Residents and/or their family members or carers will be provided with full information about any medicines-related safeguarding incident, and about the progress of any investigation.
6. Residents and/or their family members or carers will be provided with full information on how to report a medicines-related safety incident or any concerns about medication.

## Training

In this home:

- All new staff will receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems. Those who will be involved in medicines administration in the home will have additional training to the level required by their roles and responsibilities.
- All training will reflect up-to-date evidence-based guidelines.
- Only staff who have been assessed as sufficiently skilled and competent will be designated to administer medicines.
- In order to be considered competent staff must attend appropriate training and be assessed as competent. Staff who have been assessed but who do not have the skills to administer medicines, despite completing the required training, will not be allowed to administer medicines to residents.
- Care staff will be expected to attend refresher training and additional training as required.
- Access to additional training will be supported for those fulfilling any enhanced role.
- Up to date records will be kept of all medicines administration training.
- A register will be kept of designated staff.
- Nursing staff are expected to keep themselves up to date as required in their revalidation process and as specified in their professional code of conduct (*The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*, October 2018).
- Staff should never undertake any duties or roles that they have not been trained to do or for which they do not feel competent.

## Review

Signed:                   \_IUKELEGHE

Date:                      \_10/04/2024

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