HALTON BOROUGH COUNCIL

NHS Halton Clinical Commissioning Group

Medication Policy

Adult Social Care

September 2017

Table of Contents

Information sheet

Service area	Adult Social Care
Developed by	Katherine O'Loughlin – Medicine Management Technician Zoe Mason – Medicine Management Pharmacist
Date effective from	September 2017
Review due	September 2020 Any key changes prior to this date will prompt a review.
Status: • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams)	Mandatory
Target audience	Halton Borough Council Services: • Adult Placement • Day Services • Oak Meadow (incl. reablement) • Supported Housing Network Commissioned Services
Date of committee/SMT decision	HBC People Directorate Adults Senior Management Team: 12.07.2017 Being presented at HBC Health Policy & Performance Board: 19/09/2017
Related document(s)	Associated service specific Standard Operating Procedures (SOPs)
Superseded document(s)	HBC Medication Policy 2014 – 2017
Equality Impact Assessment completed	02.06.2017

With thanks to Derby City Council for sharing their Medication Policy, from which this document has been developed.

Purpose of the policy

This policy outlines Halton Borough Council's vision for medicines management in social care. It also describes our commitment to enable and safeguard the health, safety and wellbeing of service users and staff.

People living with support from social care have the same rights as any other. Respect for the service user and their rights as an individual should be at the heart of the medication process. It should be assumed that every service user can self-medicate until assessment of the service user proves otherwise.

Medicines play an important part in helping service users remain independent. It is important that service users take their medicines as prescribed, and should always be encouraged to manage their own medication where this is possible and appropriate. This should be done through the use of medication assessments.

Treatment and care must be personalised, based on the individual's needs and preferences. Service users are all individuals and as such this policy must be applied with regard to the individual's beliefs, wishes, experience and ability. Staff should be aware of the individual's cultural background and other factors that impact on their lives and incorporate this into a person-centred approach to care.

As all medicines are potentially harmful it is important that staff who provide care are competent and confident about their role in medicine management. This policy intends to clarify for staff working in social care, the range of duties that can be undertaken in relation to medicines. It advises how these duties and tasks can be undertaken in accordance with best practice, legislation and national guidelines.

All staff have an important role to play in risk identification, assessment and management. To support staff in this, the Council tries to provide a fair and consistent working environment and does not seek to apportion blame. We hope this encourages a culture of openness and willingness to admit mistakes. Staff therefore are actively encouraged to report any situation where things have, or could have gone wrong. Information, training and support will be provided for any staff that finds themselves in such a situation. The Council wishes to learn from events and situations so that management processes can be continuously improved.

The policy has been written to reflect the duties of the Care Act 2014, particularly the promotion of people's wellbeing and to enable people to prevent and delay the need for more complex care and support.

The policy reflects the following:

- NICE good practice guidelines on 'Managing Medicines in Care Homes' (2014) 'Managing medicines for adults receiving social care in the community' (2017);
- The Royal Pharmaceutical Society's principles detailed within 'The handling of medicines in social care' that underpin safe handling of medicines in social care;
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, specifically Regulation 12 – Safe care and treatment.

Non-clinical staff in care homes, domiciliary care, supported living and day care settings will deal with matters relating to social care only. They are not responsible for making decisions

of a health-related nature. Medical advice must be sought from the service user's GP, other member of the primary care team, or any other relevant health care professional.

Non-clinical staff will not undertake invasive nursing procedures or other tasks that are defined as health-related and not social care. There may be exceptional circumstances when staff have received training and is deemed competent, in-line with guidance from this policy. This includes those tasks that family or carers might undertake having been shown and supervised by a health care professional. It must be made clear in the care plan which tasks non-clinical staff may undertake. This will only be undertaken with prior agreement with the commissioner.

In nursing homes, registered nurses must comply with the Nursing and Midwifery Code (2015). The Code outlines the professional standards that nurses and midwives must uphold in order to be registered to practice in the UK.

The Code can be used by registered nurses and midwives as a way of reinforcing their professionalism. Failure to comply with the Code may bring their fitness to practice into question.

Using the policy

Council services must follow this policy in conjunction with their service specific Standard Operating Procedures (SOPs).

Where the provider is not Halton Borough Council, the commissioned service provider will ensure their policies; procedures and processes meet the standards set within this Medication Policy.

This policy is divided into sections; all services must read and understand:

- Purpose of policy
- Legislation and best practice
- Principles
- Training and competency
- Essential practice for all providers

PLUS the section specific to the service they provide.

In the event of an issue being identified relating to medication that is not reflected in this policy, appropriate advice and guidance must be sought from an appropriate service manager, health professional, health and safety adviser, pharmacist, technician or out-of-hours service (such as the Urgent Care Centre or 111) who will take steps to clarify the situation.

Legislation and best practice

The Council is committed to meeting its obligations under:

- Care Act 2014
- Medicines Act 1968
- Misuse of Drugs Act 1971
- Health and Safety at Work etc. Act 1974
- The Mental Capacity Act 2005
- Management of Health and Safety at Work Regulations 1999
- Safeguarding Vulnerable Groups Act 2006
- Royal Pharmaceutical Society of Great Britain Handling of Medicines in Social Care 2007
- Care Quality Commission Regulations 2009
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12
- Skills for Care National Minimum Training Standards for Health Care
- Support Workers and Adult Social Care Workers in England 2013 (Qualification and Credit Framework Unit 80)
- Skills for Care Recommendations for CQC Providers – Medication Administration Training (standard 8) October 2014
- Care Certificate Standards 2015, Standard 13.5 Understanding medication and healthcare tasks 2015
- National Institute for Health and Care Excellence (NICE) Guideline, Managing Medicines in Care Homes March 2014 (SC1)
- National Institute for Health and Care Excellence (NICE) Guideline, Managing medicines for adults receiving social care in the community (NG67)
- Medicines and Healthcare products Regulatory Agency (MHRA)

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12(2)(f) specifies that where equipment or medicines are supplied by the service provider, there are sufficient quantities of these to ensure the safety of service users and to meet their needs.

- Medicines must be available in necessary quantities at all times to prevent the risks associated with medicines that are not administered as prescribed. This includes those who manage their own medicines.
- Must have sufficient medication available in case of emergencies.
- Sufficient equipment and/or medical devices that are necessary to meet people's needs should be available at all times and kept in working order. They should be available when needed and within a reasonable time without posing a risk.
- Equipment, medicines and/or medical devices that are necessary to meet people's needs should be available when they are transferred between services or providers.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12(2)(g) the proper and safe management of medicines states that:

- Staff responsible for the management and administration of medication must be suitably trained and competent; this should be kept under review.
- Staff must follow policies and procedures about managing medicines, including those related to infection control.
- These policies and procedures should be in line with current legislation and guidance, addressing: supply and ordering, storage, dispensing and preparation, administration, disposal and recording.

The NICE guidance on Managing Medicines in Care Homes (SC1) provides recommendations for good practice on the systems and processes for managing medicines. The guidance is for people and organisations involved with managing medicines in care homes. It is anticipated that health and social care providers will need to work together to ensure that care home service users benefit from the good practice recommendations in this guideline. Areas covered are prescribing, handling and administering medicines and the provision of care or services relating to medicines in care homes.

The NICE guidance on Managing Medicines for adults receiving social care in the community (NG67) covers medicines support for adults (aged 18 and over) who are receiving social care in the community. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It gives advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

Principles of safe and appropriate handling of medicines (RPSGB, The Handling of Medicines in Social Care, 2007):

- Service users who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
- Staff know which medicines each service user has and the social care service keeps a complete account of medicines.
- Staff who help service users with their medicines are competent.
- Medicines are given safely and correctly, and staff 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.
- 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.

Commissioner roles and responsibilities

As a Commissioner:

- The Council requires providers to ensure their policies; procedures and processes meet the standards set within the council's medication policy. This can be achieved by demonstrating the same standards within the provider's own policy.
- The Council will monitor provider organisations' management of medicines through the contracting arrangements and quality assurance monitoring visits.

- The Council requires all providers to comply with the council's incident reporting process for identifying, reporting, reviewing and learning from medication errors.

The Council requires all services to comply with the Safeguarding Adults in Halton Inter-Agency Policy, Procedures and Good Practice Guidance.

Provider roles and responsibilities

As a Provider:

- The provider will ensure their medicines policy is in line with current legislation and the best available evidence. Where the Council is the service provider, this document and associated SOP's constitutes the Medication Policy.
- Where the provider is not Halton Borough Council, the commissioned service provider will ensure their policies; procedures and processes meet the standards set within this Medication Policy.
- All providers will ensure that all those involved in any element of medicines management are trained and assessed as competent in line with current national training standards, the requirements of the regulators and those of the service users.
- All providers will ensure that staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines.
- Council run services will ensure that all medicines records and information complies with the council's Data Protection Policy (link available for Council staff). Where the provider is not the Council, the service provider will ensure that they comply with the Data Protection Act 1998 in line with internal policies.
- All providers will ensure that all medicines related errors or near misses are identified, reported, reviewed and investigated following guidance within this policy.
- All providers must ensure that they have a formal complaints process, which service users can access. For Halton Borough Council services, this must be done in accordance with the Adult Social Care Resolving Complaints and Improving Services Policy (link available for Council staff).
- All providers will ensure that medicines belonging to or prescribed for a service user are not used by other service users.
- All providers will ensure that all medicines administration records are up-to-date and accurate.

Principles

All care plans will identify whether, and at what level, the service user requires help to take their medicines.

All staff who administer medication will be responsible for ensuring medicines are administered strictly in accordance with the instructions of the prescriber.

Level 1: Self-Administration

Description of Level 1:

The Service user maintains responsibility for managing their medicines. The staff will always be working under the direction of the service user receiving care. This level of care includes service users who require:

- ***Help ordering and collecting prescriptions and advice on safe storage***
- ***Support with self-administration such as help opening containers at the request of the service user and when the staff has not been required to select the medication.***
- ***Occasional prompts/reminders to take medicines***

When supporting service users at Level 1 the staff must record and report any change in the service user's ability to manage their medication to their service manager.

At the point of access to social care, a medication assessment, which forms part of the care plan, must be carried out to assess the service user's ability to self-administer their medication. This process must ensure that the service user can take the correct dose of their medicines at the right time and in the right way. It must also ensure that the service user understands medicines must be kept safely and facilities are available for them to comply with this.

The assessor must determine who else may be involved. This must be done individually for each service user and must involve the service user and their family members, carers or care staff with the appropriate training and skills. Other health and social care practitioners must be involved as appropriate.

At all subsequent reviews of the service user's care plan, the person undertaking the review must check whether the service user's ability to self-administer their medication has changed and if so what adjustments need to be made to the medicines management arrangements.

Self-administration of medicines is not an 'all or nothing' situation. A service user can maintain control over their medicines via 'active participation' providing that staff can assist the service user in taking them.

Providers must ensure records are made and kept when service users are supplied with medicines for taking self-administration or when service users are reminded to take their medicines themselves.

For example:

- A service user who has suffered a stroke and is unable to manipulate containers may choose to retain custody of medicines and ask staff to assist at the time they choose to take the medicine.

- A service user may be able to safely manage external application of creams but may need staff help to administer tablets or other prescribed medication.

Staff undertaking assessments should liaise with the community pharmacist to ensure where possible, medicines are dispensed in a way that enables the service user to retain independence, for example: large print label, easy to open tops, Multi-Compartment Compliance Aids (MCAs) etc. (refer to 'Multi-Compartment Compliance Aids (MCAs)' section). Once assessments have taken place the responsibilities of the social care provider must be detailed in the service user's care plan.

Multi-Compartment Compliance Aids (MCAs)

There are increasing demands on GPs and community pharmacists to supply MCAs to assist patients to use their medicines correctly. The Royal Pharmaceutical Society (RPS) has published a report which includes guidance and recommendations for health and social care professionals. The report suggests, although MCAs may be of value to help some patients, they are not the best intervention for all patients and alternative options should be considered. Each service user's needs must be assessed on an individual basis by a pharmacist and any intervention must be tailored to the individuals' specific requirements.

Royal Pharmaceutical Society recommendations:

- In all cases, supply of MCAs under the Equality Act 2010 requirements should be on the basis that a Community Pharmacist considers it to be a reasonable adjustment.
- The decision to supply MCAs should only be made after taking all factors into consideration.
- The use of original packs of medicines with appropriate support is the preferred option of supplying medicines to patients when there is not a specific need for a MCA.
- Service users who can safely self-administer their medicines should be encouraged to do so and where they are unable to do so, there must be appropriate training for carers so they are able to administer medicines from original packaging.
- Every patient identified as having medicines adherence issues should have a robust individual assessment to identify the best intervention based on their needs and the evidence currently available. This assessment should incorporate a clinical medication review, including reasons for non-adherence, medicines suitability and consideration of all possible options to support the individual.
- Where a service user's assessment indicates an MCA is the intervention of choice, it is important this is supported with the provision of information, appropriate counselling and follow up for the individual and the health or social care professional is aware of the legal, professional and practice considerations.

Levels 2 & 3: Supporting with medicines administration

Description of Level 2:

The service user is unable to take responsibility for their medicines, service users must agree to have the staff administer medication and consent must be documented in their personal care plan. If the service user is unable to give informed consent due to an assessed lack of mental capacity a best interests discussion must take place and be documented.

Description of Level 3:

Requirement is similar to Level 2. However Level 3 involves specialist techniques or invasive procedures, for example administration through a percutaneous endoscopic gastrostomy tube (PEG).

Level 3 can be performed by qualified and competent health care professionals or in exceptional circumstances, following an assessment by a healthcare professional (HCP), staff may be asked to administer medication at Level 3. This must only be done after staff have received training and competency assessment for the specific administration technique which will be on an individual basis by qualified health care professional.

Where appropriate, service users will receive relevant information about their medication so that an informed decision is made about their care.

Where service users are unable to self-medicate safely (level 1) , an assessment will be undertaken to determine the most appropriate method of supporting a service user, this could be by active participation or offering full support with administering medication.

Doses must not be varied or changed without written authority from a medical or non-medical prescriber involved in the service user's care. Such changes must be recorded on the Medication Administration Record (MAR) chart and in the service user's care plan.

Staff cannot action verbal instructions from a prescriber to change or initiate treatments for prescribed medicines. Written and signed confirmation, by safe haven fax/ secure email, must be received from the health professional before any alteration is made.

Social care staff will **not** assist service users to take medication, prescribed or non-prescribed, unless it is part of a comprehensive care plan (refer to 'Homely remedies' section).

In all care settings where it is agreed staff will administer medication (prescribed and non-prescribed) the medicines must be administered from the original package in which they were dispensed by the pharmacist or supplied by the manufacturer, adhering to the instruction on the label/ leaflet.

Medicines must never be 'secondary dispensed' i.e. taken out of their original container or package and put into another container for someone else to administer to the service user at a later time. In exceptional circumstances it may be appropriate to leave a dose out to support self-administration and when planned and authorised by a health professional.

For example: in domiciliary care, if it has been agreed with the service user and it is in the care plan, doses can be left out for that individual to take at a later time, e.g. sleeping tablet.

Medicines must only be given to the service user for whom they have been prescribed, labelled and supplied. They must not under any circumstance be given to other service users.

Staff must never alter pharmacy labels or stick pharmacy labels on to medication. If labels become detached or are illegible, the medicine in the container must not be given. Staff must inform the service manager or designated person. The service manager or designated person must seek the advice from a relevant HCP such as the supplying pharmacist, prescriber or if out-of-hours, advice from an out-of-hours service should be sought. This must take place immediately to ensure the service user does not go without their medication.

Crushing of tablets or the opening of capsules unless specified is not advocated, as it is an 'off licence' use of the medication. However with written authorisation from the prescriber and written guidance from a pharmacist, this is acceptable practice (refer to 'Off licence medication' and 'Covert medication' sections).

Medicines must not be forcibly given. This includes the crushing of tablets etc. into food or drinks in order to deceive (refer to 'Covert medication' section).

Medicines must never be used for social control or punishment.

In all care settings, staff must only assist with the administration of medicines when they have been trained and deemed competent to do the task. On-going refresher training must also be provided.

Training and competency

Staff will be encouraged to promote enablement where appropriate to allow service users to self-administer where possible. Or following an assessment, the service user will be supported with active participation or medication will be administered in a safe and correct manner by trained competent staff.

Service managers and staff must receive medication training preferably from an accredited learning provider; to ensure they are confident in handling and management of medication processes and procedures and to enable them to maintain the service user's health.

It is expected that staff who receive training will receive a certificate, a copy of this must be stored centrally within the service or at head office.

Service managers must ensure:

- The competence of their staff's ability to safely administer medication to service users.
- Staff who have completed approved training must be observed and supervised by a competent person before administering medication for the first time. This must be an occupationally competent person working for the provider and not the external trainer.
- Competency assessment should be direct observation or in exceptional circumstances questioning if it is not possible to demonstrate the task at that time e.g. how would support the service user if they had a medication which requires refrigerated storage?
- The initial assessment must be observed on 3 separate occasions, in order for competency to be signed off.
- The culture of their unit or organisation, values training and ensures that staff have a thorough understanding of the importance of medication to the health, safety and wellbeing of service users.
- Information in the medication policy is an integral part of service managers and team induction.
- All relevant staff undertake medicines training. This will involve theoretical based training but must also involve practical training and competency assessment in the place of work.
- All staff are confident and competent in their understanding of medication guidelines, protocols and procedures.
- Staff who lack confidence or whose competence is in doubt are supported through supervision and further training.
- Errors are investigated and consideration will be given to further training of staff (refer to 'Medicine errors and fair blame' section).
- Instruction is given on an individual basis from qualified health care professionals for tasks which constitute Level 3 medicines interventions that social care undertake for specific named service users e.g. administration of feeds via PEG tubes.
- Designated staff administer medicines only when they have had the necessary training and are assessed as competent.
- Additional training is provided to members of staff who require it in order to equip them with the skills and knowledge to effectively guide and support their team in the

safe handling of medication in the care setting. For example, service managers, supervisors etc. who need a higher level of knowledge than those they provide advice and guidance too.

- The care provider has a training matrix which is accurate, updated regularly, includes both training dates and competency assessment dates and has a way of alerting the service manager when staff training is nearing review.

Staff will:

- Receive training upon induction, regular refresher training and on-going competency assessments to ensure their competence.
- Receive an annual review of their knowledge, skills and competencies relating to managing and administering medicines. If there is a medicines related safety incident, this review may need to be more frequent.
- With regards to level 3 medicines administration staff will ensure they follow instruction from a qualified health care professional for specific named individuals and keep comprehensive records of the procedure undertaken.

Visiting Health Professionals will:

- Work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines required to support service users living in the social care setting.

Training Standards:

- Skills for Care National Minimum Training Standards for Health Care Support Workers and Adult Social Care Workers in England 2013 (Qualification and Credit Framework Unit 80).
- Skills for Care Recommendations for CQC Providers – Medication Administration Training (standard 8) October 2014.
- Care Certificate Standards 2015. Standard 13.5 Understanding medication and healthcare tasks 2015.

Essential practice for all providers

In all situations, the following rules must be applied.

Providers must consider the following in a medicines administration process:

The 6 Rights of administration

1. **Right Service user**
    - Check service user name against the care plan, medication and (Medication Administration Record) MAR chart.
    - In care homes a recent photograph of the service user should be present to confirm identity.
    - In other care settings where a photograph is available it should be used to confirm identity.
    - If a photograph is not available intently must be verbally confirmed with the service user only, by asking them to state their name and date of birth.
    - Providers must ensure that medicines prescribed for a service user are not used by any other individual.
2. **Right Medicine**
    - Check service user's name against the medication label, MAR, packaging and contents (all must match).
    - Check strength is correct (Strength is the amount of drug in each dose form).
    - Check there have not been any recent changes to the medication.
    - Check the dosage instructions before giving medication.
    - Check the medication has not exceeded its expiry date.
    - Check for any additional labels and warnings.
3. **Right Route**
    - Check the way in which the medication is to be administered (e.g. oral, topical).
    - Staff may administer at level 3 when specified within the care plan and once they have received training and assessed as competent (refer to 'Training and competency' section).
4. **Right Dose**
    - Check the dose on both the MAR chart and medication label match (dose is the amount of medication to be given to the service user).
    - Ensure the dose has not already been administered by checking the MAR chart, if there is a discrepancy the service manager, key worker, or pharmacist must be consulted before the medication is given.
    - Record the actual amount given where a variable dose is administered (refer to 'The medication administration record (MAR)' section).

- Check that you have the right measuring device for liquid doses.

5. **Right Time**

- Check the administration time is clearly identified on the MAR chart and, or, the medication label. For example, '*Take one tablet in the morning'* clearly identifies when this medication is to be given. However *'take one tablet daily'* is open to interpretation, unless the dose column on the MAR chart is marked as to identify the time. If unsure contact the supplying pharmacy or service manager.
- Doses should be equally spaced throughout the day
- Check for any additional labels, warnings or specific instructions such as 'before food' or 'avoid grapefruit juice'.

6. **Right of the Service user to Refuse**

- The service user has the right not to take the medication (refer to 'Service user's right to refuse medication' section).

Do not give the medication if one or more of the above rights is incorrect.

Seek further guidance, initially from your service manager.

Dealing with medication is an important and high risk task. When staff are booking- in, checking or administering medication they must give it their full attention and should be free from all other responsibilities and directions at this time.

In the event of an untoward incident that colleagues cannot deal with, take a few seconds to lock the medication away; take the key with you and keep it on your person.

Service user's right to refuse medication

When an individual expresses a choice not to take a prescribed medication, the following actions must be taken:

- An entry must be made on the MAR and the staff must record the circumstances and reason why the service user has refused the medicine (if the service user will give a reason).
- The service manager or designated person must be informed, and they may seek further guidance from the prescriber, pharmacist or out-of-hours (the urgency will be dependent on the medication and the number of doses refused, refer to 'Time critical medication' section).
- A record of the decision made by the service user must be made in the service user's care plan.
- If the service user agrees; the carer, service manager or designated person must tell the prescriber about any on-going refusal and inform the supplying pharmacy to prevent further supply to the care home or person's own home.
- Medicines must **not** be forcibly given. This includes the crushing of tablets etc. into food or drinks in order to deceive (refer to 'Covert medication' section).

Before giving medication

- Inform the service user that their medication is due.
- Wash hands and any other utensils before use.
- Follow the 'six rights'.
- Use disposable non-latex gloves when appropriate, i.e. creams or cytotoxics. Providers must ensure that these are available for these purposes.
- Check for allergies detailed on the MAR chart. If no details provided on the MAR chart check the care plan, if not documented there check with GP surgery.
- Check verbally that the service user has not already taken or been given the medication.
- Check the dose has not already been administered by checking the MAR chart or if in an MCA that the medication is there. If there is a discrepancy staff must inform the service manager or designated person. The service manager or designated person must double check the discrepancy to establish if an error has occurred. If the service manager or designated person is unable to confirm if the medication has been administered or not, they must seek the advice from a relevant HCP such as the supplying pharmacist, prescriber or if out-of-hours, advice from an out-of-hours service should be sought. This must take place immediately to ensure the service user does not go without their medication.

When giving medicines

- Only administer medication the service user named on the label.
- Only administer medication from labelled bottles, containers or MCAs.
- Do not give medicines from unlabelled or illegibly labelled bottles, blister packs or containers.
- Do not transfer medication from their original containers. For example, removing the contents of a box resulting in separation from pharmacy label.
- Do not prepare medicines or drugs in advance of administration. Once prepared they must be given immediately or discarded.
- Do not leave medicines unattended for service users to take at a later time (unless agreed with prescriber, service user, it is risk assessed and clearly documented in the care plan).
- Do not handle medications directly when administering as far as is practicable.
- Do not give discoloured solutions, disfigured tablets or substances etc. These must be stored safely and returned to the pharmacist.
- Advice must be sought in the event that the medicine is unsuitable for use.

When administering liquids

- Shake the bottle by gently turning it upside down several times.
- When pouring, hold the bottle with its label on top so that the liquid falls away from the label.
- Pour into a measured dosage container appropriate for the volume of the drug to be given and appropriate to the requirements of the service user.
- Measuring devices include a graduated medicine cup, medicine spoons or an oral syringe with bottle adapter.

- When using a graduated medicine cup, ensure that the cup is placed on a flat surface and the liquid is poured into the cup and observed at eye level.
- If the medication is refused, the liquid medicine must never be poured back into the original bottle. It must be signed off as refused and disposed of safely (refer to the disposal section relevant to your specific service).

When applying external products

- Staff must wear disposable non-latex gloves when administering creams, ointments etc.
- If a service user is prescribed two or more external products for the same area, 15-30 minutes must be left between administering each product, unless directed otherwise by the prescriber.
- Corticosteroid creams and ointment need to be applied thinly; this will be stated on the label.
- When applying a moisturising cream or ointment these can be applied liberally.
- If instructions are unclear such as 'use as directed' staff must inform the service manager or designated person. The service manager or designated person must check if there is any written guidance on how to apply the external product available from the prescriber on record. If they are unable to confirm how to apply the external product they must seek the advice from a relevant healthcare professional such as the supplying pharmacist, prescriber or if out-of-hours, advice from an out-of-hours service should be sought. This must take place immediately to ensure the service user does not go without their medication.
- Information must be available to staff to know what the cream or ointment is for, where to apply, how much to apply and how long for.
- Apply creams and ointments to clean skin, and only to the area it has been prescribed for.
- The administration must be recorded.
- It is good practice to include a body map which indicates where the product should be applied.
- For external patches the site of application must be recorded and rotated in accordance with the manufacturer guidance and any instructions on the label. Take care not to touch the adhesive part of the patch.
- If a service user is prescribed two different eye drops to be administered at the same time 5-10 minutes must be left between administering each set of drops

'When required/PRN' medication

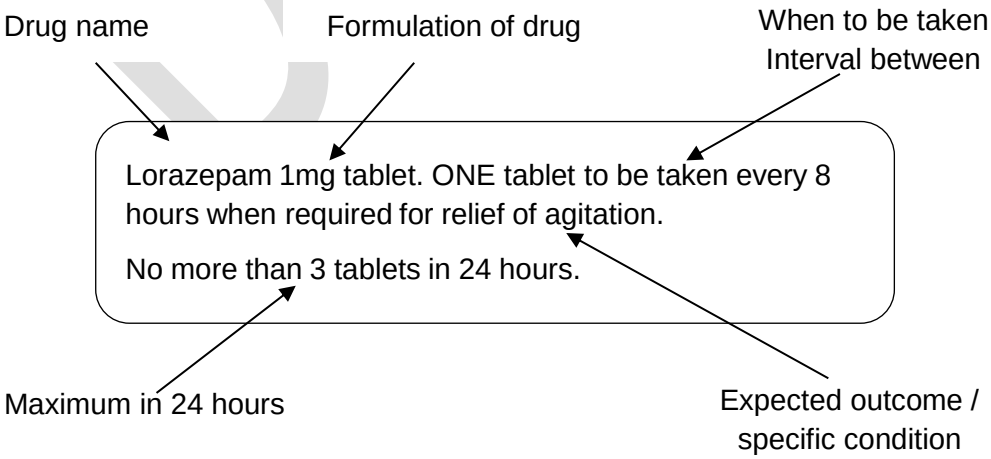
PRN is shorthand for an expression, rendered in Latin –"*Pro Re Nata*", which translates as "as need arises" and is used to communicate administration, is intended to be "as necessary" only.

- PRN medication must be available when the service user requires it and be supported by clear prescriber directions in the form of written instructions.
- Written instructions must be in place for a specific named individual. Examples of written instructions include: explicit directions on a pharmacy label; explicit instructions contained in a letter, secure email or note from the prescriber.
- The need to administer PRN Medication must be reflected in the providers care plan.

- For PRN medication written instructions should detail:
  - Name of service user and prescriber details
  - Describe the medication and route of administration
  - The condition or indication for which the medication needs to be administered and what the medicine is expected to do.
  - Dose to be given
  - Maximum dosage per 24 hour period
  - Minimum time intervals between doses
  - Name of prescriber.
- The written instructions must be kept with the MAR charts.
- Staff administering and auditing MAR charts will need to monitor the administration of PRN and take action if continual administration is taking place seek advice from a health care professional as a medication review may be necessary.
- Appropriate storage and use-by dates must be regularly checked.
- The administration of PRN medication must be clearly recorded on the MAR chart with the actual dose and time administered.
- Prescribed PRN medication must only be given to the service user it is prescriber for.
- If a patient is taking PRN medication, it can be carried forward at the end of the month to the next month and does not have to be discarded providing:
  - The medication is still being prescribed by the doctor at the same dose and frequency
  - The medication is in an original pack and within its expiry date
  - The care provider will have to indicate the quantity of medication brought forward to enable a stock check to be carried out.

The care provider will have to consider how it handles repeat prescriptions for PRN medicines. If stock of medication is carried forward, they will need to ensure medication is not requested with regular repeat medications. This will enable a cost effective approach and reduce the wastage and costs of medicines.

Good practice pharmacy label highlighting specific instruction regarding PRN medication:



When the medication has been given

Complete the MAR chart for each individual service user as soon as the medication has been administered. Records must be completed before moving to the next service user. The record must include the following information:

- Exactly what was given (name, strength, dose and form of the medication).
- When it was given (time, date)
- Who administered the medication
- When more information is required a code should be used on the MAR chart and further information written on the back of the MAR chart. For example to explain when and why medicines were omitted or refused. Codes will differ between MAR charts however there must be a key which explains what each code means.

The Medication Administration Record (MAR)

Any involvement in a service user's medication (reminding, preparing, or assisting), must be clearly documented in the care plan and all administration recorded on a Medication Administration Record (MAR) chart. This document serves as a legal safeguard for service users and staff, should anyone be asked to justify their actions.

Quality Standard:

The Care Quality Commission's Essential Standards of Quality and Safety Outcome 9 (Regulation 13) Management of Medicines require providers to:

- Have arrangements in place for recording when it is not possible for a person to self-administer their medicines.
- Have records of when medicines are given to the person.

By doing so this ensures compliance with section 20 regulations of the Health and Social Care Act 2008.

General Principles:

- A MAR chart must be in place for the social care worker to refer to when involved in the administration of medication to a service user.
- A paper based or electronic MAR chart must be:
  - Legible
  - Signed by care staff when and where appropriate
  - Clear and accurate
  - Factual
  - Correctly dated
  - Completed as soon as possible after administration
  - Avoid jargon or abbreviations
  - Easily understood by the service user, family or carer
- MAR charts must be available for other HCP to view (when necessary/appropriate). If electronic MAR charts are used, providers will need to consider how they will manage this.
- The purpose of a medication administration record document is to enable staff (and service users if appropriate) to trace the use of a medicine (including prescribed creams, eye/ear drops and homely remedies) from the time it is requested to the time it is administered or destroyed.

- Details of the service user's allergy status must be detailed on the MAR chart; if no known allergy this must be stated. The service user's allergy status must have been clarified on admission into the care setting and detailed in their care plan and updated as appropriate.
- The MAR chart primarily acts as a source of information so that staff and appropriate professionals can identify who administered a certain dose and at what time. The care provider should keep a record of medicines administered by visiting health professionals on the service user's MAR chart.
- The records will be an aid to correct administration of medicines, although they do not necessarily ensure that a person has actually swallowed a dose that has been offered.
- Medication administration records also help ensure all staff are aware of the quantity of medication present and will reduce over ordering of repeat prescription medicines.
- Responsibility for providing MAR charts rests with the care provider.
- The use of eMAR (electronic MAR charts) is an acceptable alternative and individual arrangements with a community pharmacy will need to be agreed. Considerations must be made to ensure eMAR charts are available for other HCP to view (when necessary/appropriate).
- Care providers must ensure MAR charts are updated in a timely manner to reflect any changes in the service user's medication following written confirmation for the prescriber or when a new medication is supplied by the pharmacy.
- If a community pharmacy supply printed or eMAR charts, liaise with them if you require changes for the next monthly cycle.

General Process:

- In addition to checking the medicines delivered, the information on the MAR charts must be checked for accuracy. Ensuring that any medicine changes during the previous month are reflected on the new MAR chart. Ensure quantities of carried-over medicines are entered onto the new MAR chart.
- Any change to a prescription must be supported in writing before the next dose is given.
- After administration, the MAR chart must be completed with the signature/initials of the staff or the appropriate MAR code. There must NEVER be any gaps present on the MAR chart.
- If a medication is not given for any reason (e.g. not available, service user refuses medication, or health care professional advises not to give the dose), it must be marked using appropriate MAR code and a log must be made on the reverse of the MAR chart, detailing the date, reason why it was not given/ taken and the signature of the staff.
- Any changes in dosage or discontinuations of medication must be authorised by the prescriber either on the MAR chart or by a written letter or fax, stored with the MAR chart
- The completed MAR chart must then be retained in accordance with the organisations retention of records policy.

- The MAR chart must be used to record any prescribed medication as well as any homely remedies approved by a prescriber or pharmacist (refer to 'Homely remedies' section).
- Any PRN or variable doses must be clearly recorded on the MAR chart with the actual dose administered (e.g. one or two). The time of administration must also be recorded.
- A cross reference must be added to the service user's MAR chart when a medicine has a separate administration record. For example 'see Warfarin administration record'.

Secure email and safe haven fax

If the directions for administration are not clear, clarification must be requested. If the community pharmacist cannot help with clarification, the prescriber must be contacted to confirm the directions. This should be provided to the social care provider in writing. This can be sent via safe haven fax or secure email. A copy of the written confirmation must then be kept with the MAR chart.

Prescribers should avoid using the term 'as directed' but can be asked to clarify directions when necessary.

Handwritten MAR Chart

- There must be no delay in treatment if a MAR chart is not available.
- Procedures must be followed to ensure the administration of the medication can be recorded on a MAR chart as and when the medication is given.
- If a MAR chart cannot be supplied by the community pharmacy, we advise the following process is followed to ensure administration of the medication can be recorded on a MAR chart as and when the medication is given to the service user.

General process:

- A blank MAR chart should be obtained if no current MAR chart exists.
- The medication must be transcribed by a suitable trained and competent staff, exactly as it appears on the pharmacy label, ensuring the quantity, drug name, strength of medication, form of medication, the dose and any specific directions are clearly handwritten onto the MAR chart. Example of a transcribed label:

28 Aspirin dispersible 75mg tablets	➔ Quantity, drug name (full), strength, form
Take ONE daily	➔ Dose, how to take and how often
Take with or after food	➔ Additional instruction, caution or warning

- A date must also appear on the MAR chart making it clear when it was started.
- The MAR chart and medication to be administered must then be passed to a trained colleague for a second check to confirm all of the details are correct.
- Two signatures must appear next to the handwritten item and only when these two signatures are present, should this medication be administered. The signatures must NOT interfere or cause confusion with the details of the medicine.

- In social care settings where only one staff is present they should write the MAR chart, take a break and complete a different task, then recheck before administering medication or providers should ensure a second check is facilitated/available.

Expiry dates of medication

Every pharmaceutical product has an expiry date that is stated on the packaging, pharmaceutical products must not be used after their expiry date.

The use of the product past its expiry date may result in a lower active ingredient or changes to the product that may cause the service users discomfort or be a safety hazard due to microbial contamination or toxic changes to the products.

The opening date of short dated items such as: liquids, eye drops, creams and ointments must be recorded on the product when first opened and they must not be used after their expiry date. Medicines listed below must always have the date of opening written on the container (not outer box) and generally once opened should be replaced as follows (unless the medication states differently, see Patient Information Leaflet (PIL) or as advised by the pharmacy):

- Eye/Ear/Nose preparations after 28 days
- Cream/Ointment in large tubs (with no pump dispenser) after 28 days
- Cream/Ointment in tubes or pump dispensers after 3 months
- Oral liquid (in original packaging) after 6 months

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.

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

- All creams should be used for a named service user only.
- Non-latex 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, you have any concerns about their appearance, or if the lid has been left off for an indeterminate period.

Time critical medication

Some medications are time critical; they must be given within a specific time frame as a delay in administration could pose a risk to the service user. For example: Parkinson medication, Antiepileptic agents, Insulin, Opiates, Antipsychotics (list it not exhaustive).

Where the prescriber has specified times on the directions these **must** be adhered to, if it is not possible to administer the medication at the specified time the service manager or designated person must be informed who must seek advice from the prescriber.

Some medications require a set amount of time between doses to be given safely. For example: Paracetamol requires at least 4 hours between doses and no more than 4 doses in

24 hours. If it is not possible to administer the medication with the required time gaps the manager must be informed who must seek advice from the prescriber.

Omitted medication

If a dosage of a regularly prescribed medication is intentionally omitted by staff administering the medication, for any reason e.g. not giving lactulose because the service user has developed diarrhoea, the following action must be taken:

- An entry must be made on the MAR chart.
- A record must be made in the service user's care plan.
- If medication is omitted frequently and/or repeatedly the service manager or designated person must be informed. Non-clinical staff must ensure they inform the service manager or designated person on the same day the medication is omitted. The service manager or designated person must seek advice from a relevant HCP if necessary.
- If the medication is time critical staff must inform the service manager or designated person. The service manager or designated person must seek the advice from a relevant HCP such as the supplying pharmacist, prescriber or if out-of-hours, advice from an out-of-hours service should be sought before intentionally omitting a dose.
- For medication which has been accidently omitted refer to 'Medicines errors and fair blame' section.

Adverse effects and allergies

Information about adverse effects of medicines that have been communicated by the prescriber or pharmacist to staff must be shared with all staff, as appropriate, and recorded on the service user's care plan and MAR chart.

If staff notices adverse effects then they must contact a HCP such as the pharmacist, prescriber or out-of-hours service to seek advice and report this to the service manager or designated person.

Sometimes an adverse effect will be an allergic reaction; some allergic reactions are extreme such as anaphylaxis. Severe allergic reactions are life-threatening and are a medical emergency which require immediate treatment. Symptoms include life-threatening airway and/or breathing difficulty/ rapid facial swelling. Blood pressure can drop rapidly causing dizziness/fainting, if an extreme allergic reaction occurs the staff must call 999 immediately.

Report any adverse effects of medicines to the Medicines and Healthcare products Regulatory Agency's via the Yellow Card Scheme.

https://yellowcard.mhra.gov.uk/

Problems with medication

Difficulties staff may encounter:

- Medication arriving in unlabelled or incorrectly labelled containers
- Medication labelled PRN (as required) where it is not clear what may trigger the requirement for the medication to be given.
- Dosage instructions are not explicit.

- Gaps on MAR charts (e.g. error by previous staff who did not sign after administration)
- A service user who refuses to take the medication
- A service user who does not take all the dispensed dose- spat out/spilt/ refused.
- Medication has run out or supply has been exhausted
- Medication is out-of-date
- Medication errors (refer to 'Medicines errors and fair blame' section).

This list is not exhaustive

- If there is a problem with a service user's medication and you are unsure, don't guess; inform your service manager or designated person who may need to seek advice from a relevant HCP such as the supplying pharmacist, prescriber or if out-of-hours, advice from an out-of-hours service. This should take place immediately to ensure the service user does not go without their medication.

Medicines errors and fair blame

If a medication error occurs or the correct procedures are not followed this could result in an error occurring or near miss, it must be reported to the service manager or designated person immediately. A medication administration incident form will need to be completed and acted upon to identify the cause and prevent the error recurring.

Examples of medication errors: wrong medications given, missed medications, dosage errors, timing errors, administration contrary to instruction (e.g. with food, instead of without).

If an error occurs:

- This must be reported to the service manager or designated person and if required, seek medical advice from a pharmacist, the service user's GP, out-of-hours, 111 or 999 depending on severity of error.
- Follow advice and instructions given.
- Inform the service user and/or nominated representative and their carer what has happened.
- Record the incident on the MAR chart detailing the error.

Staff who report errors immediately will be supported. All members of staff have an important role to play in risk identification, assessment and management. To support staff in this, a fair and consistent working environment must be provided that does not seek to apportion blame. This should encourage a culture of openness and willingness to admit mistakes. Staff are therefore actively encouraged to report any situation where things have, or could have gone wrong.

When errors are reported or identified, the appropriate service manager or designated person will undertake a fact-finding audit with the intention of ensuring remedial action.

Errors and near misses must be reviewed regularly to identify themes and trends and support staff who may require further medication training. All staff require refresher training annually but if there is a medicines related safety incident, this review may need to be more frequent.

If it is found from the investigation that staff 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 disciplinary procedures.

Medicines-related incidents (safeguarding and care concerns) must be reported to the Integrated Adults Safeguarding Unit as per the threshold outlined within the Safeguarding Adults in Halton Inter-Agency Policy, Procedures and Good Practice Guidance.

Halton's Safeguarding Unit can be contacted for advice on 0151 907 8306 or out-of-hours 0345 050 0148.

Providers must have a clear process for reporting medicines-related safeguarding incidents under local safeguarding processes and to the Care Quality Commission (CQC).

There is no requirement to notify CQC about all medicines errors, but a notification would be required if the cause or effect of a medicine error met the criteria to notify one of the following:

- A death
- An injury
- Abuse, or an allegation of abuse
- An incident reported to or investigated by the police
- Where relevant, you should make it clear 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 thresholds guidance contained within the Safeguarding Adults in Halton Inter-Agency Policy, Procedures and Good Practice Guidance to identify the level of consequence and severity of the incident and subsequent actions that are required to be taken by the service manager or provider.

Medicines reconciliation and transfer between care settings

Reconciliation:

The service manager or the staff responsible for a resident's transfer into or out of a care setting must coordinate the accurate listing of the service user's medicines (medicines reconciliation) as part of a full needs assessment and care plan. They need to consider the resources needed to ensure that medicines reconciliation occurs in a timely manner.

Providers of health or social care services should ensure the following information is available for medicines reconciliation on the day that a service user transfers into or from a care setting:

- Service user's details, including full name, date of birth, NHS number, address and weight (where appropriate, for example, frail older individuals).
- CareFirst6 case file number (if available).
- GP's details.
- Details of other relevant contacts defined by the service user and/or their family members or carers (for example, the consultant, regular pharmacist, specialist nurse, any persons with lasting power of attorney).
- Known allergies and reactions to medicines or ingredients, and the type of reaction experienced.

- Medicines the service user is currently taking, including name, strength, form, dose, timing and frequency, how the medicine is taken (route of administration) and what for (indication), if known.
- Changes to medicines, including medicines started, stopped or dosage changed and reason for change if available.
- Date and time the last dose of any 'when required' medicine was taken or any medicine given less often than once a day (weekly or monthly medicines).
- Other information, including when the medicine should be reviewed or monitored, and any support the service user needs to carry on taking the medicine (adherence support).
- What information has been given to the service user and/or family members or carers.
- Details of any recently omitted or refused medication.
- Details of when PRN medicines have been administered including dose and time.

Providers must ensure that the details of the person completing the medicines reconciliation (name, job title) and the date are recorded.

Providers must have a process in place for recording the transfer of information about service users medicines during shift handovers and when individuals move to and from care settings. For example, the medicines log/communication book can be used.

Errors in medication reconciliation must be recorded, reported and investigated (refer to 'Medicines error and fair blame' section)

Service user being transferred to hospital:

Effective communication between primary and secondary care is essential to ensure the correct information is transferred with the service user on admission and discharge from hospital.

The following should be provided upon admission:

- A copy of the current MAR chart including page numbers, for example page 1 of X.
- Details of service users allergies and reactions, if no known allergies this must be clearly stated.
- Other useful information to provide to the hospital when applicable include:
  - INR information
  - Date and site of most recent patch application
  - Recent weight
  - Due date of medication which is administered infrequently but on a regular basis, for example monthly or three monthly injections etc.
- Current medications in original containers, labelled with service user details and with clear expiry dates.
- Controlled drugs and medication in MCAs should **not** be provided unless they include 'time critical' medications (refer to 'Time critical medication' section).
- The medication and documents should be placed in a bag and labelled with the service users details to ensure all information and medications are kept together in one place.
- During the service users stay in hospital mark the MAR chart with the appropriate code (e.g. code H) to indicate in hospital.

- Do not re-order any repeat prescriptions for this service user as a review of the medication will take place in hospital and things may change.
- Contact the community pharmacy if repeat prescriptions have already been ordered, they may be able to return the prescriptions to the prescriber and prevent waste. If the medication still arrives you must remove them from the system, do not use and store safely within the medication room. This is because the medication that the service user returns from hospital with is the current medication regime to be followed.

Service user being transferred to other care setting:

- A copy of the current MAR chart including page numbers, for example page 1 of X.
- All current medications including blister packs, original containers, controlled drugs and topical medications must be sent with the service user.
- Details of service users allergies and reactions, if no known allergies this must be clearly stated.
- Other useful information to provide to the care setting when applicable include:
  - INR information
  - Date and site of most recent patch application
  - Recent weight
  - Due date of medication which is administered infrequently but on a regular basis, for example monthly or three monthly injections etc.
- The medications must be placed in a bag and labelled with the residents details to ensure all information and medications are kept together in one place.
- Where the transfer of medication involves controlled drugs provisions must be in place to ensure the correct legal processes are followed (refer to the controlled drug section relevant to your service).

Transferred from care setting with MAR chart:

- On arrival to the care setting, medications should arrive with a MAR chart.
- Contact GP surgery for up to date list of service user's medication.
- Check-in the medication on arrival against the MAR chart and the up to date medicine list from the GP surgery.
- Remember to check for any medication supplied from hospital clinic or specialists i.e. memory medication.
- Remove any medications that are either discontinued as per MAR chart and any medications that have been transferred with the service user but are not currently in use.
- If there are any discrepancies between the medication received and the MAR chart and the list provided by the GP surgery the service manager or designated person must be informed. The service manager or designated person **MUST** contact the previous care setting immediately.
- Do not ask the GP for a prescription in order to have medications packed into a MCA for ease of administration by staff.
- Place the medications in to the relevant system such as trolley/storage area that will be used.

- If there is uncertainty over who will be responsible for prescribing the future supplies of medicine you must clarify this in advance of the service user running out to prevent delay in treatment.
- Where the transfer of medication involves controlled drugs provisions must be in place to ensure the correct legal processes are followed (refer to the controlled drug section relevant to your service).

Transfer from care setting without a MAR chart:

- Contact the previous care setting to inform them that no MAR chart had been provided with the medications.
- Contact GP surgery for up to date list of service user's medication.
- Check-in the medication on arrival against the up to date medicine list from the GP surgery.
- Check for any medication supplied from hospital clinic or specialists, e.g. memory medication.
- If there are any discrepancies between the medication received and the list provided by the GP surgery you **MUST** contact the previous care setting immediately.
- Handwrite a new MAR chart (refer to 'Handwritten MAR chart' section).
- Place the medications in to the relevant system such as trolley/storage area that will be used.
- Place the handwritten MAR chart in the service users section of the MAR chart file.
- Do not reorder medications to be put in a MCA just for ease to replace dispensing from the original packs. Only reorder supply when stocks are running low.
- Re-order as per current medication regimen.
- Where the transfer of medication involves controlled drugs provisions must be in place to ensure the correct legal processes are followed (refer to the controlled drug section relevant to your service).

Transfer of care from hospital setting:

- It is very unlikely a hospital will provide a MAR chart on discharge however you should receive a discharge letter with the medication.
- If no discharge letter transferred with service user contact the hospital ward immediately
- Handwrite a new MAR chart – **DO NOT** amend a printed MAR chart that was in use prior to admission (refer to 'Handwritten MAR chart' section).
- Place the medications in to the relevant system such as trolley/storage area that will be used.
- Place the MAR chart in the service users section of the MAR chart file.
- Do not reorder medications to be put a MCA just for ease to replace dispensing from the original packs. Only reorder supply when stocks are running low.
- Re-order as per discharge letter and **NOT** an old repeat prescription prior to admission.

- Where the transfer of medication involves controlled drugs provisions must be in place to ensure the correct legal processes are followed (refer to the controlled drug section relevant to your service).

Medication review

- Health and social care practitioners should agree how often each resident should have a medication review. They should base this on the health and care needs of the resident.
- The frequency of planned medication reviews should be recorded in the resident's care plan.
- The interval between medication reviews should be no more than 1 year.
- Social care providers may need to prompt the service user to make an appointment or arrange an appointment on behalf of the service user for their medication review.

Homely remedies

- A homely remedy is a medicinal preparation used to treat minor ailments which can be bought over the counter and does not require a prescription.
- It is permitted that a small range of products may be kept in stock in a care service for individual service users for the treatment of minor ailments.
- If the resident self–administers the homely remedy a risk assessment would need to be completed and kept with their care plans.
- Where a care service provider offers service users treatments for minor ailments with homely remedies, advice from a HCP, such as a GP or pharmacist, should be taken for each service user in advance, or at the time of need. Advice should include:
  - Which medicinal product may be administered and for what indication it may be administered.
  - Which service users may be excluded from receiving specific homely remedies and the reason why, e.g. paracetamol is not given to a service user who is already prescribed paracetamol containing product.
  - The dose and frequency.
  - Maximum daily dose.
  - Duration of use before referring the service user to a GP.
- When seeking advice from the HCP the following must be discussed:
  - Past medical and drug history.
  - Any known allergies.
  - What the service user has used in the past for these particular symptoms
  - The service user is aware that the medicine is not prescribed
- If advice is taken in advance it should be clearly documented and reviewed periodically, especially if there are changes to prescribed medication. The record should identify which homely remedies are appropriate for an individual service user. This should be kept either with their care plans or with their current MAR chart.
- Homely remedies should be given for a limited period, usually 48 hours or the agreed period with prescriber/pharmacist.
- Homely remedies must only be administered for minor self-limiting ailments, which would not normally require consultation with a doctor. If in doubt advice can be sought from a pharmacist.

- It is the responsibility of the service manager, designated person or duty nurse to check the administration of a homely remedy is appropriate including checking that the service user has no potentially serious symptoms which require further medical intervention.
- If there is any uncertainty the prescriber or pharmacist must be consulted and the discussion documented.
- The service manager, designated person or duty nurse will regularly review and reassess the service user's response to the medication in line with advice and service user care plan.
- Further doses can be administered in accordance within the medicinal product's licence guidelines for a maximum of 48 hours or the agreed period with prescriber/pharmacist.
- If the symptoms persist a doctor must be contacted for advice on whether to continue treatment.
- Only the named preparation agreed by the prescriber or pharmacist may be administered without a prescription.
- Homely remedies should be stored in the same location as all other medication but designated clearly to show they are not patient specific.

Record keeping:

- The service manager, designated person or duty nurse must record the details of the assessment, homely remedy administered and outcome in the service user's care plan
- All administered doses of homely remedies must be recorded on the MAR chart as well as signing them out of the homely remedy stock book. Medication details should be handwritten onto the MAR chart with a second check from another carer or nurse.
- The homely remedy name, dose, date and time administered must be recorded on the MAR chart.
- A running total of homely remedies will be kept to enable processes to be audited.

Oral Anticoagulant therapy

Anticoagulant therapy includes medications such as warfarin, rivaroxaban, edoxaban, dabigatran and apixaban. These are use treat and prevent harmful blood clots in the body.

It is important that service users taking warfarin have their International normalised ratio (INR) checked by the anticoagulation clinic at regular intervals in line with National Patient Safety Agency guidance. The results of this test will be used to confirm the dose taken or to adjust if necessary.

General Principles:

- When anticoagulant treatment starts, the service user must be given verbal and written information from the prescriber or clinic, and this must be updated when necessary. The care workers must fully understand its contents.
- Social care providers should be prepared to produce records about blood tests when they request a prescription for warfarin or collect the medicine from a pharmacy on behalf of the service user.
- Doses of warfarin should be written as milligrams (mg). Warfarin tablets come in different strengths. If you confuse the number of tablets with mg, the service user

could get the wrong dose which would place the service user at risk of harm e.g. internal bleeding, stroke.

- All dose changes for warfarin must be confirmed in writing by the anticoagulation clinic.
- It is safe practice to attach the written confirmation of the warfarin dose, supplied by the clinic, to the MAR chart. Only accept a verbal message to change the dose in an emergency, and always ask for written confirmation as soon as possible.

General Process:

- Written instructions must be in place for the dose of warfarin to be administered.
- The warfarin dose must only be administered if clear written dosing instructions are provided.
- This may be in the form of a fax, yellow booklet, or letter from the anticoagulant clinic.

If a dose of warfarin has not yet been received from the anticoagulation clinic, the service manager or designated person must be contacted and they must then contact the clinic or practitioner for advice on appropriate action to be taken.

The maximum interval between INR checks of a service user is 12 weeks. Many service users will require more frequent INR checks, this is patient specific. Attendance for INR checks should be as instructed by the anticoagulation clinic.

Things to be aware of:

- Warfarin interacts with a number of other medications, additional blood tests may be necessary if the person has other medicines that interact with the anticoagulant.
- Warfarin interacts with a number of foods so a consistent diet should be eaten so that the effect of food does not vary too much.
- Staff supporting or administering warfarin to service users must fully understand the contents of the “National Patient Safety Agency Oral Anticoagulant Therapy Important information for patients” yellow booklet.
- Warfarin is regularly monitored to ensure appropriate doses are given. However staff should be aware of the signs and symptoms of bleeding and what to do if these occur.

Serious symptoms and signs of bleeding:

- Prolonged nose-bleeds (more than 10 minutes), blood in vomit, blood in sputum, passing blood in urine or faeces, passing black faeces, severe or spontaneous bruising, and unusual headaches.
- Bleeding might not be due to warfarin overdose but any of the above are experienced seek medical advice and request an urgent INR test.

Covert medication

Definition of Covert:

‘Covert’ is the term used when medicines are administered in a disguised format without the knowledge or consent of the service user.

The practice of offering medication covertly, for example in food or drink, must only be done using lawful practice as per the Mental Capacity Act (2005) and with appropriate documentation which clearly states the decision reached and the reasoning behind it.

All decisions about covert medication should be guided by the five core principles of the Mental Capacity Act (2005).

For further information and resources see the NHS Halton CCG 'Best Practice Guidance: Covert Administration of Medicines in Adult Health & Social Care Settings' document.

General Process:

The following points must be considered before administering a medicine covertly:

Necessity:

- Have all other administration options been considered for example: change of form to dispersible tablets or liquids, time of administration.
- Is the treatment essential, does it need to be given covertly?
- Practitioners should base their clinical decisions on an individual patient basis.

Capacity:

- Does the service user have the capacity to decide about medical treatment?
- The service user must have been assessed in accordance with the Mental Capacity Act 2005. This process must be relating to the specific task at the specific time and clearly documented.

Benefit:

- Treatment must be for the benefit of the service user and not to benefit others.
- Are there any potential risks or possible adverse effects that might be caused by administering the medicine covertly? Risk should not outweigh the clinical benefit, e.g. change in absorption or risk of service user tasting medicine and then refusing all food and drink.

Least restriction of freedom:

- Is the covert method the best way to achieve administration of medication?
- If medication is given covertly this must be detailed in their DoLS if one is already in place.
- A DoLS must be in place if any medication administered covertly alters mental state, mood or behaviour, and if it restricts a service user's freedom.
- Is the chosen method for covert administration the best way of administering medication to the service user and also causes the person the least distress?

Take the service user's past and present wishes into account:

- Has an Advance Statement been made? This may include specific instruction about life sustaining medication.
- It is important to take into account anything the service user may have said to family and friends or involve independent advocacy.

Consideration must also be made of ethical, cultural or religious beliefs. Consult others:

- Has there been full discussion within a multidisciplinary team (MDT) with expert pharmacy guidance? Example people involved in MDT: GP, later life and memory

service (LLAMS), pharmacist, carer, social worker, family or Independent Mental Capacity Advocate (IMCA).

Encourage the service user to use existing skills:

- Have all means of communication been explored?
- The service user should have every opportunity to understand the need for medical treatment and communicate decisions.

Registered service managers will ensure that:

- The use of covert administration must be included in the care plan once the MDT has decided it is in the service user's best interest. The decision must be communicated in writing and countersigned by all members of MDT.
- The proposed treatment and possible methods of administration have been discussed with a pharmacist who will need to consider the pharmaceutical stability of the medication in relation to the covert administration method proposed.
- Medicine must not be mixed in food or drink, crushed or opened without the written instruction from a pharmacist. Any person giving crushed tablets or opened capsules to a service user without directions and without making the appropriate checks could be held liable for any harm caused.
- The treatment plan should initially be subject to frequent review, on an individual service user basis, if the requirement for covert medication remains, full review must take place at least 3-monthly.
- The method of administration should be clearly recorded on the MAR chart and these directions accurately followed.

Safe handling of cytotoxic medication

Cytotoxic drugs describe a group of medicines that contain chemicals which are toxic to cells, preventing their replication or growth, and so are commonly used to treat cancer or other disorders such as psoriasis and rheumatoid arthritis. The toxicity of the cytotoxic drugs means that they can present significant risks to those who handle them.

General Principles:

- Occupational exposure can occur when preventative measures are inadequate.
- Exposure may be through skin contact, skin absorption, inhalation of aerosols or drug particles, ingestion and needle stick injuries (not relevant in the case of care staff), resulting from the following activities:
  - Drug preparation
  - Drug administration
  - Handling patient waste
  - Waste disposal
  - Cleaning spills

General Process:

- The risks must be identified. This needs to include identification of the cytotoxic drug that is being handled and the potential adverse effects on health. If you are unsure you **must** contact the community pharmacy.

- The groups of workers who may be at particular risk must be identified. For example, trainees, new and expectant mothers. Pregnant workers are especially at risk as some drugs could be harmful to the unborn child.
- The risk must be evaluated. The likelihood of the cytotoxic drug causing ill-health should be assessed. A decision should be made to determine whether existing precautions are adequate or whether more should be done.
- This risk assessment must be recorded and it is good practice to review the assessment periodically to ensure that precautions are still suitable.

The following measures must be considered:

Personal protective equipment (PPE)

PPE (gloves and disposable apron) must be provided and used wherever risks cannot be controlled in other ways. Staff must be trained in the correct use of PPE and it must be adequately maintained and stored. Women of child-bearing age who are being asked to administer cytotoxic medication must be informed of the fact that exposure to a cytotoxic may harm an unborn baby.

Dealing with spillages and contamination

Staff who are handling cytotoxics or contaminated waste must be familiar with clear procedures as advised by a pharmacist. Cytotoxic medication must **never** be crushed or broken and any spillages must be dealt with promptly. Staff and service users should wash hands thoroughly following the administration of oral cytotoxics.

Waste disposal

Procedures must be in place for the safe disposal of waste following the administration of cytotoxic medications. All relevant staff must be familiar with these procedures. Cytotoxic drugs must never be disposed of in an ordinary waste bin. Care homes with nursing provision will need to obtain a cytotoxic waste disposal bin from their waste contractor to dispose of oral cytotoxics. Care homes without nursing will need to return the oral cytotoxic tablets to the pharmacy for disposal. They should be put in a sealed container clearly marked with the drug name and 'for disposal'. It is important to consider that excreta (urine/faeces/sweat/etc.) from treated patients may contain unchanged cytotoxic drugs or active metabolites. The safe precautions regarding PPE and safe disposal must be followed when handling body fluids, faeces or contaminated clothes for up to seven days following the last dose.

Information, instruction and training

Staff handling cytotoxic drugs must be given appropriate information, instruction and training relevant to their work. Staff must be aware of the risks of working with cytotoxics and the necessary precautions.

Reporting incidents

The spillage of any cytotoxic drug to which people could have been exposed must be reported on an incident report form and the service manager informed immediately.

Off licence medication

Definition of 'off licence':

Drugs may be used outside the terms of their product licence, e.g. a medication which is still being clinically trialled or for an indication not listed in the patient information leaflet. When a tablet is crushed or a capsule opened this can also be deemed “off licence” as the pharmaceutical company cannot then guarantee the quality, safety and efficacy of the medicinal product.

- Service users receiving “off licence” medication should be given sufficient information about the medicines prescribed, by the prescriber, so that they can make an informed decision.
- Prescribing unlicensed medicines may be necessary where:
  - There is no suitable licensed medicine that will meet the service user’s need
  - Or where a suitably licensed medicine that would meet the patient’s need is not available.
- The service user’s GP and/or pharmacist must be contacted to ensure that all other alternative forms of medication are explored before the decision is made to crush a tablet or open a capsule.
- In most cases there are alternative options to crushing tablets and opening capsules. For both service user and carer safety, these will often be more appropriate. It should be determined by the prescriber or pharmacist if there is a licensed liquid preparation available.
- If a GP or prescriber advises that a tablet should be crushed, this should be put it in writing, following advice from a pharmacist.
- A tablet can only be crushed or capsule opened with the written authorisation of the prescriber or formal directions on the label, for example ‘to be crushed and added to 10-20ml water’
- Tablets should not be broken in half unless scored
- Medication should generally be taken straight away.
- Medicine must not be mixed/placed in food or drink, crushed or opened without the written instruction to do so from a pharmacist. Any person giving crushed tablets or opened capsules to a service user without directions and without making the appropriate checks could be held liable for any harm caused.
- The written instructions must be kept with the MAR charts.
- When used “off licence” the manufacturer may assume no liability (or refuse to accept liability) for any ensuing harm that may come to the recipient.
- If the service user has swallowing difficulties this must be regularly assessed and appropriate action taken if there are any changes, with the potential of swapping back to tablets/ capsules. Speech and language team (SALT) can be contacted for advice on: 01928 593765.

Oxygen

Care settings are increasingly being asked to accommodate service users who use compressed oxygen gas. Oxygen is a prescribed item and must only be used as directed by the prescriber for the service user it is prescribed for. Oxygen rich compounds are highly flammable and as such oxygen represents a risk and action must be taken to safely control these risks.

Control Measures

Compressed oxygen cylinders should only be allowed on Council premises when absolutely necessary. If a service user requires personal oxygen, a suitable and sufficient risk assessment MUST be undertaken prior to use. It must be recorded and control measures introduced.

The results of the risk assessment, the control measures put in place and any relevant information must be communicated to staff and other relevant persons.

The prescriber should give specific instructions on oxygen use. The supplier should give advice on storage, valve operation etc. all staff using the apparatus should be deemed competent prior to usage.

Fire Risk

Materials burn much faster in oxygen than in air alone, it is therefore important that service users and staff supporting the service user:

- NEVER smoke or let anyone else smoke near them when using the oxygen equipment, this includes E-Cigarettes.
- NEVER charge an E-Cigarette or similar device close to them when using the oxygen equipment or near the equipment itself.
- NEVER use the oxygen equipment near an open fire or naked flames, such as matches, lighters, gas cookers or candles.
- NEVER use the oxygen near other heat sources such as electric or gas heaters or boilers.

Oxygen Saturation (Enrichment)

When oxygen equipment is turned on, oxygen can build up unnoticed on materials such as clothing, hair, fabrics, wood and paper. This can cause them to burn more easily if they catch fire. Because of this, service users and staff supporting the service user must:

- ALWAYS turn off oxygen equipment when they are not using it.
- ALWAYS use or store oxygen equipment in a well-ventilated area.
- NEVER place oxygen equipment near curtains or cover it with coats, blankets or other materials that may restrict the air circulation around it.
- NEVER leave the cannula or mask on the bed or chair when oxygen equipment is switched on.

Storage and Usage

Service users and staff supporting the service user must ALWAYS follow the advice given to them by the supplier about the safest place to store and use their oxygen equipment. It is important that they:

- ALWAYS ensure the oxygen equipment is stored in a well-ventilated area, kept upright, kept clean, dry and away from any sources of heat or fire e.g. convection heaters, gas or electric fires and cookers.
- NEVER store the oxygen equipment close to paint, oil, grease or any domestic heating gases.
- NEVER keep combustible materials near the oxygen equipment e.g. newspapers and magazines and other items that may burn easily.
- ALWAYS store full and empty cylinders separately.

- ALWAYS have warning signs posted in a prominent position, making the location of the oxygen cylinder(s) clearly visible when stored or in use.
- This information applies to all places where service users store or use their equipment, and when travelling with it.

Oils and Grease

- NEVER use oils or grease near oxygen equipment.
- NEVER use oil based creams such as Vaseline when using oxygen equipment.
- ONLY use water based soluble creams or products.
- ALWAYS make sure hands are clean when using their oxygen equipment.

Fire and Rescue Services

The details of oxygen storage and use must be shared with the local Fire and Rescue Service so that in the unlikely event of a fire, the Fire and Rescue Services know that oxygen equipment is at the address.

Managing personal and sensitive information

Supporting and managing medications as part of your social care role involves direct access to personal and sensitive information. Council run services will ensure that all medicines records and information complies with the council's Data Protection Policy (link available for Council staff). Where the provider is not the Council, the service provider will ensure that their internal policies comply with the Data Protection Act 1998.

Additional guidance

Time of administration:

- The time of administration must be carefully considered and be responsive to a service user's need and wishes. A personalised approach must be taken rather than focusing medication rounds based on meal times or driven by staff needs.
- Thought must be given to medicines which contain special administration directions. For example, take on an empty stomach.
- Thought must be given to location in which medicines are administered. For example, eye drops or inhalers may not be appropriate to be administered at the dining table.
- Thought must be given as to why the medication is being given as this may influence when it is administered. For example, a resident may choose to stay up to watch TV and go to bed at 11pm, therefor administering a sleeping tablet at 8pm would not be appropriate.

Additional consideration:

- Staff must never pass the medication on to another member of staff to give.
- Medication must never be prepared in advance of administration. You must always check that the service user is awake and ready to accept their medication.
- If a service user is not in their room or in the expected location they must be located and receive their medication, do not omit the dose.
- Staff must only sign the MAR chart if they have administered the medication or if they were required as a witness or second check.

Retention of records:

- On discharge from the service it is a requirement that records (including MAR charts) are retained for 3 years in a secure location as per the Data Protection Act.
- Controlled drug registers must be kept for a minimum period of 2 years after they have finished being used.

Death of a service user

As per advice within 'The handling of medicines in social care' (Royal Pharmaceutical Society), in the event of a death, all medication (including prescribed, homely remedy and topical preparations) must be retained for at least seven (7) days. The medication may be required for evidence by the Coroner as part of their on-going investigation.

Essential practice for care homes

NOTE: All staff working in a care home setting MUST also read 'Essential practice for all providers'

Service Manager Responsibilities

The service manager has overall responsibility for:

Ensuring compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: regulation 12(2)(f) and 12(2)(g), the Royal Pharmaceutical Society's eight principles and the NICE guidelines on Managing Medicines in Care Homes.

Ensuring systems and procedures around medicines management are implemented and followed.

Determining the best system for supplying medicines to each service user based on their individual circumstances, with the aim of maximising independence where possible. The above can be achieved by monitoring and auditing the systems and procedures in place, which includes:

- Undertaking or overseeing the monthly process of ordering and booking in the prescribed medication supplied by the community pharmacy against those items ordered.
- Undertaking weekly audit of controlled drugs against the register.
- Carrying out monthly audits of the completed medication cycles on the MAR charts.
- Undertaking monthly audits of homely remedy stocks.
- Ensure all staff are competent and medication training is up-to-date.
- Carrying out annual medication competency assessments of all staff involved in administration of medication.
- Undertaking or overseeing the reporting of medication errors where the safeguarding threshold was not reached (care concern) and ensuring appropriate action is taken to prevent further errors occurring – evidencing the wider learning from the concern, to minimise the risk of it reoccurring in the future.
- Ensuring that every service user has a medication assessment and an individualised medication information sheet in place.
- Making a referral to safeguarding if the safeguarding threshold is reached.
- Reporting to CQC any untoward medicines related incident (refer to 'Medicines errors and fair blame' section).

Responsibilities delegated to staff

The service manager can delegate responsibilities and tasks to staff. The staff member is anyone deemed by service manager to be competent to carry out medicines management duties.

These staff will complete medication training prior to being given this responsibility (theoretical and practical competency assessment). The responsibilities of the staff on duty include:

- Assisting with the ordering of medicines.

- Assisting with the process of cross checking prescriptions against the original order to ensure discrepancies are identified before the prescriptions are sent to the pharmacy for dispensing.
- Assisting with the monthly process of booking in and checking of prescribed medication received from the community pharmacy against ordered items.
- Liaising with HCP where necessary.
- The safe storage and custody of medicines.
- Monitoring supplies and appropriate levels of stock of medicines including homely remedies.
- Medicines administration.
- Accurate record keeping.
- Regular review of assessments with service users to determine whether they are able to self- administer medicines.
- Continual checking of MAR charts after each round and if a gap is discovered report to service manager or designated person. The service manager or designated person must investigate the error, if required seek advice from a relevant HCP and report the error in accordance with the policy.
- Completion of medication incident report forms in accordance with the policy.
- Safely managing the disposal and return of medication (refer to 'Disposal of medication' section).

Ordering medicines

- Care home providers must ensure that at least two staff have the training and skills to order medicines. In exceptional circumstances ordering can be done by one staff.
- Care home providers must retain responsibility for ordering medicines from the GP practice and must not delegate this task to the supplying pharmacy.
- Check current stock levels of regular and PRN medication before ordering.
- The care home must maintain records of medicines requested in order to cross reference prescriptions and items received from the pharmacy.
- The care home must retain up-to-date records of current medication provided for each service user and ensure stock levels for each service user are kept at an appropriate level to avoid running out. Equally, medicines must not be stockpiled or over ordered.
- Protected time should be allowed for the ordering of medicines, in particular for the monthly order.
- The prescription produced by the surgery must be checked against the prescription request before it is sent to the community pharmacy to ensure there are no discrepancies.

Receipt of medicines

- Medication received from the pharmacy must be checked against the record held by the care home of items ordered to ensure all medicines ordered have been prescribed and supplied correctly.
- Protected time must be given to staff booking in medications, particularly the monthly cycle.

- Particular attention must be paid to controlled drugs and fridge items, which require processing first.
- All other medicines (prescribed and non-prescribed) brought into the home, from an alternative source i.e. those from the service user's home, discharge medicines from hospital, those brought from another care home or those brought in by friends/ relatives, must be recorded at the point of admission.
- This information must be obtained from the label on the medicine, not verbally from the service user or carer.
- If in doubt, or where there is any contradiction in dose or directions, consult the prescriber or community pharmacist
- When medicines received for a service user differs unexpectedly from medication received for the same service user in the past, the care home must check with the prescriber or pharmacist before giving the medicine.
- For respite and short-stay service users, this procedure must be undertaken at each admission.

Disposal of medication

When disposing of medicines and removing medicines, care home providers must have a process for the prompt disposal of:

- Unwanted medicines
- Expired medicines
- Medicines that exceed requirements (correct waste management within the care home should limit the quantity of items exceeding requirements)

Non-nursing care homes:

- Medicines that are no longer needed must be returned to the community pharmacy for disposal.

Nursing care homes:

- The waste must be consigned to a suitably authorised waste management facility

Disposal of sharps:

Disposal of sharps must be in a sharps bin.

- In residential homes service users who require a sharps bin should have one available on prescription (usually 1 litre capacity). When full, these sharps bins can be taken to specific locations within the borough for disposal.
- Visiting HCP who need to dispose of sharps may bring a sharps bin with them. The visiting HCP should make arrangements for disposal of any full sharps bins which they bring with them to use.
- In nursing homes large sharps bins may be available from their waste management company. Full sharps bins should be disposed of via the waste management company.

General Principles:

- Staff must never dispose of medication in domestic waste.
- Surplus, unwanted or expired medicines should not be stored in care settings.

- They cannot be used for anyone else. They should be disposed of as soon as possible.
- Disposal of medicines must be clearly documented (see below).
- Medicines for disposal should be stored in a tamper proof container within a cupboard until they are collected or taken to the pharmacy.
- Care home providers must have a medications returns record in place. The service manager or designated person is responsible for checking what is being returned and this must match the information in the returns record.
- The following information should be entered into the medications returns book:
  - Date of disposal
  - Name of service user
  - Name, strength, dose and form of medicine
  - Quantity being disposed
  - Reason for disposing of medication (e.g. dropped, refused)
  - Name and signature of the care home staff making the record
- Keep records of medicines (including controlled drugs) that have been disposed of, or are awaiting disposal.

The situations where medicines might need to be disposed of include:

- A service user's treatment is changed or discontinued- the remaining supplies of medication must be disposed of safely.
- A service user transfers to another care setting; they should take all of their medicines with them, unless they agree to dispose of any that are no longer needed.
- A service user has refused the medication.
- A service user passes away. The service user's medicines must be kept for seven days, in case the coroners or courts ask for them.

Storage

- A lockable drawer or similar facility must be provided for service users who self-medicate, this should be in their own room and the service user must hold the key to the storage area.
- Where medicines are administered these must be stored in a lockable medicine cupboard or trolley of solid construction. Medicines trollies must be secured to the wall or behind a locked door when not in use.
- Keys to the medicine cupboard and trolley must not be left in the vicinity of the cupboard but must remain in the possession of the designated person or person delegated with the responsibility of administering medicines.
- Keys to the medication storage areas must be kept separate from any general keys.
- Where facilities exist, medicine cupboards must be housed in the room that has been provided for use as a clinical room. The temperature of medication storage areas must not exceed 25 degrees centigrade. A daily record must be taken and if temperatures are found to be outside this range, the community pharmacist must be contacted for advice.
- Any specific storage needs indicated on the label e.g. storage in a cool place, must be followed.
- Any medicines required to be stored in a refrigerator should be held in a separate locked refrigerator used only for this purpose. The temperature of the fridge must be

monitored daily, using a max/ min thermometer (normal range is between 2 and 8 degrees centigrade). If temperatures are found to be outside this range, the community pharmacist must be contacted for advice. The refrigerator should be cleaned and defrosted regularly (refer to 'Cold storage of medicines' section).

- A separate fridge may not be necessary in a small care home unless there is a constant need to refrigerate medicines that a service user takes regularly, for example, insulin.
- For controlled drugs storage, refer to 'Controlled Drugs' section.
- When medicines are to be transported around the home it must be done in a secure manner for example: using a lockable medicines trolley. Staff must never leave the trolley unattended without ensuring that it is securely locked.

Cold storage of medicines

Some medicines require temperature controlled storage e.g. needs to be stored in a cool place or in a refrigerator. Medication requiring refrigerated storage usually requires a temperature between 2 and 8 degrees centigrade (specific temperature requirements should be detailed on products packaging). The maximum and minimum temperature of the fridge must be checked using a maximum and minimum thermometer (ensure the thermometer is reset once the reading has been taken). The temperature must be recorded daily, preferably in the morning before medicine has been administered, or at the same time each day. The temperature must be maintained between 2 and 8 degrees centigrade, if the fridge is found to be outside of the recommended range inform the service manager or designated person immediately.

The following action should be taken:

- Quarantine stock in a properly functioning fridge while advice is sought.
- If the fridge is faulty, attach a notice to the fridge clearly stating 'do not use'.
- Estimate how many hours the fridge has been out of range (you should have the reading from the previous day's check).
- Contact your regular pharmacy for advice or the manufacturer for individual product advice to establish if is it safe to continue to use the medication.
- If the pharmacy or manufacturer advice that it is safe to continue to use the medication but it is now deemed 'off licence' you must contact the prescriber to ask for their authorisation to use.
- If the pharmacy/manufacturer say that it is not safe to use the product or if the prescriber does not authorise the use of the product, a new prescription will be required. A prescription request and dispensing arrangements must be made to ensure the item is received and the service user does not miss a dose of their medication.
- Ensure that the stock which is no longer usable is disposed of promptly and safely.
- If the fridge is found to be faulty do not use the fridge until it is repaired to full working order.
- Remember to record the action taken on the fridge temperature record sheet.
- An incident form such as a care concern or safeguarding report may also be required.

Controlled Drugs

Definition of Controlled Drugs:

Controlled drugs (CDs) are those drugs defined in the Misuse of Drugs (Safe Custody) Regulations 1971, as 'dangerous or otherwise harmful drugs'. The regulations specify requirements for storage and record keeping. In order to meet legal requirements that govern controlled drugs, each care home and intermediate care establishment must be equipped with facilities for the safe storage of such drugs.

In domiciliary settings the additional requirements (as detailed below) are not required, there is no difference in the administration of CD's compared to other medications when the service user is in a domiciliary setting.

Self-administration of Controlled Drugs:

- The ability of a service user to self-administer their medication must be reviewed periodically and when the individual's circumstances change.
- Service users who self-administer and their medication includes CDs;
    - The CD must be stored in a locked non-portable cabinet or drawer in the service user's room, the service user must hold the key to the storage area.
    - If the care home is ordering and receiving the CDs on behalf of the service user a record must be made of the receipt, supply and disposal of the CD in the CD register.
    - If the service user is solely responsible for ordering and receipt of the CD there is no requirement to document this in the CD register.

Controlled Drugs administered by staff:

Storage:

- The structural requirements in relation to cabinets and rooms for the safe storage of controlled drugs must be met by Regulation 3(3) Schedule 2 of The Misuse of Drugs (Safe Custody) Regulations 1973.
- A controlled drugs cabinet must be present in every establishment.
- The controlled drugs cabinet key must be kept apart from the keys for other medicines.
- The key must be kept in the possession of the designated person or their deputy and must never be left in a drawer or suspended from a hook.
- The controlled drugs cabinet must never be removed from the premises.

Receipt of Controlled Drugs:

- The pharmacy supplier should inform you that a controlled drug has been dispensed and supplied. You should be asked to sign and complete a Controlled Drugs delivery note. A copy should be retained by the Pharmacist and a copy by the care home.
- A bound controlled drugs register must be present in every establishment.
- The Controlled Drugs must be booked into the CD register and locked away into the CD cabinet by two staff as soon as they arrive in the care home, recording the following information:
    - Date on which the drug arrived in the establishment
    - Name of service user requiring the drug

- Quantity received
- Form in which the medication has been received
- A separate page must be used for each service user and each strength even if the same drug is supplied
- Drug form must be specified at the top of each page
- The index of the register must be completed
- Two signatures of those booking in the drugs must be recorded
- The specific name of the supplier e.g. name and address of pharmacy. Please note the general entry of "received from pharmacy" is not acceptable.

Administering and recording:

- All procedures for general administration apply.
- Administration shall be by the designated person and witnessed by a second staff. The second member of staff must trained and competent in order to understand what they are checking.
- The witness must oversee the whole process and both staff are required to sign the controlled drug register. Only one signature is legally required on the MAR chart but it is deemed good practice to have two.
- Entries must be made when the dose is given. It must include the date, time, name of the resident, dose given, the signatures of the staff administering, a witness and the balance left in stock.

The controlled drugs register:

- No cancellation, obliteration or alteration must be made.
- Any corrections must be bracketed and linked to a note in the margin or footnote which is dated and signed by two members of staff.
- Entries must be made in indelible ink.
- The register must not be used for any other purpose.
- The register must be kept in a secure place at the establishment.
- A separate page must be used for each service user and drug and strength.
- Entries must be in chronological order with no missed pages or lines.
- The register must be a bound book with sequentially numbered pages and kept for two years from the date of the last entry.
- A running balance must be maintained. The balance of each drug must be checked regularly with the medication in stock. Stock checks of controlled drugs must be completed by two trained and qualified members of staff and documented in the controlled drug register.

Destruction of CD's and returning CD's to the pharmacy:

- In a home providing nursing care controlled drugs can be destroyed by two registered nurses using a suitable CD destruction kit which are available from the waste contractors or pharmacy.
- Records of destruction must be kept in the CD register, including, date the CDs were destroyed, amount destroyed and remaining balance with signatures of the nurse and witness.
- In all other homes CD's must be returned to the pharmacy for destruction.

- Return must be recorded in both the CD register and the 'returns' book showing:
  - Date CDs were returned to the pharmacy
  - The amount returned
  - The remaining balance with the signatures of the two people responsible (in CD register).
  - The signature and name of the person from the pharmacy to whom the CD was handed (in the returns book)

General Process:

- If a service user requires help to administer their controlled drug medication, this must be in their care plan.
- Where administration is by a visiting health professional, they must complete the entry on the MAR chart and in the controlled drugs book, witnessed by the responsible designated staff for that establishment.
- All controlled drugs will be marked with 'CD' on the original manufacturer's packaging, but not on the pharmacy labelling. If in doubt, seek advice from the supplying pharmacy.
- Some drugs are exempt from the storage regulations (e.g. Midazolam). However it is good practice to store it in a CD cupboard unless it is being used as rescue medication if in any doubt contact a pharmacist.
- The CD balance must be checked weekly as well as at each administration.

CD discrepancies:

When dealing with discrepancies, incidents and errors related to CDs. These must be reported immediately to the care home manager. Steps must be taken to establish what has happened.

<u>Upon receipt of stock:</u>

If a discrepancy is identified between what is expected and the supply received then the following steps should be taken**:**

- Enter the stock into the CD register indicating what was obtained, not what was requested.
- Contact the supplier as soon as possible to investigate and resolve the discrepancy.
- Store the CD separately in the CD cabinet awaiting collection.
- Arrange for the supplier to pick up the incorrect CD.
- When the stock is picked up, obtain a signed receipt from the person taking it away, and make an entry into the supplied section of the CD register.

If the CD received is deemed 'unfit' for use the following steps should be taken:

- Enter the medication received into the appropriate section of the CD register.
- Store the CD in the CD cabinet (ideally in a sealed bag marked 'Damaged Stock') until it is taken away.
- Inform the pharmacy that the stock received is 'unfit' for use, explaining the reason and arrange for the pharmacy to pick up the stock.
- When the stock is taken away, obtain a signed receipt from the person taking it away, and an entry must be made into the supplied section of the CD register.

Balance check:

If a discrepancy is identified between calculated stock figures (running balances) and actual stock the following steps should be taken:

- Check back through the entries for that drug and ensure that there has not been a bookkeeping or numerical error.
- Check the MAR chart and also any records of disposed medicines.
- If the discrepancy **can** be identified, record the outcome and make any corrections to the CD register with a signed and dated entry (this 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.
- If the discrepancy **cannot** be explained or rectified then the following must be informed:
  - CQC
  - The Area Team Controlled Drugs Accountable Officer (CDAO)
  - The Controlled Drug Liaison Officer (CDLO) at the police (contact details below).

Reporting to the CDAO:

Incidents, errors and near misses involving CDs as well as concerns about mishandling of CDs must be reported to the CDAO by using the CD website: www.cdreporting.co.uk .

Tip - You can save it as a favourite for easy access.

You will see the CD log on page. If you have not yet registered you can click on 'create an account' and complete the registration form.

Reporting to CDLO:

Our local CDLO is:
James Thompson(Controlled Drug Liaison Officer Cheshire Police)
Telephone: 01606 363611
Mobile: 07825 272503
Email: james.thompson3879@cheshire.pnn.police.uk

If you have any questions regarding Controlled Drugs you can:

- Contact your supplying Community Pharmacy
- Contact NHS Halton Care Home Medicines Management Support Team
- Contact Detective Constable James Thompson
  (Controlled Drug Liaison Officer Cheshire Police)
  Telephone: 01606 363611
  Mobile: 07825 272503
  Email: james.thompson3879@cheshire.pnn.police.uk

Additional guidance

Administering medicines

- A tabard (designated for use during the medication administration round) should be worn by the staff administering medication. The purpose is to alert others that medications are being administered, to help prevent and reduce interruptions occurring during the medication round. Healthcare professionals entering the establishment , staff and service users in the service should be made aware not to disturb a member of staff wearing the tabard unless in an emergency.

- Services may choose to use other systems to ensure the staff member administering medication is not disturbed; the system they choose must be robust.

Day trips and holidays

- When going out for the day or going on holiday, specific arrangements must be made for the period of the trip. The medicines are to be given to the service user or the person who will be caring for them during the day trip/holiday.
- The medication must be provided in its original pharmacy labelled bottles, containers and/or MCA.
- A photocopy of the MAR chart must be provided and a code (for example L) should be used on the original MAR chart to indicate the service user was on leave.
- The name, strength, and quantity of the medicine which is to leave the premises must be recorded and the medicines must be checked back in upon returning. Any discrepancies must be reported to the service manager or designated person who will need to investigate the incident and may need to seek medical advice. For example, a service user takes two co-codamol 30/500mg tablets per day. 28 tablets in the original container are taken out on a day trip for 6 hours, upon returning only 10 tablets remain when there should be 26.
- Where the designated or responsible person is accompanying the service user on the activity, they take responsibility for administering medication.
- Where they are not accompanying the service user, they must ensure the staff or any other adult who will be responsible for giving the medication has clear verbal and written instruction on what to do and signs for receipt and return of the medication. A suitable and sufficient risk assessment must also take place and be clearly documented.
- Where the service user is going on an activity organised by another organisation, the service manager must satisfy themselves the organisation has procedures in place to ensure the service user safely receives the correct medication. For example medicines policy, staff training, competency etc.

Day trips and holidays with controlled drugs

If the service user is going out with medication and it involves Controlled Drugs (CD) the care provider will need to ensure legal requirements are met.

Some care settings do not require additional legal storage or records for controlled drugs (refer to the controlled drug guidance specific to your service).

In care settings where additional legal requirements for controlled drugs are necessary, the service must ensure the following:

- A photocopy of the MAR chart must be provided and a code (for example L) should be used on the original MAR chart to indicate the service user was on leave.
- A record must be made in the CD register and witnessed by a second trained member of staff.
- A detailed record of who the CD was given to. For example, full name, company they work for, job title or relationship to service user etc.
- The person who takes the CD away should be asked to sign the CD register.
- The CD must be placed in a tamper proof bag or secure portable storage.
- The CD must be held by the designated person at all times.

- If the CD is not required during the trip/holiday and is returned to the service this must be checked, recorded in CD register and returned to the CD cupboard.
- If the CD is used during the trip/holiday this must be recorded on the MAR chart.
- Any discrepancies must be reported to the service manager or designated person who will need to investigate the incident and may need to seek medical and legal advice.

Essential practice for Day Services and Adult Placement

NOTE: All staff working in a Day Service or Adult Placement setting MUST also read 'Essential practice for all providers'

Self-administration

- Service users should be encouraged to retain responsibility for their own medicines while attending the service (where possible). This outcome should be decided through completion of a medication assessment tool.
- Service users who are assessed as being able to self-administer using an appropriate risk assessment tool, should be advised that the medication should be carried in a suitable container and kept safely on their person at all times if possible.

Administration of medicines

- Where service users are assessed as requiring assistance with administration of medication (level 2 or 3), the prescriber or pharmacist can be asked to assess whether an alternative preparation or pattern of administering the medicines can be used e.g. tablets being taken 2 or 3 times a day instead of 4 or giving the medicine at a different time of day to avoid having to give medicines in a day services setting.
- Where it is agreed staff are to assist service users with taking medication, the level of assistance must be clearly recorded, both on the assessment and in the care plan.
- Where a service user regularly attend day services (e.g. 4/5 days a week) and requires assistance with taking medication, the assessor/ care co-ordinator can liaise with the prescriber/ pharmacist to ascertain if they can provide separate supplies for day care.
- Where a service user attends the services less often e.g. once or twice a week the service user or carer must be asked to provide the medicines in its original pharmacy labelled bottles, containers and/or MCA.

Receipt of medicines

- The medication must be provided in its original pharmacy labelled bottles, containers and/or MCA.
- If there is any concern over the medication provided e.g. medication labels have become detached, labels are illegible, medication packaging has been tampered with, medication provided in a 'secondary dispensed' form, the medicine in the container must not be given. Staff must inform the service manager or designated person. The service manager or designated person must seek the advice from a relevant HCP such as the supplying pharmacist, prescriber or if out-of-hours, advice from an out-of-hours service must be sought. This must take place immediately to ensure the service user does not go without their medication.
- On admission to the service the medicines to be given to service users will be recorded on a MAR chart (refer to 'Handwritten MAR chart' section).
- On each attendance the medication being received must be checked against the records and the MAR must be re-written if the medication has been changed.
- This information must be obtained from the printed pharmacy label on the medicine and a recent copy of the patient summary records from the surgery, not from verbal instruction from service user/ carer.

- If the service user is on a PRN medicine the previous administration time and dose must be established to ensure the medication is not administered too soon which could result in an overdose.
- If in doubt, or where there is any contradiction, consult the pharmacist, prescriber if out-of-hours an out-of-hours service.

Storage

- To ensure safe storage of all medicines but also provide a person centred approach, each service user's storage requirements will be considered individually to determine the most appropriate storage solution. Considerations must be made to ensure others are not at risk such as other service users, visitors, family members, children and pets.
- If the service user self-administers and the medicines require safe storage this service user must be provided with a lockable cupboard or drawer and the service user must hold the key.
- Where medicines are to be administered by staff, the storage instructions on the packaging must be followed.
- When stored in a central location a lockable medicines cupboard should be used. The keys to the medicine cupboard must not be left in the vicinity of the cupboard but must remain in the possession of a designated member of staff.
- Where it is not possible to provide a lockable medicines cupboard, the medicines should be kept in a locked cupboard with each service user's supply of medicines being kept in a separate named container. The keys to the cupboard must not be left in the vicinity of the cupboard but must remain in the possession of a designated member of staff.
- A separate fridge may not be necessary in Day Services or Adult Placement unless there is a constant need to refrigerate medicines that a service user takes regularly, for example, insulin. Medication that requires storing in a refrigerator must be held in a separate, preferably secure, container to avoid cross contamination with foodstuffs.
- Care workers must check that the fridge appears to be working correctly if there are medicines stored in it.
- Staff must report to the service manager or designated person if the fridge appears to be defective. The service manager or designated person must contact a relevant HCP such as a pharmacist for advice.
- When storing medicines in an area accessible to others a risk assessment must be documented (even if stored in a separate secure container as this could be removed).

Medication leaving with the service user

This includes service users who are leaving temporally and those who are leaving for the last time.

- When the service user leaves the service a record of the medication which leaves with them must be made.
- A detailed record of who the medication was handed to must be made. For example, full name, company they work for, job title or relationship to service user etc.

- It is good practice to ask the person who the medication has been handed to, to sign the records for a clear audit trail.
- Information regarding the administration of any PRN items which has taken place at the Day Service or Adult placement service must be communicated to the service user or their representative.

Retaining Medicines in services (when service user not present)

- If medication is left at the premises when the service user is not present this must be stored securely and at the correct temperatures as indicated on the products packaging.
- The temperature of medication storage areas must not exceed 25 degrees centigrade. A daily record must be taken and if temperatures are found to be outside this range, the community pharmacist must be contacted for advice.
- Any specific storage needs indicated on the label e.g. storage in a cool place, must be followed.
- It is not recommended to retain Controlled Drugs or fridge items if the service user is not present as additional legal and safe storage requirements will be necessary.
- If the medicines stored are Controlled Drugs refer to 'Essential practice for care homes – Controlled Drugs' section.
- If the medication stored requires refrigerated storage refer to 'Essential practice for care homes – Cold storage of medicines' section).

Essential practice for Supported Housing Network

NOTE: All staff working in a Supported Housing Network setting MUST also read 'Essential practices for all providers'

Storage in the service user's home or personal room (Level 1, 2 and 3 support)

Storage

- As part of the assessment process, the controls for the safety and storage of the medication will be identified.
- When the service user remains responsible for the medication they should be advised to store their medication in accordance with the instructions provided with the medication.
- Medicines should be stored within their own home or personal space when service users self-administer (level 1).
- Where it has been deemed that the service user is unable to take safe control or lacks capacity to manage their medication staff are responsible for the administration of medicines. Medicines must be stored safely and appropriately in accordance with the instructions provided. Other relatives, carers and health professionals should be informed where it is stored if appropriate.
- A separate fridge may not be necessary in supported housing network services, unless there is a constant need to refrigerate medicines that a service user takes regularly, for example, insulin. Medication that requires storing in a refrigerator must be held in a separate, preferably secure, container to avoid cross contamination with foodstuffs.
- Care workers who provide care must check that the fridge appears to be working correctly if there are medicines stored in it.
- Staff must report to the service manager or designated person if the fridge appears to be defective. The service manager or designated person must contact a relevant HCP such as a pharmacist for advice.
- When storing medicines in an area accessible to others a risk assessment must be documented (even if stored in a separate secure container as this could be removed).

Controlled drugs

Where medicines are stored in the service users own home or personal room additional legal requirements are not required. There are no differences in administration of these drugs compared to other drugs.

Return of Medication

- Any medication prescribed for the service user is their property and must never be removed by staff from the service user's home without first obtaining consent from the service user.
- Staff must never dispose of medication in domestic waste.

- Medication that is out-of-date or no longer used must be returned to the pharmacy, having consulted with the service manager and service user. This must be documented by the carer in the service user's file listing the medication disposed of.

Storage in a central location (Level 2 and 3 support)

When medication is stored in a central location in a Supporting Housing Network service these must be treated the same as medicines in a care home setting. Refer to the 'Essential practice for care homes' section for:

- Ordering medicines
- Receipt of medicines
- Disposal of medication
- Storage
- Cold storage of medicines
- Controlled Drugs (except the self-administration section)
- Additional guidance

Essential practice for domiciliary care settings

NOTE: All staff working in a domiciliary care setting MUST also read 'Essential practice for all providers'

Principles

- The support provided should enable the service user to maintain independence at home.
- The service users should be encouraged to manage their own medicines where appropriate and possible.
- Where there is no carer or other responsible adult willing and able to assist service users to take their medicines at home, or where the service user requests that informal carers are not to be involved in administration of their medication, domiciliary staff will undertake this task as part of an agreed care plan.

Ordering medicines

Responsibility for ordering medicines usually stays with the person and/or their family members. However, if it has been agreed that the care service provider is responsible, effective medicines management systems need to be in place.

- It must be agreed with the service user and/or their family members who will be responsible for ordering medicines, this information must be recorded in the service users care plan.
- When staff are responsible for ordering a service users medicines they must ensure that the correct amounts of the medicines ordered to ensure enough medicines are available without stock piling.
- When staff are responsible for ordering a person's medicines they must not delegate this task to the supplying pharmacist (or another provider).
- Service users have the right to choose which pharmacy or supplier provides their medicine.
- The service users care plan must detail who is responsible for ordering, collecting and dispensing the service users prescriptions.

Storage

- As part of the assessment process, controls for safety and storage of medication will be identified.
- When the service user remains responsible for the medication they should be advised to store their medication in accordance with the instructions provided with the medication.
- Where it has been deemed the service user is unable to take safe control or lacks capacity to manage their medication domiciliary assistants are responsible for the administration of medicines. Medicines must be stored safely and appropriately in accordance with the instructions provided. Other relatives, carers and health professionals should be informed where it is stored if appropriate.
- Medication that requires storing in a refrigerator must be held in a separate re-sealable container to avoid cross contamination with foodstuffs.

- Care workers who provide domiciliary care must check that the service user's fridge appears to be working correctly if there are medicines stored in it.
- Staff must report to service manager or designated person if fridge appears to be defective. The service manager or designated person must contact a relevant HCP such as a pharmacist for advice.

Return of Medication

- Any medication prescribed for the service user is their property and must never be removed by staff from the service user's home without first obtaining consent.
- Staff must never dispose of medication in domestic waste bins.
- Medication that is out-of-date or no longer used must be returned to the pharmacy, having consulted with the service manager and service user. This must be documented by the carer in the service user's file listing the medication disposed of.

Controlled drugs

In domiciliary settings additional legal requirements are not required. There are no differences in administration of these drugs compared to other drugs when the service user is in a domiciliary setting.

Role of the Pharmacist

Pharmacists are responsible for the supply of prescribed and non-prescribed medicines and appliances.

Pharmacists also provide advice to patients and carers on the proper use, storage and disposal of medicines and appliances. They are also able to offer advice on self-care, minor ailments, promotion of healthy lifestyles and signposting to other NHS/Social care services.

Community pharmacists keep computerised records of the medication they dispense. These records provide useful information and can indicate potential drug interactions. Pharmacies only have access to the records of medicines that they have previously dispensed. If a prescription is taken to a pharmacy that is not the service users "regular" pharmacy their computer records will not be as detailed and an interaction or allergy might not be identified during the dispensing process.

It is useful for the supplying community pharmacist to be informed of any admissions to hospital so that whilst in hospital, the dispensing of regular medications can be avoided and wastage can be prevented.

The pharmacist may need to liaise with the prescriber to clarify directions or doses of medication. Where the pharmacist is not able to do this the service manager or delegated member of staff will need to clarify the correct information with the prescriber.

NHS Halton CCG Medicines Management Team

Medicines management support, advice and guidance can be provided by the NHS Halton CCG Medicines Management team, their contact details are:

Zoe Mason – Care Home Pharmacist
NHS Halton CCG
Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD
Telephone: 01928 593452
Mobile: 07780 338984
Fax: 01928 593790
Email: zoe.mason2@haltonccg.nhs.uk

Katherine O'Loughlin – Medicines Management Technician
NHS Halton CCG
Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD
Telephone: 01928 593010
Mobile: 07876 651243
Email: Katherine.o'loughlin@haltonccg.nhs.uk

Glossary

Term	Explanation
Adverse effects	Is an undesired harmful effect resulting from a medication
Allergy	An allergy is the abnormal reaction of your immune system to a medication, food or product e.g. latex. Any medication — over-the-counter, prescription or herbal — is capable of inducing a drug allergy.
Confidential	Confidentiality is the right of an individual to have personal, identifiable medical information kept private
Controlled Drugs	Some medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled drugs.
CQC	Care Quality Commission
Cytotoxic drug	Cytotoxic drugs are group of medicines that contain chemicals which are toxic to cells.
Designated person	A member of staff who the service manager has identified as being responsible and is trained and competent to support other staff when issues arise
Expiry date	The expiry date is the point in time when a pharmaceutical product is no longer within an acceptable condition to be considered effective.
HCP	Healthcare professional
Homely Remedy	Medicines for minor ailments that can be bought over the counter.
INR	International normalized ratio (INR) is a calculation made to test how fast the blood clots.
Invasive procedure	A procedure in which the body is penetrated or entered, e.g. by a tube or needle
MAR	Medication administration Record, used to record any involvement in a service user's medication.
MAR code	A letter used on the MAR chart to identify the reason why medication has not been administered e.g. R = refused, H = Hospital (codes may vary but there must be a key for the codes)

Term	Explanation
MCA	Multi compartment compliance aids refer to a range of medicines storage devices where medicines are removed from the original packaging and placed into compartments by a pharmacy. They are also referred to as blister backs or monitored dosage systems (MDS)
Medication review	A structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication related problems and reducing waste"
Medicines Management	A person-centred approach to safe and effective medicines use, enabling people to obtain the best possible outcomes from their medicines
NG tube	Nasogastric intubation is a medical process involving the insertion of a plastic tube (nasogastric tube or NG tube) through the nose, past the throat, and down into the stomach. It is used for giving liquid food and medication.
Near miss	A near miss is an unplanned event that could threaten human safety or health but doesn't result in any harm.
NHS 111	111 is the NHS non-emergency number. It's fast, easy and free. Call 111 when you need medical help fast but it's not a 999 emergency.
NHS 999	Call 999 in a medical emergency – when someone is seriously ill or injured and their life is at risk.
NMP	Non-medical prescriber, is a health professional who is not a doctor, usually a registered nurse, pharmacist or other health professional who have undergone additional training to enable them to prescribe medicines when appropriate.
Out of Hours	These are services open outside the normal working hours of the GP surgery; these will include Runcorn Urgent Care Centre, Widnes Urgent Care Centre, extended G.P access and Urgent Care 24.
PEG	Percutaneous endoscopic gastrostomy. This is a flexible tube that goes through the abdominal wall directly into the stomach. It is used for giving liquid food and medication.
PIL	Every medicine pack includes a patient information leaflet (PIL), which provides information on using the medicine safely.

Term	Explanation
PRN/'As required' medicine	PRN is shorthand for an expression for "Pro Re Nata", which translates as "as need arises".
Safe haven fax/Secure email	Safe Haven procedures act as a safeguard for confidential information which enters or leaves the organisation, whether this is by fax, e-mail, post or other means
Secondary dispensing	Where medication is taken out of their original container or package and put into another container for someone else to administer to the service user at a later time. This activity is considered a high risk activity and must not take place.
Self-administering	The term self-administration of medicines means that the service user is responsible for storing and administering their own medicines
Service Manager	Nominated care manager or registered manager.
Short dated medication	Medication which has a shortened expiry date once opened.
Side effect	A usually undesirable effect of a medication or treatment
SPC	Summaries of Product Characteristics (SPCs) are a description of a medicinal product's properties and the conditions attached to its use.
Specialist administration technique	When medication is given by invasive procedure, additional specialist training and competency checks are required
Staff	A person who is employed by the care provider
The Council	For the purpose of this policy "The Council" refers to Halton Borough Council
Waste management	Ensuring that there are adequate amounts of medication available in order to meet the needs of the service user without overstocking.