Bolton Council

Adult Social Care Services
Medicines Policy

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			Best interest and capacity	

CONTENTS

1 Introduction

1.1 This policy is designed to ensure that medicines are managed safely and securely, adhering to legal requirements and in line with national and local guidance

1.2 This policy applies to all formal adult social care staff employed and contracted by adult services unless otherwise stated, including approved carers and casual (bank). This policy applies to all those who are involved in any aspect of medicine management. Any reference to care workers includes approved carers.

1.3 This policy replaces all existing medicines policies used within Bolton Council Adult Social Care Services with the exception of any level 3 policies for administering medicines by specialised techniques, e.g. insulin by injection. (See below for further information regarding level 3 policies)

1.4 Stakeholders involved in the development of the policy are Quality & Governance Board, Policy, Strategy and Partnerships team, Clinical Lead Pharmacist Bolton NHS FT and Integration Head of Service.

1.5 The policy refers to all adult social care services unless otherwise stated.

2 Purpose

2.1 To give clear guidance to all staff involved in all aspects of medicine management. To ensure unified procedures are undertaken in all Adult Social Care services with regard to medicines. The policy has several aims:

- Ensure safe systems of work, and therefore, protect patients and staff by reducing risk and the potential for error
- Dispel confusion and provide clarity
- Ensure all legislation and guidance is adhered to with respect to medicines
- Provide a framework for teaching, training, audit and future development

3 Definitions

Definition of words used in this document:

- *Administer* - To give a medicine by introduction into the body, (e.g. orally, rectally, by inhalation or by injection etc.) or by external application (e.g. cream or ointment)
- *Care package* - A combination of services designed to meet a person's assessed needs
- *Care plan* - A set of documents prepared by a social worker/community support officer/care supervisor which following assessment summarises the service user's health and social needs, identifies risks and sets out how these needs will be met
- *Covert administration* - Giving medicines to people without their knowledge
- *Medicine* - All prescription and non-prescription healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines
- *Medicine Administration Record (MAR)* – This documents all of a service user's current prescribed medicines, including externally applied and as required (prn) medicine
- *Mental capacity* - The ability of a person to make a decision about their own care

- *Monitored dose system (MCA* - A system for packing medicines, for example by putting medicines for each time of day in separate blisters or compartments in a box
- *Person* - This term is used throughout this policy and includes residents of care homes and those living in their own home
- *Prescriber* - GP/Doctor/Consultant and non - medical prescribers who prescribed medication
- *Staff* - Domiciliary care support workers, care home workers
- *Time specific medicine* – A medicine that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the medicine may lead to serious harm, for example specific medicines for Parkinson's disease

This policy has been developed as best practice and considers the following:

- Medicines Act 1968
- Misuse of drugs Act 1971
- The Care Act 2014
- Health and social care act 2008 (Regulated Activities) Regulations 2014
- Care quality commission (CQC) https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-all-adult-social-care-services
- Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/
- Mental capacity act 2005
- Managing medicines for adults receiving social care in the community. Nice guideline ng67 www.nice.org.uk/guidance/ng67
- Managing medicines in care homes. https://www.nice.org.uk/guidance/sc1
- Home care: delivering personal care and practical support to older people living in their own homes. Nice guideline ng21. www.nice.org.uk/guidance/ng21

4 Advice on medicines

4.1 Advice on medicines can be obtained from

- Any community pharmacist
- The Community Services Medicines Management Team:01204 337693
- The pharmacy department at The Royal Bolton Hospital:01204 390390
- Medicines Information Royal Bolton Hospital 01204 390748
- The person's GP

5 General principles of good practice in medicines management

5.1 All medicines are potentially harmful if not used correctly, and care must be taken in their storage, administration, control and safe disposal.

5.2 The primary responsibility for the prescription and management of medicines rests with the person's GP in consultation with other members of the primary care team and his/her

patient. However, everyone involved in caring for a person is responsible for ensuring that his or her medicine is well managed.

Whoever administers medicine must ensure that it is administered according to the prescriber's (e.g. GP, NMP's) written instructions and the pharmacist's label. It must be recorded and signed each time it is administered or an appropriate code documented if the medicine is not administered.

5.3 Medicine dispensed by a pharmacist becomes the property of the person to whom it has been prescribed. It must not be used for the treatment of anyone else. Medicines must be administered in a way that respects the autonomy, human rights, privacy, and cultural and spiritual beliefs of the person and takes full account, where appropriate, of the wishes of their family and carers.

5.4 The assessment of capacity to consent is vital. People with capacity must give consent before a medicine is administered. It is the responsibility of the assessor (i.e. a member of staff authorised to carry out an assessment) to obtain authorisation for administration of medicines. This must be given by the person and recorded on their file at the assessment stage unless the person lacks the capacity to do so.

5.5 Medicines must not be disguised in food or drink unless on the specific instruction and guidance of a medical practitioner, or a multi-disciplinary team and with the agreement of the care worker. Medicines must never be forcibly administered by care staff under any circumstances.

5.6 Care workers, when involved in providing support and assistance to a person must only carry out duties in accordance with their authority and training.

5.7 Care workers must not make clinical decisions or judgments regarding the administration of medicines e.g. increase or change of dosage. This policy does not cover every possible situation that may arise. Where care staff has any doubt about the action to take, the line manager or an appropriate health care professional must always be consulted.

5.8 Where a person self-administers their own prescribed medicines, and the care worker is concerned about the person's ability to manage their own medicines, the care worker must report this to their line manager or other duty manager as soon as possible and within a maximum of 24 hours. This information must be recorded on the person's file.

5.9 Care workers must only administer prescribed medicines from the original container, dispensed and labelled by a pharmacist. Compliance aids can be used. However, care workers trained to undertake level 2 medicines administration, are trained to administer from original packs and do not require compliance aids. They should not request compliance aids for a person assessed as level 2 and the community pharmacist is under no obligation to provide these. Care workers must not administer medicines from family filled compliance aids.

5.10 Any refusal by a person to take medicines must be recorded and appropriate advice sought from the prescriber. Any unused or discarded medicines must, whenever possible, be returned to the community pharmacy by family where possible

5.11 All staff must take full responsibility for their own personal medicines. A person must not be put at risk by staff leaving their own medicines lying around.

5.12 The need for medicines to be administered must be identified at the needs/care assessment stage and any subsequent reviews and recorded in the person's care plan.

6 General Principles of the levels of support

6.1 Level 1

General support is given when the person takes responsibility for his or her own medicines.

The support given may include some or all of the following:

- Supporting and reminding the person to self-administer their medicines independently where they are able and wish to do so by minimising the risk of incorrect administration.
- Requesting repeat prescriptions from the GP on the instruction of the person.
- Collecting medicines from the community pharmacy.
- Disposing of unwanted medicines safely by return to the supplying pharmacy (when requested by the person).
- Manipulation of a container, for example, opening a bottle of liquid medicine or popping tablets out of a blister pack at the request of the person and when the care worker has not been required to select the medicine

The level 1 task must be documented in the care plan. If a care worker carries out a level 1 task. This must be recorded on the communication sheet in the person's home.

Adults can retain their independence by using compliance aids or other available aids and these must be considered if packs and bottles are difficult to open, the person is unable to use their inhaler or other appliance or they have difficulty remembering whether they have taken medicines.

The compliance aid will normally be filled and labelled by a community pharmacist. The person may qualify for a free service from a community pharmacy if they have been assessed by that community pharmacist as requiring 'reasonable adjustments' in order to comply with Disability Discrimination Act legislation. This may include options other than a compliance aid. If they do not meet the criteria there may be a charge for filling the compliance aid payable to the pharmacy. If the compliance aid is not filled by a pharmacy, then this should be detailed in the care plan and a carer cannot administer from a self or family filled compliance aid.

6.2 *Level 2*

Administering medicines

The assessment may identify that the adult person is unable to take responsibility for their medicines and needs assistance. This may be due to impaired cognitive awareness e.g. dementia or learning disability but can also result from a physical disability.

If they have capacity regarding administration of medicines the person must agree to have the care worker administer medicines and consent must be documented in the person's care plan. If an adult is unable to communicate informed consent, then it must be indicated formally that the treatment is in the best interest of the individual

Administration of medicines may include some or all of the following:

- When the care worker selects and prepares medicines for immediate administration, including selection from a pharmacy filled compliance aid.
- When the care worker selects and measures a dose of liquid medicine for the person to take.

- When the care worker applies a medicated cream/ointment: inserts drops to ear, nose or eye; and administers inhaled medicine including inhalers and nebulisers (further training may be required for an individual nebuliser)
- When the care worker applies a transdermal patch
- When the care worker selects the number of units required for an insulin pen as directed by the person, for the person to then administer themselves (the care worker cannot administer the insulin, this is a level 3 task)

There must be a written procedure in place to ensure that only competent and confident staff are assigned to a person who requires level 2 administration of medicines. Procedures must enable care workers to administer medicines when they have received suitable training and feel competent and confident to do so in consultation with their manager.

If family support a person with their medication this is not classed as Level 1 or Level 2 support. These levels only apply to formal adult social care staff employed or contracted by adult services.

6.3 ***Level 3***

Administering Medicines by specialised technique

In exceptional circumstances and following an assessment by an appropriate healthcare professional, and after appropriate level 3 training, a care worker may be asked to administer medicines by a specialist technique including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
- Insulin by injection including testing of blood sugars.
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG).
- Buccal administration (when medicines are dissolved between the cheek and gum) e.g. midazolam
- Administration of oxygen

Care workers should only provide the medicines support that has been agreed and documented in the provider's care plan

7 Assessing and reviewing a person's medicines support needs

7.1 When a person is referred to a service, as part of the overall assessment of their needs and preferences for care and any subsequent reassessments, the level of support if any, with respect to medicines, must be identified or adjusted if necessary and appropriate. This also includes the need to define the level of support when any services that include medicines are purchased from independent providers. This must be according to the definitions of medicines support above and the capacity and consent sections below.

7.2 The assessor is the person authorised by Bolton Council to undertake an assessment of the person's ability to manage their medicines, and is responsible for obtaining the authorisation of the person for a care/support worker to administer their medicines if needed. The assessor must have the necessary knowledge, skills and experience to be able to do this. The assessor may be a care manager, social worker or a member of the Community Services Pharmacy team but may include a CPN or mental health care coordinator.

7.3 In bed based Intermediate Tier the person assessing medicine support needs will be a member of the Community Services Pharmacy team.

7.4 In domiciliary services the assessor may be a care manager, social worker or a member of the Community Services Pharmacy team.

7.5 The assessor will carry out the initial medicines assessment and specify the support necessary for each person this may involve supporting the service user to self-medicate.

This will take into account the person's:

- Needs and preferences, including their social, cultural, emotional, religious and spiritual needs
- Expectations for confidentiality
- Understanding of why they are taking their medicines
- What they are able to do and what support is needed, e.g. using inhalers, using eye drops, applying creams, reading medicine labels
- How they currently manage their medicines, e.g. ordering, storing
- Nutritional and hydration needs
- The time and resources likely to be needed

7.6 The assessment may take place over a number of days to ensure the correct decision is made. See Appendix 1.

7.7 When assessing a person's medicines support needs or ability to self- medicate, the assessor must discuss with some or all of the following as appropriate to the individual person:

This must be agreed with the person

- Service user
- Carer/relatives/advocates
- Social worker/key worker
- Care staff
- GP
- Consultant
- Specialist nursing staff
- District nurses
- Community pharmacist
- Any other relevant person involved in the person's care

7.8 Record the discussions and decisions about the person's medicine support needs in their care plan. If the person needs medicines support, include the following information in the person's care plan:

- The person's needs and preferences
- The person's expectations for confidentiality
- How consent for decisions about medicines will be sought
- Details of who to contact about their medicines (the person or named contact)
- What support is needed for each medicine e.g. time specific medicine and when required medicines
- How the medicines support will be given
- How the medicine is collected
- Storage and ordering of medicines
- Who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved

- When the medicines support will be reviewed, e.g. after 6 weeks

7.9 Review a person's medicines support to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the person's care plan or sooner if there are changes in the person's circumstances, such as:

- Changes to their medicines regimen
- A concern is raised
- A hospital admission
- Deterioration in person's health or circumstances

Suspected changes in a person's capacity and/or ability to self-medicate must be reported for review to an appropriate manager and recorded in the person's records.

8 A person who wishes to self-medicate

8.1 A robust, objective assessment tool should be used to assess a patient's ability to self - administer before they are allowed to take responsibility for any medication including inhalers and creams which patients may have been able to use independently in the past. This must be included in the person's care plan. See appendix 1

8.2 The aim of the assessment is to determine the patient's ability to self-administer safely, to ensure there are no unacceptable risks and to identify and resolve where possible any potential difficulties. This should include an assessment of the person's mental and physical abilities, level of knowledge of their medication and any support that may be needed to self – administer.

8.3 In bed based services a person who wishes to take responsibility for administering their medication will be assessed over a number of days using the assisted medicine administration form before a decision is made.

9 When a person wishes to take over management of their medicines from Adult Services

9.1 It must be acknowledged that a person has the right to administer their own medicines. It must be agreed between that person and a duty manager that they take over the responsibility from adult services and this must be recorded in a care plan and a risk assessment completed. There must also be a signed agreement from the person or their representative, accepting responsibility for taking their own medicine. If there is a refusal to sign an agreement, it must be recorded in the care plan. See Appendix 1 for Self-Medication of Medicines in Intermediate Care.

10 Capacity

10.1 Any assessment of capacity must refer to Bolton Council Mental Capacity Act Policy and Practice Guidance

10.2 The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions.

The key principles of The Act

- A presumption of capacity, unless proved otherwise; - every adult has the right to make their own decisions.

- Individuals have a right to be supported to make decisions e.g. given the right information in the most accessible way.
- Individuals have the right to make decisions that others think are unwise.
- Best interests – anything done for or on behalf of someone who lacks capacity must be in their best interests and be as a result of a best interest meeting and be the least restrictive intervention

11 Assessing Capacity and Best Interests Decisions

11.1 When deciding whether a person has the capacity to make a decision it must be remembered that this is a 'time and decision specific' test. A person may be able to make some decisions but not others, or a person may be able to make a decision on one day and not on the next. See Appendix 2, principles of determining capacity

A person will have the capacity to make a decision if they are able to:

- Understand the information relevant to the decision
- Retain the information relating to the decision to being made
- Use or assess the information while considering the decision
- Communicate that decision – this could include alternative forms of communication such as blinking an eye or squeezing a hand when verbal communication is not possible

If the person being assessed is unable to do any one of the above, they are unable to make the decision for themselves.

12 Assessment of capacity at the point of prescription

12.1 It is the responsibility of the G.P. or non- medical prescriber to assess the person's capacity to accept a prescription for medicines. If the person lacks the capacity to make this decision, the medicines may still be prescribed if the prescriber believes it to be in the person's best interests.

13 Assessment of capacity to consent to assistance with administration of medicines

13.1 If a person requires support to administer medicines their capacity to consent to this support must be assessed following the guidelines and principles of the Mental Capacity Act 2005. As part of this assessment the assessor must also consult with relevant people e.g. family members and carers, to establish whether the person has the capacity to consent to the necessary support. Refer to Bolton Council Mental Capacity Act 2005 Policy and Practice Guide.

13.2 If the person lacks the capacity to consent to support with administration of medicines, it is still possible to administer the medicines if it is considered to be in their best interests. Making a decision about best interests must take into account all relevant factors such as the person's own past and present wishes and feelings, the benefits of taking the medicines and the views of others who are involved in the care of the person. The template for determining best interests and the Best Interests Conference Agenda/Minute template are available within Bolton council Mental Capacity Act 2005 Policy and Practice Guide.

13.3 If a person has appointed a 'personal welfare attorney' under Lasting Power of Attorney, the attorney may be able to make decisions relating to administration of medicines. The attorney can only make these decisions if the person lacks the capacity to do so and must always act in the person's best interests.

13.4 Decisions about the administration of medicines in the best interests of a person who lacks capacity must involve the prescriber and relevant people such as other professionals, family and carers. There will however be occasions, such as an out of hours'/emergency admission where it is not possible to consult with the prescriber or other professionals or family members. In these circumstances the care staff will be responsible to assess the person's capacity to consent to have their medicines administered. The care staff must follow the principles of assessing capacity to determine if they reasonably believe the person does or does not have the capacity to consent to have their medicines administered. If the care staff reasonably believes the person lacks capacity, then they must act in the person's best interests and administer the medication. The decision can then be reviewed when consultation can be achieved with the other interested parties.

13.5 The details of who was consulted in making the decision, how the decision was reached and what attempts were made to assist the person to make his or her own decision must be documented on the person's file by the assessor. The final responsibility for determining whether it is in the person's best interest lies with the assessor.

13.6 Methods of administering the medicines must be agreed. The less restrictive option must be chosen, following the principles of the Mental Capacity Act 2005. If there are fluctuations in the person's capacity, the consequences of this must be considered and a strategy put in place. Similarly, if there is a decision to administer the medicines in the best interests of a person who lacks capacity, it must be noted whether the person is likely to be compliant with taking the medicines and, if not, a strategy must be put in place.

13.7 Care plans must include the assessment of a person's capacity to consent to assistance with the administration of medicines and confirm that any actions taken on behalf of a person who lacks capacity are agreed to be in their best interests.

14 Consent

14.1 It is the responsibility of the assessor to obtain the person's authorisation when it has been identified that they need assistance to administer their medicines. Only a person who has capacity to make this decision can give authorisation for this assistance. See Appendix 5, Medicines administration authorisation form and Appendix 6, pictorial medicines administration authorisation form.

14.2 The assessor must explain to the person the type of assistance that is proposed and their consent must be recorded on a consent form and in their care plan. A person must communicate in their own way that they agree to the assistance. However, this consent must be confirmed every time assistance is given. The consent form cannot be used to assume the person has given consent at the time the assistance is required. Care workers must ensure that the person agrees to accept assistance at the time it is offered.

14.3 A person must be able to get advice and help to reach an informed decision. They must not be coerced, or authority used as a means to gain consent. If a person has capacity to consent to assistance but refuses to authorise this assistance and the assessor considers that this places the person at risk, the refusal must be recorded and reported to the GP or appropriate professional. See refusal – section 35

14.4 Dependent upon the medication any refusal to take medication by a person with capacity could have a serious impact. Unlike those who lack capacity a person's decision who has capacity is absolute and cannot be forcibly overturned unless the person can be proven to have temporarily lacked capacity or meets the criteria for detention under Section 3 of the

Mental Health Act. Bolton Adult Services Multi-Agency Safeguarding Policy must be referred to.

15 Covert Administration

15.1 Covert administration is when medicines are administered in a disguised form. There may be certain circumstances in which covert administration may need to be considered to prevent a person missing out on essential treatment. Covert administration is only likely to be necessary or appropriate where:

- A person actively refuses their medicine, and
- That person is assessed not to have the capacity to understand the consequences of their refusal, and
- The medicine is deemed essential to the person's health and wellbeing

15.2 Before considering covert administration, you should test decisions and actions against the five key principles under the Mental Capacity Act 2005 and apply the Code of Practice. The legal framework for acting and making decisions on behalf of individuals who may lack capacity for certain decisions applies to all people aged over 16.

15.3 Covert administration must be the least restrictive option after trying all other options. The principles of the Mental Capacity Act must be followed. If a person is assessed as lacking the relevant capacity, the best interest process must be followed. All decisions must be recorded in the care plan. The decision-making process must be easy to follow and clearly documented.

15.4 The process for identifying if covert administration is needed must include and document:

- Who is involved in and responsible, for decision making
- Assessing a person's mental capacity to make a specific decision about their medicines
- Seeking advice from the prescriber about other options, for example, whether the medicine could be stopped
- Holding a best interests meeting to agree whether giving medicines covertly is in the person's best interests
- Recording any decisions and who was involved in decision-making
- Agreeing where records of the decision are kept and who has access
- Planning how medicines will be given covertly, for example, by seeking advice from a pharmacist
- Providing authorisation and clear instructions for care workers in the provider's care plan including possible adverse effects
- When the decision to give medicines covertly will be reviewed

15.5 You must identify the need for covert administration for each medicine prescribed. Each time new medicines are added or the dose changes of an existing medicine, you must:

- identify the need again
- make and record further 'best interest' decisions

This will help to make sure treatment continues to be in the person's best interest. Always seek advice from an appropriate healthcare professional. You must make sure medicines remain safe and effective when prescribed for administration covertly.

15.6 You should regularly reassess the need for continued covert administration. Make sure:

- Regular formal reviews are scheduled to confirm whether covert administration is still needed. You should base the timescale of reviews on the person's individual circumstances
- Record and regularly review assessments of mental capacity.

Medicines administration records should clearly record which medicines you administer covertly and when. Care workers must be trained and assessed as competent to give the medicine covertly

15.7 Care workers must not give, or make the decision to give, medicines by covert administration unless there is a clear authorisation and instructions to do this in the person's care plan in line with the Mental Capacity Act 2005

Please note that crushing medication does not constitute "covert" administration if the person is aware that they are taking the medication. Crushing the medication in that situation is only to aid swallowing and this must not be undertaken without seeking advice from a pharmacist to confirm that medicine is suitable to be crushed.

16 When required medicines

16.1 When required medicines (also known as PRN) must be in accordance with Section 6(4) of The Mental Capacity Act 2005, particularly where the medication is to manage behaviours and sedate the person, as this is restraint.

16.2 When required medicines' (PRN) are those that have been prescribed to be given only when certain conditions or criteria are met. e.g. pain relief.

16.3 When required medicines' must be listed on the MAR sheet with the maximum daily dose, frequency and/or the time lapse between any administrations, and any special conditions to trigger a review. All administration of 'when required medicines' must be recorded on the MAR sheet.

16.4 If the medicine was offered to the person but was not needed at that time then an appropriate code should be included on the MAR sheet. It is good practice for the directions to state what the medication is required for e.g. constipation.

17 Medicines Management

Care staff role and responsibilities

17.1 A care worker administering medicines can assume that any actions taken under the care plan are agreed to be in the person's best interests. However, they have a key role in assessing the person ***at the time of administering the medicines*****.** If there are variations in the circumstances covered by the care plan, then the care worker must not proceed with administering the medicines but must refer to their line manager for further advice. e.g.

- a person who lacks capacity but has previously complied with taking medicines now refuses to take that medicines, or
- a person who previously had capacity to agree to assistance with administration of medicines now appears to lack the capacity to agree to that assistance

17.2 The care worker must not undertake any duties which fall within the responsibility of a GP or nursing staff, e.g. sutures or catheter removal.

17.3 Care workers must not make any clinical decisions or judgments (e.g. increase or change of dosage) regarding the administration of medicines. If there is any change of

circumstances relating to a person's medicines care staff must report it to the line manager or a health care professional or a nominated person (e.g. next of kin) and it must be recorded on the person's file. Any changes in medication should be recorded in the care plan and on the MAR sheet. These changes must be handed over to staff coming on duty.

17.4 Care workers may not administer medicines:

- Into the vein (intravenously)
- Vaginally
- Via a nasogastric tube (a tube directly into the stomach via the nose)

17.5 In care homes, residents should have a medication review determined on an individual case-by-case basis depending on their health and care needs, but at least annually. This should be included in the care plan as part of the care planning process. Residents should have the same access to anticipatory medicines as people who do not live in care homes.

17.6 Care workers can obtain information on medicines from the prescriber, pharmacist or patient information leaflets. In addition, they can access a website such as the NHS website www.nhs.uk. They must not offer medicines advice to the person without seeking advice from an appropriate health care professional

18 Sharing information about a person's medicines

18.1 Relevant information about medicines should be shared with patients, and their family members or carers where appropriate, and between health and social care practitioners to support high-quality care.

19 A person discharged from hospital

19.1 A person discharged from hospital may have medicines that differ from that which they had before admission. An electronically produced list of medicines will be supplied by the hospital on discharge. If there are any queries, team leaders, supervisors or key workers must clarify with the hospital ward which medicines should be administered.

20 A person admitted to hospital

20.1 If a person is admitted to hospital all medicines must be sent with them and a photocopy of the MAR sheet whenever possible. Information should be shared about a person's medicines when they are transferred between care settings.

21 A person leaving a bed based service for a short time

21.1 In the event that a person is going to be away for a short time and will need to take medication during this time, for example visiting family or an outpatient appointment, the following information should be given to the person and/or their family members or carers who accompany them:

- The pharmacy labelled medicines that will be going with the person
- Storage
- Clear directions and advice on how, when and how much of the medicines the person should take
- Time of the last and next dose of each medicine

- If any medicines are to be taken 'when required', there should be clear instructions provided on when to take the medicine
- A contact for queries about the person's medicines

Care home workers should ensure:

- Risks have been identified and any potential problems minimised
- The appropriate code is entered on the MAR chart
- Medication is checked on return to ensure medication has been taken by the resident
- The remaining quantity is recorded on the MAR chart
- If a person attends an outpatient appointment they should take a copy of their MAR sheet with them if possible

22 A person attending day care

22.1 It is the overall responsibility of the service manager to ensure that a safe environment exists at all times in relation to the storage, administration and disposal of medicines belonging to the person accessing the service which have been handed in for staff to administer. A risk assessment must be carried out by the service manager for each service user and should indicate the level of assistance, if any, they need with medication and this should be reviewed on an annual basis or earlier when there is a change of circumstances or cause for concern.

23 Medicine Administration Record (MAR)

23.1 Formal documentation for administration of medicines is necessary for **ALL** services. In care homes and services where care workers are responsible for all aspects of medicines management MAR sheets must be used to record all medicines received, administered and disposed of. MAR can be paper based (pharmacy printed or handwritten) or electronic medicines administration records. A minimum of 2 information sources should be used to obtain a list of medicines for the service user.

An example of a paper MAR sheet is included in Appendix 7 and a Staff Signature sheet in Appendix 8. Poor records are a potential cause of preventable medicine errors.

23.2 Pharmacy completed MAR sheets are not essential but they are preferable to hand written ones as they reduce the risk of error. There is an agreement in place with Bolton Council and community pharmacies where community pharmacies provide a MAR sheet printed with medicines dispensed for a person in receipt of domiciliary care. If the community pharmacy offers this service, then these MAR sheets must be used.

Paper based or electronic medicines administration records must be:

- Accurate
- Up to date
- Complete
- Stored securely
- **Always be available** to the people who need to see them when they need them e.g. GP, paramedics.

All MAR sheets must include the following

- Person's name and address

- GP
- Date of birth
- Known allergies
- The name and form of medicines
- The time they must be given
- The day of week if not daily
- The dose
- The route of administration
- Any additional information and monitoring
- The stop date if appropriate
- Initials of checker
- Date started
- Minimum interval between doses and maximum dose in 24 hours if appropriate

23.3 If a pharmacy printed MAR sheet or electronic medicines administration record is not available then a hand written MAR must be completed immediately by a designated person in respect of each service user. The designated person can include a carer. There must be a robust system to check that it is constructed correctly.

A handwritten MAR (including amendments and new items) must also include the following:

- Initials of person completing MAR
- Initials of checker to confirm MAR is correct before it is used
- It must be clearly written in black ink

An example of a MAR sheet is included at appendix 7.

24 Completing a MAR sheet

24.1 The care worker must confirm that a dose has been administered by entering their initials in the appropriate box on the paper or electronic MAR sheet. **This must be recorded at the time of administration after witnessing the person taking their medicine.**

24.2 Any changes to the MAR sheet must be carried out by carefully cancelling the old entry and making a new legible entry, the person making the alteration must initial the change and a second check completed and initialed. The care worker can request a new MAR sheet from the pharmacist, if appropriate. Guidance must be sought from a duty manager if needed.

24.3 When a pharmacy printed MAR sheet is used, occasionally some items may not be listed on the new MAR sheet if the item is not prescribed due to the person having a sufficient supply e.g. creams or pain relief. These items must be hand written on the new MAR sheet, initialed and a second check completed and initialed so that it reflects all prescribed medicines.

24.4 When a paper MAR sheet is full it must be transferred to the person's file in the care provider setting. Before using the new paper MAR sheet, it must be compared with the completed MAR sheet to ensure all medicines are included. If there are any discrepancies the line manager or community pharmacist must be contacted for further advice.

25 MAR sheets in residential services

25.1 A paper or electronic MAR sheet must be obtained and completed for each person assessed at level 2 only.

25.2 On admission to a residential service, a new person, their family and/or their care worker must be requested to bring with them all medicines. Staff must be satisfied with the general condition of the medicines before using. This includes:

- In date
- Original container
- Legible pharmacy label
- Dispensed within the last 6 months (check opening date and expiry date for eye drops/ointments)
- For products requiring refrigeration are you satisfied storage conditions have been met

25.3 Staff in the service must obtain a current list of medicines from the person's GP and confirm with the duty manager and/or GP any discrepancies. For a person arriving from Bolton hospital an electronic medicines discharge summary will be provided. Staff should confirm with the person or their carer that they are taking their medicines as prescribed.

25.4 If, on admission, there are any doubts about what medicines are to be administered the GP or hospital ward must be contacted as soon as possible and the medicines reviewed. In the event of an admission out of surgery hours the advice of a pharmacist or Out of Hours provider must be sought and recorded.

25.5 For a person who is on an established system all medicines received in a residential service must be checked against the MAR sheet to confirm the name of the person for whom they were prescribed, the drug name, strength and quantity, date of receipt and signature of the receiver.

25.6 A visiting GP/Consultant/non-medical prescriber must be given the MAR sheet to record any changes to medicines. Staff in residential services should keep a record of medicines administered by visiting health care professionals on the MAR sheet.

26 MAR sheets in domiciliary care services

26.1 A paper or electronic MAR sheet must be obtained and completed for each person assessed at level 2.

26.2 The current MAR sheet must be kept in the person's home. The care worker must send completed paper MAR sheets to the service provider's office for storage on the person's file. In exceptional circumstances where there are two service providers the main provider must take the chart for their own files and send a copy to the other provider.

26.3 If relatives, friends or other carers administer medicines then they must be asked to make an entry on the MAR sheet to ensure that a double dose is not given. If they do not record on the MAR sheet then it must be reported to the line manager for a risk assessment to be carried out.

27 MAR sheets in adult placement (Including fostering and adoption)

27.1 A paper or electronic MAR sheet must be obtained and completed for each person assessed at level 2 only.

28 Supply of medicines

28.1 Medicines must only be used for the person they are prescribed for. Bulk supplies of medicines for the use of more than one person must not be stored by staff unless covered by the section on Homely Remedies.

29 Ordering prescriptions

29.1 ***Care homes and Intermediate Care***

A designated person will be appointed to ensure continuity of supplies of medicines as appropriate in the most efficient manner. This person will assess each person's medicines on arrival and on a weekly basis to identify any items which have between 7 and 14 days' supply left. Repeat items will be ordered using the prescription request form from the persons GP or the Intermediate Care system as appropriate.

On admission to Intermediate Care, for those beds under the care of a GP, the designated person will supply the temporary GP with a copy of the following information:

A person admitted from hospital

- Electronic discharge summary
- Letters as appropriate
- List of current medicines from the GP

If there is any doubt about the person's medicines, the hospital ward must be contacted immediately for clarification.

A person admitted from home

- List of current medicines from the GP
- Letters as appropriate

In Intermediate Care, prescription pads must be stored in the Controlled Drugs cabinet for the use of a visiting consultant or medical prescriber only. The consultant/medical prescriber will be responsible for ensuring that the serial number of each prescription used is recorded in the book provided. The Intermediate Tier pharmacist will take responsibility for monitoring serial numbers and the ordering of new prescription pads.

29.2 ***Domiciliary Care***

Assessors of medication support must document at the assessment stage whom is responsible for ordering and/or collecting prescriptions. If it is identified that care workers are responsible, then this must be documented in the care/support plan. This must include the criteria for reordering to ensure the person does not run out of medicines.

30 Storage of Medicines - Medicines NOT needing special storage

30.1 In residential services, all medicines must be stored in a locked cupboard or medicine trolley. If used, a trolley must be secured to a wall or immovable object when not in use.

30.2 The supplies for each person must be kept segregated in a suitable reserved container (internal use and external use medicines must be stored separately).

All keys are the responsibility of the designated person on duty. There must only be one Duplicate key for medicine cupboards, trolleys and clinic areas and the original and duplicate keys must be kept separately from any other keys and separately from the master key.

30.3 Residents in a care home who are self-medicating must be provided with a lockable cupboard in their own room to store medicines. The person will take responsibility for the key.

In domiciliary care services and Adult Placement medicines must be stored appropriately according to the individual circumstances. If there are special requirements, then these must be stated in the Care Plan.

30.4 Expiry dates must be checked on a regular basis in all services

30.5 To ensure the integrity of medicinal products ambient (room) temperature monitoring must take place on a daily basis (preferably at the same time each day) in a bed based service.

31 Medicines needing special storage

31.1 ***Refrigeration***

In residential services, medicines that require storage must be stored between a minimum of 2°C and a maximum of 8°C in a lockable medicines refrigerator. The temperature must be monitored and recorded daily using the Fridge Monitoring Sheet in Appendix 10.

The refrigerator must be defrosted regularly and cleaned no less than weekly. If the fridge temperature is out of the range of 2°C and 8°C then advice must be sought immediately from an appropriate manager. Out of date and discontinued medicines must be removed and disposed of according to the policy. Medicines for internal and external use must be stored separately within the fridge. Only medicines requiring refrigeration should be stored in the fridge.

In a person's own home medicines needing to be refrigerated must be stored separately from food e.g. in a separate plastic container. The pharmacy label will indicate if an item needs refrigeration.

31.2 If there is any doubt about how a person's medicines are stored, advice must be sought from the prescriber or a pharmacist.

32 Receipt of medicines procedure

32.1 In care homes and services where care workers are responsible for all aspects of medicines management (this does not include the Reablement Home Support service) all medicines must be checked when received and date received, quantity received and initials of the receiver documented on the MAR sheet to assist with an audit trail.

32.2 The label on the container must be checked against the information given on the MAR sheet. **Labels must not be altered. In the event of a discrepancy advice must be sought immediately from the prescriber or a pharmacist.**

33 Disposal of medicines

33.1 Medicines that have been prescribed and dispensed to a person remain the property of that person. All medicines including, 'When required medicines' (PRN) must be checked for expiry dates and returned to the pharmacy when out of date. Any out of date items must be re-ordered from the person's GP if still required.

33.2 Medicines must be returned to a pharmacy when any of the following occur: -

- A course of treatment has been completed and there is some residual medicine in the container
- The medicine has been discontinued
- The expiry date has been reached
- A person dies (these medicines must be retained for seven days before disposal) but in the event of sudden death medicines must be kept securely until it is known whether or not an inquest is to be held
- If the person is discharged home from residential care with a compliance aid the unwanted medicines in original packs must be returned to the pharmacy

33.3 The following do not need to be returned to a pharmacy

- Used medicated patches must be folded in half and placed in domestic waste with any empty tubes and inhalers.
- Empty medicine containers must be rinsed out and placed in domestic waste
- Equipment used to administer medicine e.g. droppers, plastic spoons and measuring pots must be placed in domestic waste

33.4 In all services pharmacy labels must be anonymised before the containers are disposed of.

33.5 ***Domiciliary care***

Any medicines returned to the pharmacy must be recorded on the MAR sheet. If possible, verbal consent must be obtained from the person and recorded on the person's record.

33.6 ***Residential care***

If a person leaves the service their medicines must be returned to them, or given to their relative or carer, or returned to the community pharmacy with the permission of the person or their relative. The action taken must be recorded in the person's on-going record.

Medicines given to a person when leaving a residential service must be counted, the amount recorded on the MAR sheet, initialed and dated by the care worker.

All medicines no longer required must be returned to the community pharmacy. A duplicate book must be used to record: -

- The person's name the medicine was prescribed for
- Name of the medicine
- Quantity
- Date
- Initial of person making the entry
- Reason for disposal

33.7 When returning medicines to the community pharmacy, the responsible duty person and the pharmacy driver collecting the returns must sign and print their names. A duplicate copy must be retained by the service.

Controlled drugs must be returned in the same way with the addition that the driver must also sign the controlled drugs book to ensure a clear audit trail.

33.8 If a person has a syringe driver running at the time of death, this can be taken down by either the GP at the time of death or by the community or district nurse. The Registered Manager or senior manager/duty officer on duty must act as a witness.

33.9 Care homes providing nursing care must make arrangements for the collection of waste medication with a licensed waste disposal company. CDs must be denatured before handed to the waste disposal company in a specially designed denaturing kit.

34 Administration of Medicines

34.1 *General Principles of medicine administration*

This policy is based on the 'six rights' of medicine administration:

- The right person
- The right medicine
- The right dose
- Via the right route
- At the right time
- Person's right to decline

34.2 Care workers must only administer prescribed medicines from an original container dispensed and labelled by a pharmacist. This includes monitored dosage systems and compliance aids. Staff must not fill compliance aids or use family filled compliance aids.

34.3 When a person starts to receive a service, a list of current medicines must be available for the care workers. This could be a discharge summary from the hospital, a MAR sheet from the community pharmacist, a summary care record or a list from the GP practice. Further advice and support can be obtained from either the GP practice or community pharmacist.

34.4 Prescribed medicines must have clear and concise instructions, which include the maximum dose and when and how it must be taken. If it is a new prescription for the person, staff must ensure that they have the right information for safe administration according to the pharmacy label. Further information can be obtained from the pharmacist, GP, hospital or the patient information leaflet.

34.5 In residential services a photograph of the person or an identity wristband must be obtained and the person's identity checked prior to each administration.

34.6 Some medicines may have variable doses, which will need to be checked with separate charts or booklets, e.g., warfarin and prednisolone. If this is the case, every time, before administration of the medicine the care worker must check the separate booklet for the correct dose and the dose administered must be fully completed on the MAR sheet in addition to the care worker's initials.

34.7 Medicines must be given to one person at a time. They must be prepared according to the directions, taken directly to the person and given immediately. Staff and managers must do everything possible to allow the person administering medicine to do so uninterrupted. The person administering the medicines must not be distracted until the task is complete e.g. if a phone rings or assistance is required somewhere else the medicines procedure must be completed first

34.8 In the event that a carer is unable to administer a medication, for example, the person is asleep or having a meal, if possible offer again at a later time. If unable to administer document what has occurred in the on-going record in the care plan and document the appropriate code on the MAR sheet.

35 Refusal

35.1 It is an individual's right to refuse medicines. The general consent given by a person does not give a care worker the right to administer medicines against a person's wishes and consent must be sought before each administration. If the person refuses the care worker must record the reason for refusal, with the appropriate code on the MAR sheet. If the refusal continues then the manager of the service, the prescriber and/or the pharmacist must be contacted for further advice.

Refused medicines must not be returned to the original packaging but must be disposed of in the correct manner. Any medicine that is refused must be placed in a sealed envelope with the name of the medicine, the quantity and the name of the person the medicine is for and the envelope must be dated and signed by the care worker. This must then be returned to the pharmacy and entered in the Record of Disposed Medicine Book.

35.2 There may be occasions when it is necessary using a tablet cutter to break a tablet in half to comply with the prescribed amount. If there are any queries about whether the remaining half tablet can be administered at the next prescribed administration, then the community pharmacist must be consulted and the information documented in the on-going record.

35.3 If it is stated in the care plan that a care worker must put out medicines for the person to take themselves at a later (prescribed) time to enable their independence, it must be left in a safe place and recorded on the MAR sheet using the appropriate code. Carer workers must check at the next visit that the medicine is no longer in the designated safe place. Any concerns must be reported to line manager.

35.4 Medicines must be administered at specific times for each individual person ensuring appropriate time interval between doses for medicines such as pain relief, or time specific medications. See appendix 11

35.5 Verbal changes to prescribed medicines can be accepted provided there is written authorisation of the changes, supplied by the prescriber at the first opportunity. The care worker receiving the call must repeat the details of the changes to the prescriber to ensure accuracy. A record must be made in the person's care plan detailing the nature of the request, the date and time of the request, the name of the prescriber and the name of the carer receiving the request. The alteration must be confirmed in writing by the prescriber on the next normal working day this may be in the form of a new prescription**.**

35.6 Verbal alterations cannot be accepted for Controlled Drugs

35.7 ***In the event of a dose change of a medicine*****,** it may be appropriate **to use up the existing** stock of medicines, on advice from a pharmacist or GP, pending the arrival of a new supply.

36 Administration Procedures

36.1 ***Preparation***

Before and after administering any medicines the care worker carrying out the administration must wash and dry their hands, clean the medicine preparation area and gather the following equipment:

- The persons Medicines Administration Record (MAR) sheet
- A pen
- A jug of water and clean glass/glasses.
- Clean and dry medicines measure/s

The MAR sheet must be checked for the following:

- The person's name.
- The dose has not already been administered.
- Any instructions, noting in particular recent changes.
- The time the medicine is due.
- The pharmacy label on the medicines container or MCA corresponds with the instruction on the MAR sheet. When medication is administered from an MCA each individual pharmacy label for each medicine must be checked against the MAR sheet and each tablet identified from the description provided. If these differ, then the instructions must be clarified with the duty manager.
- Any special instructions to be followed, e.g. to be taken before or after food or to be dissolved in water.
- The care worker must check the medication has not expired
- The care worker must methodically work their way down the MAR sheet, selecting the appropriate medicines and offering them to the patient whilst adhering to the 'six rights' as described in section 34.1

36.2 ***Types of medication***

For each medication the directions and warnings on the MAR sheet must be read carefully and this guidance followed for each medication. If there are any queries about how to administer these medicines the prescriber or a pharmacist must be consulted for clarification e.g. "as directed"

All administration must be recorded on the MAR chart and cream chart or patch chart as appropriate. All medicines must be in date.

36.3 ***Solid dose preparations e.g. tablets or capsules***

These must be administered using the above procedures

36.4 ***Liquid medicine***

This must be administered using 'liquid measures' which are available from the community pharmacy. These include:

- Oral syringes
- Calibrated medicine pots
- Measuring spoons (teaspoons must not be used). Liquid medicines must not be poured out in advance

36.5 ***Creams, ointments and lotions***

- Care staff administering the cream must wear disposable gloves.
- The affected skin area must be clean and any residue of a previous application must be removed by gentle cleansing of the area
- The cream, ointment or lotion must be in the original container
- Any dressing and/or clothing must be replaced.

- Gauze, gloves or old dressings must be disposed of appropriately.
- Hands must be washed

The cream, ointment or lotion must be applied making sure that enough is taken from the container to complete the application. If too much is taken the remainder must not be returned to the container as this will contaminate the remaining medicine. It is good practice for a cream chart to be used to show the area of application in addition to the MAR sheet. See Appendix 12

36.6 ***Eye Drops and Eye Ointments***

- The person's head must be tilted back slightly
- The lower lid must be pulled down and one drop allowed to fall into the space between the lid and the eye
- Two drops must never be administered into the person's eye at the same time, or the second drop will run out
- If more than one drop is required in the same eye, there must be an interval before putting in the second drop
- If the directions on the label do not specify which eye or eyes the drops are to be administered to then the prescriber must be consulted for clarification and documented in the on-going care plan.
- The procedure is the same for eye ointments; allow about 5 mm length of ointment.
- The person's eye must not be touched with the dropper or applicator.
- The container must be checked for the expiry date once opened; this is usually 28 days although some eye drops can be used for up to six months after opening
- If two or more different preparations have been prescribed, they must not be administered at the same time. Check with a pharmacist if the order of administering and the timing are important

36.7 ***Nose Drops***

- The person's head must be tilted well back and the correct number of drops allowed to flow down into the nose.
- The person's head must be kept tilted for a few minutes to allow the drops to be absorbed.

36.8 ***Ear Drops***

- Lie the person down with the affected ear facing upwards
- Gently pull the outer ear backwards and upwards
- Use the drops at room temperature
- Fill the pipette with drops from the bottle and place 1 – 2 drops into the ear canal
- Gently massage the area in front of the ear to ensure the drops are fully dispersed into the ear canal
- Keep the person on their side for 5 minutes
- Wipe away excess drops
- Do not put cotton wool into the ear

36.9 ***Transdermal Patches***

Although these patches are applied to the skin, they do have a systemic, not a topical effect, i.e. they are absorbed through the skin and can affect the whole body. The patches are similar in appearance to a sticking plaster and they are applied in much the same way.

- To apply, the care worker must wear disposable gloves, the skin must be clean, dry and undamaged and the patch applied firmly to avoid creases

- The site must be varied for each new application, preferably a non-hairy site if possible, so that the skin does not get sore from repeated application in the same place.
- It is good practice to write the date applied on the patch
- Patches may be disposed of in general waste in a patient's home

It is good practice for a patch chart to be used to show the area of application in addition to the MAR sheet. See Appendix 13

36.10 ***Inhalers***

There are many different types of inhalers available. They are prescribed for conditions such as asthma or chronic obstructive pulmonary disease (COPD). Different techniques are required for different types of inhalers. Refer to manufacturer's instructions for each type of inhaler device and seek advice from a community pharmacy if needed.

If more than one different inhaler is to be administered, there may be a requirement to administer in a particular order. If this is not indicated on the label it must be checked with a pharmacist.

37 Setting the dose on an insulin pen

37.1 Care workers are not allowed to routinely carry out the administration of insulin or testing of blood sugars. This is a level 3 task and requires specific training.

37.2 Care workers can set the dial on an insulin pen according to the number of units specified in the written record from the diabetic clinic or GP. The care worker must then give the pen to the person to self-administer. This is a level 2 task.

38 Swallowing difficulties

38.1 If a person is experiencing difficulty in swallowing medication, then the prescriber or a pharmacist must be contacted (via the manager for domiciliary care) as a review of the medication will be required. This may result in the medication either being

- Discontinued
- Given in a different form e.g. patch or liquid form
- Alternative medication being prescribed
- Crushing

38.2 Sometimes a carer may be asked to give the medication in a way not advised in the product information leaflet e.g. by crushing or dissolving the medication. This is known as giving medication in an "unlicensed" way. This must only be done following a risk assessment and under the direction of the prescriber and/or a pharmacist as appropriate and recorded in the care plan.

38.3 The prescriber and/or pharmacist should specify the directions to crush etc. on the MAR chart. Information from the pharmacist detailing exact instructions on how to administer the medication should be kept with the MAR chart. An example of a letter that may be completed by a GP and/or Pharmacist to authorise administration in an unlicensed way and to give detailed instructions for administration can be found in Appendix 14.

38.4 If a person has general swallowing difficulties e.g. delayed swallow, coughing when drinking liquids etc then a referral should be made to the Speech and Language Team.

39 Thickeners and oral nutrition supplements

39.1 Thickeners are indicated for dysphagia, to thicken liquids and foods to various consistencies, depending on an individual person's need. They help slow the transit of foods and fluids to allow more time to co-ordinate the swallowing process safely. This prevents foods and fluids from entering the lungs leading to serious complications. When a service user or resident is prescribed thickeners, care plans for dysphagia should include:

- current consistency recommendations
- directions and risk assessments
- Documentation of use and monitoring of thickeners
- Hydration levels

Thickeners need to be stored securely and staff need to be trained on the use of thickeners and any food modifications required by individuals.

39.2 Dietitians may recommend oral nutrition support drinks for clients. You will be provided information as to the type and frequency with which these which should be given. They will be prescribed by the individuals GP.

39.3 If you identify people in your care who are struggling to eat and drink 'Food first' advice and support should be given as first line treatment. This incorporates;

- Enriching food by adding butter, cream, skimmed milk powder, mayonnaise and cream to foods where possible.
- Aiming for 3 small meals and 3 snacks each day, aiming to eat every 2-3 hours.
- Using 1 pint of full cream milk each day or using flavoured milks.
- Avoiding low fat, low sugar and diet products.
- Over the counter products can be used, such as Complan®, Meritene® and Aymes® are available from supermarkets and chemists.

Resources and further information are available from:https://www.ageuk.org.uk/salford/about-us/improving-nutrition-and-hydration/our-resources/

It is important that a client's weight is regularly monitored if you have concerns. Some of your clients may require further advice if they continue to lose weight. Please contact their GP for further advice and a referral to Nutrition and dietetics if required.

40 Homely Remedies

40.1 It is recognised that there is a need to be able to treat minor ailments without necessarily consulting with the person's GP. A homely remedy is a treatment for mild to moderate symptoms that need immediate relief e.g. toothache or indigestion.

40.2 Any administration of a homely remedy must be recorded. See guidance in appendix 16. Use of homely remedy must not extend beyond 48 hours without medical advice being sought. In the case of olive oil eardrops these can only be administered under audiology recommendation and audiology will authorise the use of olive oil ear drops for a maximum of 10 days via a referral letter.

41 Self Care

41.1. In line with CQC guidance 'Treating minor ailments and promoting self-care in adult social care' (2018), care providers must have robust processes in place for managing over-the-counter (OTC) medicine requests by an individual, family members. This includes making

sure the individual or family members have appropriate understanding and accept any risk associated with taking or applying the medicine.

41.2 When a service user or their family request the support worker to support them with non-prescribed medicines they must:

Refer the request to their duty Manager for discussion with the service user's pharmacist or GP to ensure that this medication is safe to take or apply with their other prescribed medication. If for any reason this cannot be done staff must not administer the medication.

If it is agreed that it is safe to administer a record must be made in the care plan (see appendix 15 including:

- The name, strength, form (i.e. tablets, liquids, patches) and dose of the medication
- The indication (what is it for)
- The name of the GP/pharmacist giving this advice
- That the service user or their family understands and accepts any risk associated with taking or applying the medicine

All OTC products purchased on behalf of the person or brought into a care setting should be:

- checked, to make sure they are suitable for use
- in date
- stored according to the manufacturer guidance
- recorded

41.3 The medication must be hand written onto the MAR chart including the name, strength, form, dose of medicine, indication, any additional information and an indication that it is for self-care.

The support worker can only administer from the original pack as purchased or supplied and must follow the directions on the pack.

If requested the support workers should purchase the product specified by the service user and should only buy an alternative product where the service user has asked them to do so.

41.4 Support workers must not offer advice to a service user or their family/carers on over the counter (OTC) medication or complementary treatments nor should they purchase any such medicines based on symptoms described by the person or family.

41.5 In the case of emollients and barrier creams these can be applied as requested by the service user, their family/carers or appropriate health care professional as part of the personal care as long as this is written into the support plan. An example of this would be E45 cream. However, if the service user has severe dry skin or a rash it would be appropriate to refer the service user to their GP who may decide to prescribe a cream/ointment for the condition.

42 Controlled Drugs

42.1 The Misuse of Drugs Act 1971 controls the availability of drugs that are considered sufficiently 'dangerous or harmful' with a potential for misuse. The drugs are termed Controlled Drugs (CDs) and it is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation.

42.2 Controlled drugs are likely to cause dependence or misuse in varying degrees. They are classed according to the extent of harm they may cause when misused.

42.3 There are strict criteria for prescribing, administering, safe custody, record keeping and disposal of controlled drugs 'Misuse of Drugs Act 1971'.

42.4 Any concerns about the management of controlled drugs must be reported using an incident reporting procedure. These concerns must be shared with the Local Information Network for controlled drugs where they will be reviewed via the incident reporting system on **www.cdreporting.co.uk.**

42.5 ***Controlled drugs in a residential service***

A Standard Operating Procedure must be displayed and followed in residential services. See an example at Appendix 17

42.6 ***Administration***

Before administering a CD, the care worker must measure and check the dose with another level two medication trained member of staff whenever possible. If a trained member of staff is not available to check the dose another competent member of staff must carry out the check.

The person's name, plus time and dose given, must be recorded in the CD register after carefully checking the MAR sheet. Once the care worker has witnessed the person taking the medicines, the care worker must initial the person's MAR sheet.

The care worker and the witness must then also initial the CD register, after verifying that the remaining balance is correct.

The administration process must be fully completed for each person, before moving on to the next person.

42.7 ***Receipt, recording storage and audit***

- Care staff collecting controlled drug prescriptions from the pharmacy will need to provide identification
- A CD register must be a bound book with numbered pages. Electronic CD registers are permitted as an alternative It must be used to record the receipt, administration and disposal of CDs held in the service. Each drug, for each person, must be recorded on a separate page, with the name, dose and strength of the drug written clearly at the top of the page
- If a District Nurse administers a CD in a residential service, they must complete their own documentation and the CD registers belonging to the service
- On receipt of the CD from the pharmacy, the date and quantity must be entered in the CD register and initialled by an authorised member of staff, with a second person as a witness. The correct balance must be verified each time.

Electronic CD registers are permitted as an alternative. Legislation requires that computerised entries must be:

- Attributable to the person who created the record
- Secure
- Cannot be altered at a later time
- Capable of being audited
- Compliant with best practice
- Accessible from the care home and capable of being printed.

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

Controlled Drugs must be stored in a locked metal cabinet which fulfils the requirements of the Misuse of Drugs Act 1971. Completed registers must be archived for a minimum of two years from the last entry. Good practice would be to retain the CD register for longer as cases can take several years to come to light or before they go to court.

Routine checks of all CDs held and the recorded running balances should be carried out by two designated members of staff on a weekly basis and a record kept. See appendix 18. Where a discrepancy is found it should be reported to the registered manager who should investigate promptly. If the discrepancy cannot be resolved, the advice of the community pharmacist should be sought and the CQC local officer informed. An audit form for Controlled Drugs in Residential Services is included in Appendix 19. This audit should be completed monthly

42.8 ***Disposal***

Controlled drugs that are no longer required must be returned to the community pharmacy for disposal. This must be discussed with the pharmacist in advance and the returned medicines recorded in the controlled drugs register and the balance verified.

Care homes providing nursing care must make arrangements for the collection of waste medication with a licensed waste disposal company. CDs must be denatured before handed to the waste disposal company in a specially designed denaturing kit.

42.9 ***Controlled drugs in domiciliary care***

There are no special requirements for management of controlled drugs in domiciliary care, however if two staff deliver care (e.g. for moving and handling purposes) they must both witness the administration of a controlled drug and sign the MAR sheet.

43 Medicine error

For the purpose of this policy, a medicines error is defined as a mistake made in the prescription, dispensing, ordering, delivery, storage or administration of medicines that leads to a person receiving the wrong medicines, unintentionally missing a dose or being at risk of harm and must be incident reported.

44 Incident Reporting

44.1 If a medicines error occurs it must be reported immediately to an appropriate manager. The advice of a GP or a pharmacist must also be sought immediately. See separate Bolton Council Incident Management Policy

44.2 It must be considered whether a safeguarding referral should be made to the appropriate body such as the Care Quality Commission (CQC) or the Clinical Commissioning Group (CCG).

44.3 Incidents concerning Controlled Drugs must be reported via the Controlled Drugs Accountable Officers website on http://www.cdreporting.co.uk and a safeguarding referral should be made.

45 Oxygen

45.1 Oxygen is a prescribed medicinal product and must be treated as such. Oxygen is prescribed on a Home Oxygen Order Form (HOOF) written by either the GP or hospital consultant. The HOOF contains details of how the oxygen should be used. The HOOF is

sent directly to the oxygen supplier who will then arrange for the delivery of the oxygen. If more oxygen cylinders are required, the supplier should be contacted directly. Changes in the person's clinical condition must be referred to the doctor who can organise a new HOOF if required.

45.2 The supplier can only deliver oxygen in accordance with the direction on the HOOF.

45.3 When used correctly oxygen is safe and effective. However, safety precautions need to be in place as oxygen allows fires to start more easily, burn more fiercely and be harder to put out. See https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-oxygen-care-homes

45.4 Documentation must be in place at the home covering the ordering, receipt, storage, administration and removal of the oxygen.

45.5 A procedure should be in place for informing the emergency services of the location of oxygen if they are required to attend in the event of a fire or fire alarm.

45.6 Documentation must be in place covering the administration details for the oxygen. This must include the flow rate and length of time the oxygen should be used for and the prescriber's details. Oxygen equipment must be checked at each administration to ensure the correct flow rate is selected.

45.7 The flow rate and duration of the therapy must not be altered unless advised to do so by the prescriber. All changes must be documented.

45.8 A documented robust risk assessment must be in place for both the use and storage of the oxygen. See appendix 22

45.9 If the person is self-administering the oxygen then a documented robust risk assessment must be in place and regularly reviewed to assess their ability to do so correctly and safely.

45.10 Oxygen and associated equipment (for example, masks/nasal cannula and tubing) must only be used for the person for whom it was supplied.

45.11 If the person has dry skin, especially around the nose and face areas where the mask or nasal cannula sits, a water based moisturizer should be used. Seek the advice of a pharmacist for suitable water based products.

45.12 A pre-set concentrator is to be used within the care home setting as prescribed on the HOOF. Oxygen cylinders are used only as a backup in the event of the concentrator malfunctioning.

45.13 Staff are to be trained on the safe use and storage of oxygen products when appointed to their role within the care home.

46 Anaphylaxis

46.1 People with potentially serious allergies will often be given an adrenaline auto-injector to carry at all times. This can help stop an anaphylactic reaction becoming life threatening. This should be used as soon as a serious reaction is suspected, either by the person experiencing anaphylaxis or someone helping them.

46.2 In 2012 the Medicines Act 1968 was amended and now states that any lay person can administer adrenaline for the purpose of saving a life. The person must be competent to recognise an anaphylaxis reaction.

46.3 The symptoms include:

Airway problems

- Airway swelling (for example throat and tongue swelling)
- Difficulty in breathing and swallowing (and a feeling of the throat closing up)
- Hoarse voice, and stridor (a high-pitched inspiratory noise caused by upper airway obstruction)

Breathing problems

- Shortness of breath
- Wheeze
- Tiredness
- Confusion

Circulatory problems

- Signs of shock (pale, clammy)
- Increased pulse rate (tachycardia)
- Low blood pressure (feeling faint, dizziness, collapse)
- Decreased level (or loss) of consciousness

46.4 What to do if someone has symptoms of anaphylaxis:

- Call 999 for an ambulance immediately – mention that you think the person has anaphylaxis
- Remove any trigger if possible – for example, carefully remove any wasp or bee sting stuck in the skin
- Lie the person down flat – unless they're unconscious, pregnant or having breathing difficulties
- Use an adrenaline auto-injector if the person has one – but make sure you know how to use it correctly first
- Give another injection after 5-15 minutes if the symptoms don't improve and a second auto-injector is available

46.5 People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin.

Pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart.

People having trouble breathing should sit up to help make breathing easier.

47 Directing of prescriptions

Patients have the right to choose freely which pharmacy dispenses their prescriptions under the NHS Constitution. It is against a person's rights to influence inappropriately which pharmacy dispenses a patient's medicines, or which pharmacy a patient nominates to receive their prescriptions electronically.

48 Audit

48.1 Provider managers must carry out an audit of a 25% sample of persons in residential care and 10% of persons in domiciliary care each month to ensure compliance with this policy. If compliance is less than 90% a re-audit should take place on a weekly basis until compliant. An audit sheet is included at appendix 20

49 What competences will staff who are implementing this policy need?

49.1 In all social care services, all medicines, (except those for self-administration), must be administered by designated and appropriately trained staff. All provider services must ensure that care workers have been trained by a registered nurse, pharmacist or pharmacy technician and assessed as competent to administer medicines.

49.2 The registered manager is responsible for arrangements for training staff and assessing competency. Bolton Council offers training for staff, and independent providers who provide care for service users who live in Bolton. Training sourced elsewhere must incorporate the requirements of this policy.

49.3 Adult Services must establish a formal means to assess whether the care worker is sufficiently competent in medicines administration before being allowed to give medicines and this process must be recorded in the care worker's training file. This work place assessment must include annual direct observation of their practice by the line manager and be recorded in the care worker's personal file. See appendix 21 for an example of what needs to be assessed

49.4 The training for all staff must include:

- Basic knowledge of how medicines are used and how to recognise and deal with problems in use
- The principles behind all aspects of the policy on medicines handling and records

All Staff:

There are three levels of training for care workers.

- Level 1 (induction) must be received by all care workers.
- Level 2 (basic) is essential before any care worker administers medicines.
- Level 3 (specialised techniques) will only apply in specific situations.

All managers:

- Training to enable them to assess the service user's needs with respect to medicines prior to admission to the service. If the needs of the person change then a reassessment of their needs must be undertaken
- Level 2 administration of medication training every 2 years
- Ability to carry out annual direct observation of care workers practice

Level 1

Level 1 forms part of induction training. The importance of this level is that it must raise awareness of the management of medicines. It must also identify what the care worker is **not** able to do before completing level 2 training.

Level 2 – To be completed every 2 years

Level 2 may be described as basic training and must be carried out by a registered nurse, pharmacist or pharmacy technician. This must provide the care worker with knowledge and practical skills to safely select, prepare and give different types of medicines, a process that is referred to as 'medicine administration'. A senior worker must always mentor a care worker until he/she is both confident in giving medicines and competent to do so correctly. This is the level of training that the term 'accredited' relates to.

Basic training is necessary for the following:

- Understand and comply with Bolton Adult Social Care Services Medicine policy and relevant CQC guidance

- Administer medicines safely and effectively
- Use safe procedures for handling medications
- Use and maintain Medication Administration Records (MAR sheets)
- Seek appropriate advice on queries concerning medications

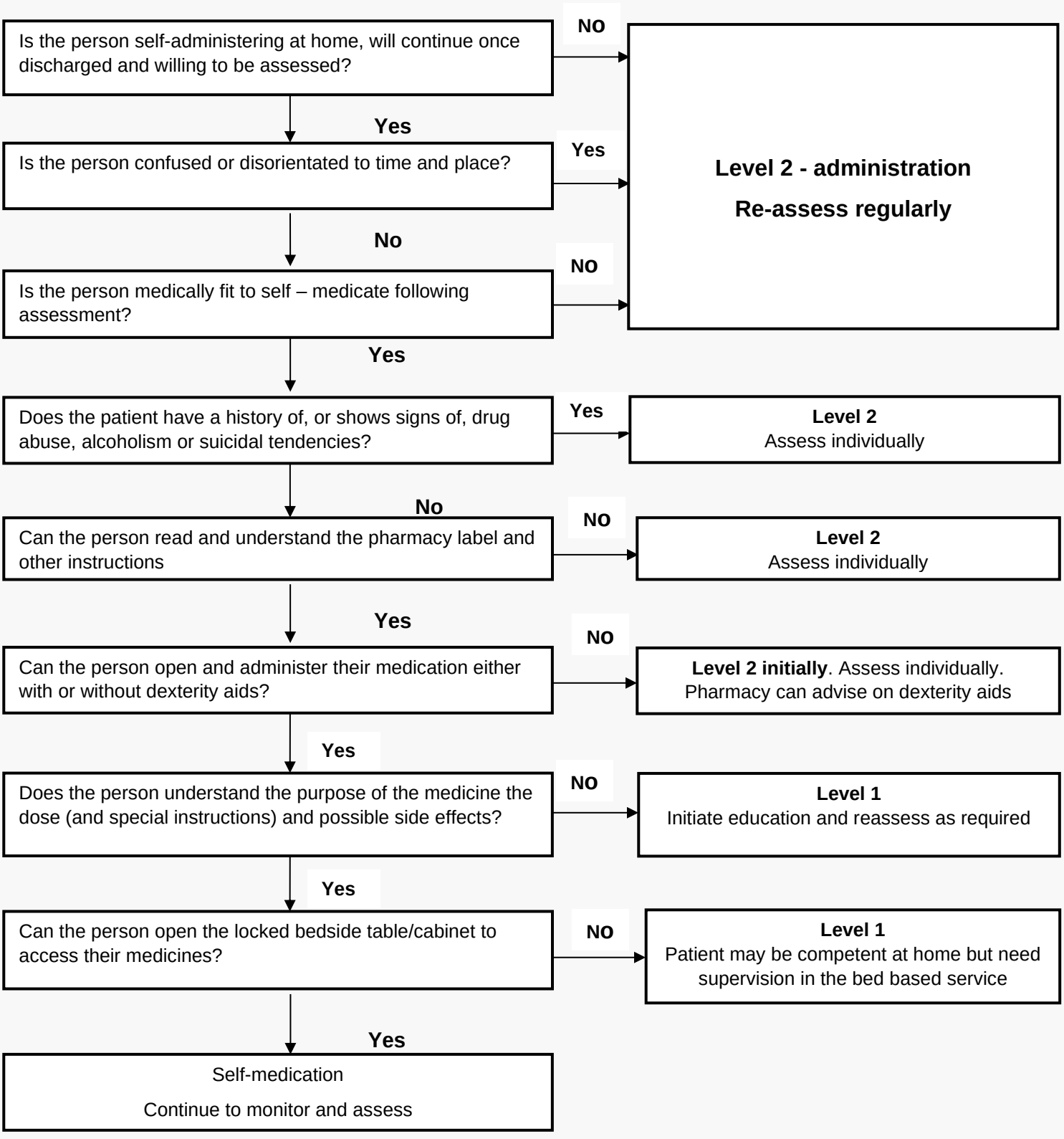
Level 3 - To be completed annually

This relates to those circumstances following an assessment by a healthcare professional, when a care worker is asked to administer medicines by a specialist technique including:

- Rectal administration, e.g. suppositories, (diazepam for epileptic seizures)
- Buccal administration (e.g. Midazolam)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Administration of oxygen

Appendix 1 – Self Administration of medicines risk assessment – bed based services

Person's Name:	D.O.B:	Base:



For further advice or support contact the community services pharmacy team

Appendix 1 - cont

Self-Medication of Medicines Assessment Record

Person's Name:	**D.O.B:**	**Base:**

Admission Date:		Review on a weekly basis or sooner if condition changes			
Initial assessment level		Assessed by		Date	
Review of assessment level		Assessed by		Date	
Review of assessment level		Assessed by		Date	
Review of assessment level		Assessed by		Date	
Review of assessment level		Assessed by		Date	

Levels of self-medication	
	Full self-medication following documented assessment
Level 1	Patient needs supervision with their medicines. The bedside table key is in possession of the care supervisor. As a minimum, the care supervisor and patient must together check the medicines to be taken. The pharmacy team will, if appropriate, educate the patient on how the medicines are to be taken and why they are prescribed
Level 2	Full care supervisor administration of all types of medication
Level 3	Nurse administration for certain specific medicines or carers after specialist training (eg injections, pessaries or suppositories)

Appendix 1 – cont

Assisted medication form

Person's Name:		**D.O.B:**	**Base:**
Room No:		**Compliance aid being used: Yes/No**	
Date	**Time**	**Interventions/comments**	**Signature**

Appendix 1 – cont

Self-Medication of Medicines in Intermediate Care

Consent Form

Name of person ……..

Address ……

…….....

Date of birth ……

I agree to be responsible for my medicines, as detailed below, whilst in Intermediate Care.

Medicines for self-medication include:

……

.....

……

A pharmacy technician or pharmacist has explained what my medicines are for and any other important information.

I will:

Ensure my medicines are either on my person or locked up securely in the bedside table provided. I will not leave them unattended anywhere in the building

Tell the care supervisors looking after me when I have taken my medicines

Ask the pharmacy staff or care supervisors if I am unsure about anything

Only take medicines that are prescribed for me

Tell the care supervisors if I am running out of a medicine.

I understand that I can change my mind at any time and ask the care supervisors to resume administering my medicines to me.

Signature of patient ……

To be completed by the assessor:

Signature of assessor ……

Name of assessor ……

Date of assessment ……

Appendix 2 – Medicines Administration Authorisation Form

Name of person: ……

Address: ……...

……

I give authorisation for Bolton Council to arrange for a care worker to administer my medicines as prescribed by a GP, dentist or non-medical prescriber. I also give authorisation for a care worker to administer non-prescribed medicines in accordance with the list of homely remedies and self-care guidance.

I give permission for appropriate health care professionals to access my health records while I am under this service

The type of assistance I might need has been explained to me and is written on my care plan. I understand that the person administering my medicines will always check that I give my permission before administration. I also understand that I am free to refuse the medicines at any time.

Signature of person: ……

NB. The person must only sign this form if they have the capacity to consent to a care worker administering their medicines.

To be completed by the assessor:

Name of assessor: ……..……..

Tel No: ……..……...

Date of assessment: ……..……

Either:

1. I have explained the support to be offered and believe that the person understands and consents to this at the time of completing this form.

Signature of assessor: …….....

Or:

2. I do not believe that the person understands and can consent to the support that is being offered at the time of completing this form.

It has been decided that **it is / it is not** (delete as appropriate) in the person's best interest for medicines to be administered. The following people have contributed in making this decision.

(Include contact details and relationship to person)

……

……

Signature of assessor: ……..

If the person lacks capacity to consent, is there a personal welfare attorney (Lasting Power of Attorney) or a deputy* in place? **Yes/No**

If yes, please give details:

Name: ……

Contact Details: ……..

Does the attorney or deputy consent to administration of medicines on behalf of the person?

Yes/No

Signature of attorney/deputy: …….

Date: ……..…….....

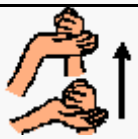
This authorisation must be kept on the person's file and a copy in their home (if domiciliary care)

Appendix 3: Pictorial Medicines Authorisation Form

Bolton Adult Services



Medicines Administration Authorisation


I will let a care worker help me with my medicines.


Medicines from my Doctor, or some of these;






Simple Linctus Senna E-45 or Sudocrem Paracetamol Gaviscon
Olive oil ear drops


If my medicines change, I will have to sign another form.

Name of person ……

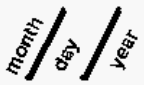
Address of person ……

Signature of person ……

Name of assessor ……

Signature of assessor ……

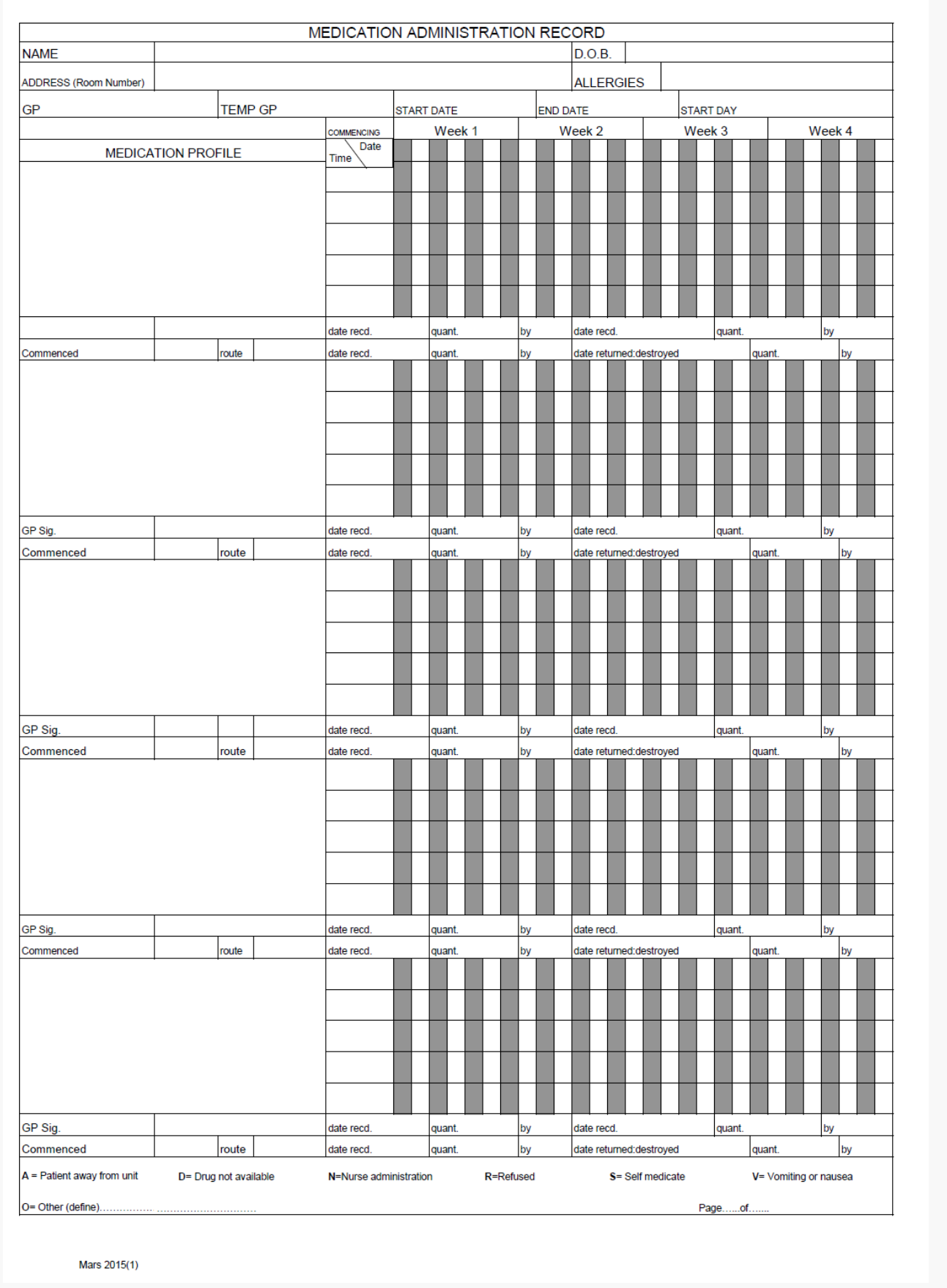
Contact number ……



Date of assessment ……

Name of GP ……

Appendix 4 – MAR sheet



MEDICATION ADMINISTRATION RECORD

NAME		D.O.B.	
ADDRESS (Room Number)		ALLERGIES	
GP	TEMP GP	START DATE	END DATE / START DAY

COMMENCING — Date / Time

Week 1 | Week 2 | Week 3 | Week 4

MEDICATION PROFILE

Commenced | route | date recd. | quant. | by | date returned:destroyed | quant. | by

GP Sig.

A = Patient away from unit D= Drug not available N=Nurse administration R=Refused S= Self medicate V= Vomiting or nausea

O= Other (define)…… Page……of……

Mars 2015(1)

Appendix 5 – Signature sheet

BOLTON ADULT SERVICES SIGNATURE RECORD SHEET

To be completed by any member of staff who administers medicines or is involved with the completion of a MAR sheet.

DATE	NAME	SIGN NAME	INITIALS

Appendix 6 – Example of Fridge and room temperature monitoring sheet

Daily temperature checks							
Service		**Fridge Location**		**Month**		**Year**	

All drug fridge temperatures and ambient clinical room temperatures MUST be recorded daily. When checking the temperature, you must ensure the reading is between 2°C and 8°C for fridges and <25°C for ambient temperature. If the reading falls outside the parameters:

- **Refrigerator- Ensure the door is closed. Wait 10 minutes and re-check. If the temperature remains out of range quarantine stock and contact appropriate manager/ Pharmacy for advice**
- **Ambient- if the room temperature is greater than 25 °C or temperature excursions occur over more than one day or on multiple days in a given week contact appropriate manager/Pharmacy for advice**
- **Move medicines to an alternative monitored fridge until the problem has been solved**
- **Contact the prescriber to order replacement medicines if required**

Date	**Time**	**Fridge temperature**			**Check (initial)**	**Reset (initial)**	**Ambient temp (<25°C)**			**Check (initial)**	**Reset (initial)**
		Actual Between 2-8°C	**Min** More than 2°c	**Max** less than 8°c			**Actual**	**Min**	**Max**		
1st											
2nd											
3rd											
4th											
5th											
6th											
7th											
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29th											
30th											
31st											

Please note Drug Fridges should be cleaned weekly - Date and sign below when this has been completed									
Week 1		**Week 2**		**Week 3**		**Week 4**		**Week 5**	
Date	Sign	Date	Sign	Date	Sign	Date	Sign	Date	Sign

Appendix 7 - General guidance for assessors and care staff for the timing of medicines administration

Cautionary and advisory labels for dispensed medicines

If there is a specific instruction for administering a particular medicine it must be followed. It will be included on the label e.g. 'take with or after food' or 'dissolve or mix with water before taking'.

If a medicine has specific requirements these will be on the label - examples of medicines with specific instructions are some diabetic medicines, anti-coagulants such as warfarin or medicines containing 'nitrates' such as 'Isosorbide Mononitrate'

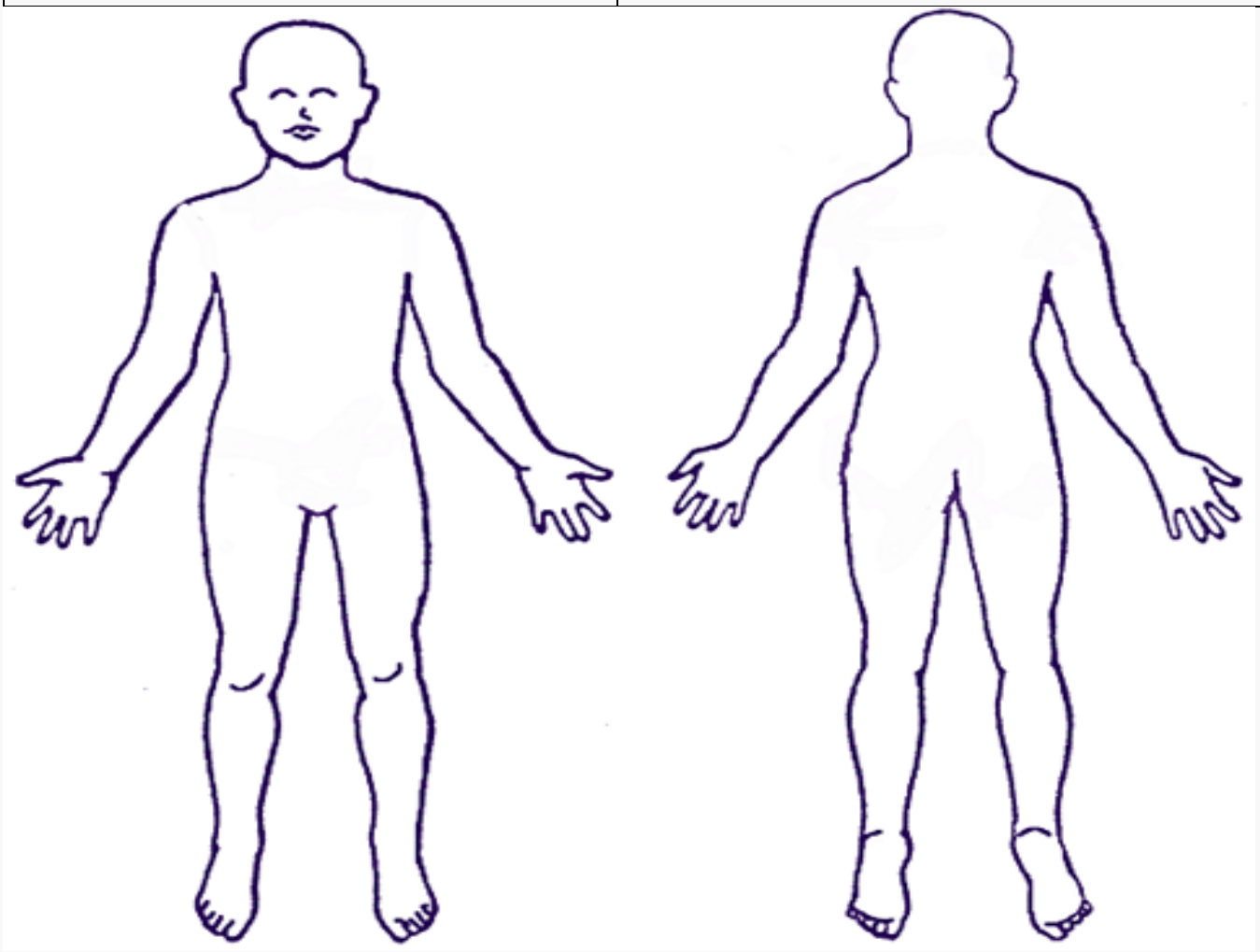
As a ***general*** rule if a medicines is labelled as follows:

Direction	**Time of administration**
Daily	Administer once a day at the same time each day
Twice daily	Administer either: morning and teatime or morning and bedtime This depends on the care package. Medicines which must be administered at **teatime** rather than bedtime include **diabetic** medicines (this will be identified in the care plan if a patient is diabetic) and the label will specify 'take with of after food', anticoagulants such as **warfarin** and medicines containing '**nitrates**' such as 'Isosorbide Mononitrate'
Three times a day	Administer either: • morning, lunch and bedtime or • morning, teatime and bedtime Depending on the care package See below for advice on taking with foods
Four times daily	Administer morning, lunch, teatime and bedtime
Night	Administer at bedtime
Take with or after food	Does not necessarily have to be a full meal, a light snack such as a piece of toast or a glass of milk is adequate
Take 30 minutes before the first food, drink or medicines of the day with a full glass of plain water. Do not lie down for 30 minutes after taking	Administer in the morning on arrival at a patient's home. Keep the patient upright (sitting or standing) and carry out any other necessary tasks before breakfast

Appendix 8 – Cream and ointment application chart

Service Users Name:	**Date of birth:**	**Liquid logic Number/NHS number:**

Prescribed cream / ointment	**Directions for use**



This form should be placed in the person's room & completed on each application

Date	**Time**	**Area cream applied**	**Staff signature**	**Comments –** including name of cream/ointment if more than one prescribed

Appendix 8 - cont

Cream and ointment application chart – Page 2

Service Users Name:	**Date of Birth:**	**Liquid Logic Number/NHS number:**

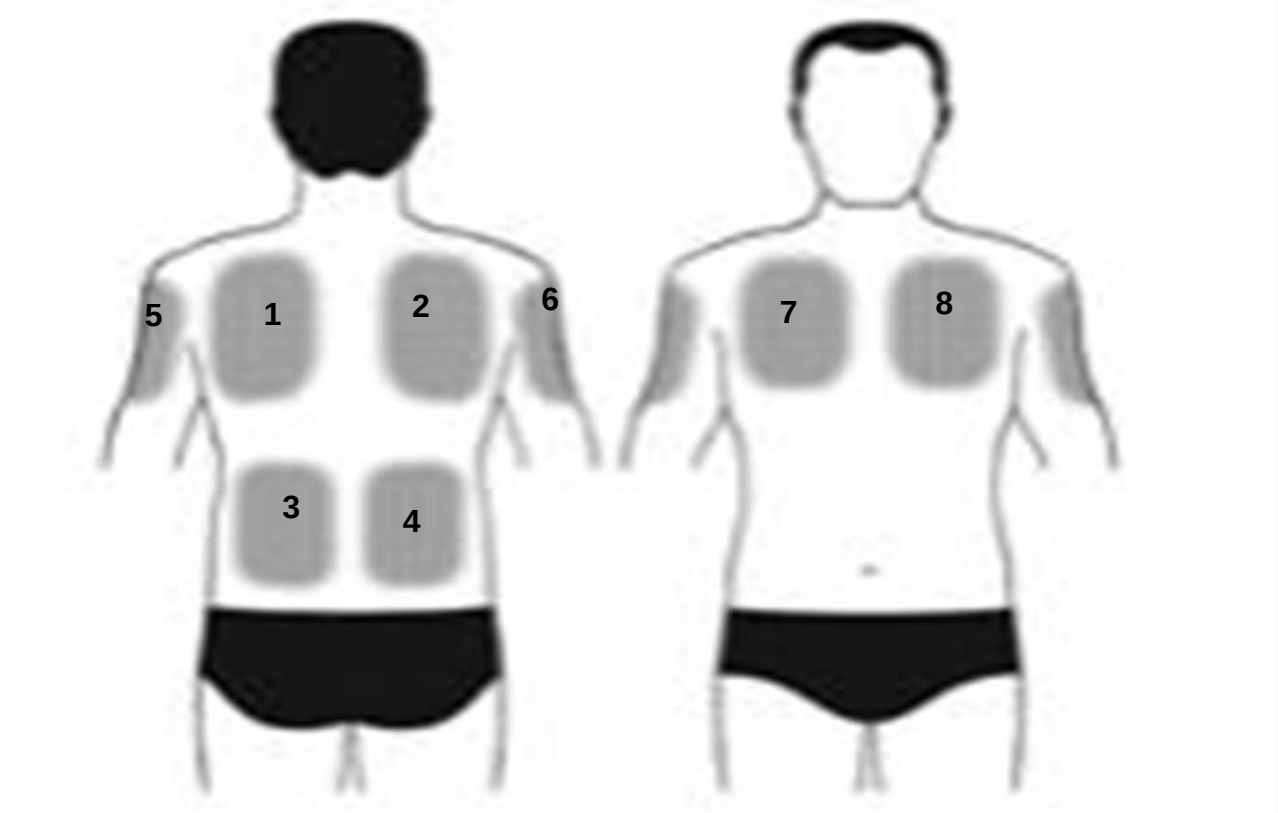
Date	**Time**	**Area cream applied**	**Staff signature**	**Comments –** including name of cream/ointment if more than one prescribed

Appendix 9 - Patch application chart

Service Users Name:	Date of birth:	Liquid logic Number/NHS number:

Prescribed Patch	Directions for use

Apply patch to ONE of the following possible sites.
The diagram represents areas on the body where the patch may be applied.
Please rotate the patch leaving several days between using same site.
Application of patch must also be recorded on the MAR sheet



Patch Number	Date Applied	Time	Comments - including name of patch if more than one prescribed

Appendix 9 – cont

Patch application chart – Page 2

Service Users Name:	Date of birth:	Liquid logic Number/NHS number:

Prescribed Patch	Directions for use

Patch Number	Date Applied	Time	Comments – including name of patch if more than one prescribed
Patch Number	**Date Applied**	**Time**	**Comments**
Patch Number	**Date Applied**	**Time**	**Comments**

Appendix 10 - Example letter/form for administering medication in an unlicensed manner

Practice stamp/Unit Name

Patient Name:

D.O.B

NHS No:

Address:

Authorisation for care staff to give medication in an unlicensed way (i.e. not advised in product information leaflet)

Crushing/dispersing tablets in water or opening capsules is often an unlicensed use of a product and this **must only** be done under the direction of a prescriber and/or a pharmacist.

This letter/form authorises care staff to give the following medication as advised in the table below:

Medication	**Administration directions** **(Include method e.g. crush in a tablet crusher, disperse in 15-30mls of water etc.)**	**Information source consulted (e.g. NEWT Guidelines/SPC/drug manufacturer)**

General advice: Only crush medicines one tablet at a time; preferably in a tablet crusher. Crushing or dispersal in liquid should be performed immediately before administration. Medication should be placed in a small amount of food e.g. a teaspoon of cold food (if stable to do so –see above) or 15-30ml of liquid, to ensure that the entire dose is given and there is no danger of it being given to other residents.

Do not mix dispersed medicines with milk or carbonated water. Diluted blackcurrant cordial can be used to mask taste.

These directions apply to the above patient only. If any new medication is started or any circumstances surrounding drug administration for this patient change, then advice must be sought from the prescriber and/or pharmacist.

Authorising Prescriber Name:		Reg No:
Signature:		Date:
Authorising Pharmacist Name:		GPhC No:
Signature:		Date:

Appendix 11 – Homely remedies

HOMELY REMEDIES GUIDANCE

DEFINITION: A homely remedy is a product that can be obtained and administered to a resident/service user without a prescription, for the immediate relief of mild to moderate symptoms e.g. toothache, indigestion etc.

Administration

- Ensure service user has no potentially serious symptoms
- Check past medical history and drug history
- Check allergies
- Service users consent
- Max 48 hours

Storage

- Store separately from prescribed medication
- Clearly indicate they are homely remedies
- Date check every month
- Record date opened for liquid medication and check when should be used by

Record keeping

- Record details of assessment, homely remedy administered and outcome in care plan
- Record administration on homely remedy sheet

Adverse reactions

- Report any adverse reactions to GP

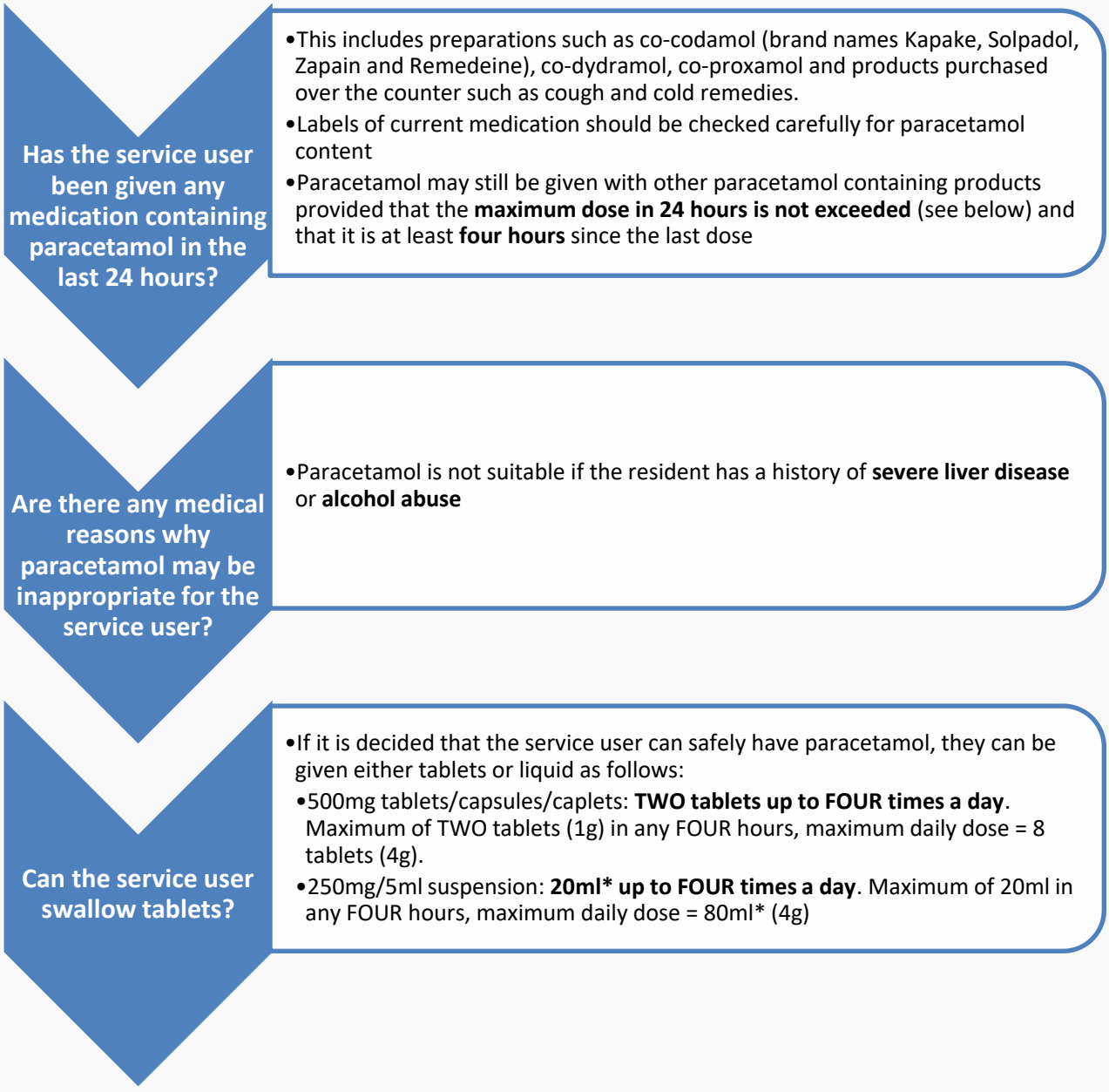
Appendix 11 – Homely remedies - cont

PARACETAMOL

Indication: Relief of occasional mild to moderate pain

Maximum Duration of Treatment: 48 hours

Possible side effects: Rare but may include rash



*20ml = FOUR x 5ml spoonfuls

Appendix 11 – Homely remedies - cont

SENNA

Indication: Occasional or non-persistent constipation

Maximum duration of treatment: 48 hours

Possible side effects: Temporary mild griping pain/abdominal cramps

Is it possible to rectify the constipation without drug treatment?

- Aim to encourage fluid intake (little and often) and increase dietary fibre intake with fruit juice, dried apricots and prunes
- Increase mobility of service user if possible

Are there any medical reasons why senna may be inappropriate for the service user?

- Senna should not be usd if the service user is already taking a laxative e.g. Macrogols (Movicol), Ispaghula Husk (Fybogel), Docusate (Dioctyl), Lactulose etc.
- Avoid in nausea, vomiting, intestinal obstruction or abdominal pain
- **Refer to doctor immediately** if symptoms such as constipation alternating with diarrhoea, rectal bleeding, passing mucous, anorexia or weight loss are present or if symptoms are persistent
- Do not give senna to any service users who may be pregnant/breastfeeding

Can the service user swallow tablets?

- If it is decided that the service user can safely take senna, they can be given either tablets or liquid as follows:
  - 7.5mg tablets: **TWO tablets at NIGHT**. Max. daily dose = TWO tablets (15mg)
  - Senna 7.5mg/5ml syrup: **10mls* at NIGHT**. Max. daily dose = 10mls (15mg)

*10mls = TWO x 5ml spoonfuls

Additional Information

- Senna usually takes 6-12 hours to work
- Drink plenty of fluids whilst taking senna and aim to increase dietary fibre
- PRN medicines that can commonly constipation: codeine, morphine, tramadol, indigestion remedies, antihistamines (e.g chlorphenamine), antidiarrhoeals (e.g. loperamide)

Appendix 11 – Homely remedies - cont

SIMPLE LINCTUS

Indication: Dry, irritating cough

Maximum duration of treatment: 48 hours

Possible side effects: None known.

Will the service user benefit from taking simple linctus?

- Simple linctus is indicated for **dry (i.e. non-productive), irritating coughs**
- If the service user is bringing up phlegm that is clear white or pale yellow in colour then simple linctus may not be beneficial. Instead, plenty of fluids should be given and the patient should be monitored for any signs of deterioration.

Are there any medical reasons why simple linctus may be inappropriate for the service user?

- If the service user has symptoms such as shortness of breath, chest pain, wheeziness, copious/dark/blood stained phlegm, seems generally unwell or suffers from asthma/COPD then they should be referred to the GP

What dose should be given to the service user?

- If it is decided that the service user can safely take simple linctus, they can be given:
- Simple Linctus: **5 - 10ml* up to FOUR times a day**. Max. daily dose = 40ml.

*5-10ml = ONE to TWO 5ml spoonfuls

Additional Information

- Contains alcohol – care with religious beliefs
- May be more soothing if taken with warm water
- Ensure resident has access to plenty of fluids throughout the day

Appendix 11 – Homely remedies - cont

GAVISCON ADVANCE

Indication: Relief of heartburn/indigestion

Maximum duration of treatment: 48 hours

Possible side effects: Very rarely allergic reaction – rash, itch, dizziness, difficulty breathing

Could Gaviscon affect any of the service users other medication?

- **Gaviscon should not be given at the same time as other medication as it may affect absorption**

Are there any medical reasons why Gaviscon may be inappropriate for the service user?

- If the service user is suffering from severe gastric pain then they should be referred to the GP

What dose should be given to the service user?

- If it is decided that the patient can safely take Gaviscon Advance, they can be given:
  - Gaviscon Advance Suspension: **5-10ml* AFTER meals and at BEDTIME**. Max. daily dose = 40ml (in divided doses). **Shake well before use.**
- Note: Lifestyle measures such as eating small regular meals, chewing food well, avoiding spicy food and avoiding clothing which is tight around the waist may also help to ease symptoms

*5-10ml = ONE to TWO 5ml spoonfuls

ADDITIONAL INFORMATION

- Gaviscon Advance is sugar free and therefore suitable for diabetics
- PRN medicines that commonly cause indigestion include NSAIDs e.g. aspirin, ibuprofen, naproxen, diclofenac
- **Caution: chest pain due to angina or heart attack can be mistaken for indigestion/heartburn**

Appendix 11 – Homely remedies - cont

E45 & SUDOCREM

Indication: Mild skin conditions

Maximum duration of treatment: 48 hours

Possible side effects: Local hypersensitivity reactions

What conditions can E45 and Sudocrem be used for?

- Sudocrem can be used for the treatment of incontinence rash where the skin is intact. It is a "barrier cream" and its main purpose is to protect the skin.
- E45 is used to soothe and reduce the irritation of dry skin

Are there any reasons why these creams may be inappropriate for service users?

- Any signs of development of a pressure area, refer to nurses
- Sudocrem is not appropriate for service users who wear pads, as the pad becomes ineffective
- If the service user is suffering from a rash accompanied by systemic symptoms (e.g fever, vomiting, diarrhoea) then they should be referred to the GP

How should I apply these creams?

- Use **gloves** when applying and ensure that a **separate tube** is used for each resident - **never share creams**
- Ensure skin is dry and clean before application
- E45: **apply to affected areas AS OFTEN AS REQUIRED**
- Sudocrem: **apply a thin layer TWICE DAILY to the affected area**. Max daily dose = two applications

ADDITIONAL INFORMATION

- Since both products contain paraffin, residents should not smoke after use and should be kept away from fire/flames
- Do not decant

Appendix 11 – Homely remedies - cont

OLIVE OIL EAR DROPS

Indication: Ear wax

Maximum duration of treatment: 10-14 days before ear syringing

Possible side effect: Pain

What condition can olive oil ear drops be used to treat?

- Some people produce more ear wax than others and a build up of wax is more likely to occur in: older adults, patients with learning difficulties, hearing aid users, people with a narrow ear canal or those using cotton buds

What problems can excessive wax lead to?

- Tinnitus, hearing loss, vetigo, pain and discharge
- It can also prevent an audiologist from being able to assess hearing ability or take impressions for hearing aids

What dose should be given to the service user

- 1 - 2 drops into the ear canal 2-4 times a day
- Keep the person on their side for 5 minutes after administering
- Do not put cotton wool in the person's ear
- If at any stage the person complains of any pain then the drops should be stopped and advice sought from person's GP

Additional Information:

- Only to be used on the advice of audiology

Appendix 11 – Homely remedies - cont

To be administered for a maximum of 48 Hours before contacting the person's G.P.

Name:				**D.O.B.**	
Address:					
				Allergies:	
G.P.					
Date:	**Time:**	**Initials:**	**Medicines:**	**Dose:**	**Reason:**

Appendix 12 – Self care

Self-Care Form

Care staff/support workers cannot administer any product to manage self-care without checking that these are suitable for a service user. The purpose of this form is to document the advice of a health care professional on the use of a self-care product. The health care professional advising should check suitability of the product for the service user as well as checking it does not affect any medicine the person is already taking.

Name of Service user and family member requesting self-care			
Date of Birth			
Date of request			
Reason for request			
Medication name, form and strength			
Dose/Frequency			
Duration			
Review Date			
Consult GP if			
Name of person giving advise			
Role	Nurse	Pharmacist	GP
Signature of service user or their family to show they understand and accept any risk associated with taking the medicine			

Appendix 13

Standard Operating Procedure (SOP) for Controlled Drugs in Care Homes

The Misuse of Drugs Act 1971 controls the availability of drugs that are considered sufficiently 'dangerous or harmful' with a potential for misuse. These drugs are termed Controlled Drugs (CDs) and it is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation.

Controlled drugs are likely to cause dependence or misuse in varying degrees. They are classed according to the extent of harm they may cause when misused.

Advice about controlled drugs may be sought from a community pharmacist.

There must be strict controls for the prescribing, administering, safe custody, dispensing, record keeping and disposal of controlled drugs.

Any concerns about the management of controlled drugs must be reported using an incident reporting procedure. These concerns must be shared with the Local Information Network for controlled drugs where they will be reviewed via the incident reporting system .on www.cdreporting.co.uk.

Administration

Before administering a CD, the care worker must measure and check the dose with another level two medication trained member of staff whenever possible. If a trained member of staff is not available to check the dose another competent member of staff must carry out the check.

The person's name, plus time and dose given, should be recorded in the CD register after carefully checking the administration sheet. Once the trained care worker has witnessed the resident taking the medication, the service user's MAR sheet must be initialed by the care worker.

The care worker and the witness should then initial the CD register, after verifying that the remaining balance is correct.

The administration process should be fully completed for each service user, before moving on to the next service user.

Appendix 13 - SOP for Controlled Drugs in Care Homes - cont

Receipt, storage, recording and audit

Care staff collecting controlled drugs prescriptions from a pharmacy will need to provide identification.

A CD register (a bound book or register with numbered pages) must be used to record the receipt, administration and disposal of CDs held in the service. Each drug, for each service user, should be recorded on a separate page, with the name, dose and strength of the drug written clearly at the top of the page.

If a District Nurse administers a CD in a residential service, they must complete their own documentation and the CD registers belonging to the service.

On receipt of the CD from the pharmacist, the date and quantity must be entered into the CD register and initialed by an authorised member of staff, with a second person as a witness. The correct balance should be verified each time.

When transferring the drug record to a new page in the CD register, the amount remaining must be identified with 'brought forward from page x' written clearly on the new page. It is good practice to keep CD registers for longer than the mandatory two years.

Controlled Drugs must be stored in a locked metal cabinet which fulfils the requirements of the Misuse of Drugs Act 1971.

Completed registers must be archived for a minimum of 2 years and according to Bolton Council Records Retention policy.

Routine checks of all CDs held and the recorded running balances should be carried out by designated members of staff on a weekly basis and a record kept. Where a discrepancy is found it should be reported to the registered manager who should investigate promptly. If the discrepancy cannot be resolved, the advice of a pharmacist should be sought and the CQC local officer informed. An audit form for Controlled Drugs in Residential Services is included in Appendix 13. This audit should be completed every six months in addition to weekly stock checks.

Disposal

Controlled drugs that are no longer required should be returned to the community pharmacy for disposal. This should be discussed with the pharmacist in advance and the returned medication recorded as returned in the CD register.

Care homes providing nursing care must make arrangements for the collection of waste medication with a licensed waste disposal company. CDs must be denatured before handed to the waste disposal company in a specially designed denaturing kit.

This should be used as a Standard Operating Procedure for residential services. It should be printed and displayed within the service

Appendix 14 – Weekly count of CD's

Base……

Weekly Count of Controlled Drugs						
Date:	Drug count correct: Yes/No (if incorrect give details)	Signature – CS	Signature of witness	Discrepancy reported to	Discrepancy resolved by	Date discrepancy resolved
N.B. If weekly drug count is not completed; you must state the reason why.						

Appendix 15 - Residential Services Controlled Drug Audit

Instructions:

1. Complete the audit every six months.
2. Collect CD register and a MAR chart for a service user who has been administered a CD.
3. Complete audit.
4. Complete the "Action required" column including realistic target dates.
5. Re-audit as necessary.
6. Store the completed audits for a period of 2 years and ensure that they are available for review by relevant personnel e.g. pharmacy staff, CQC, local authority staff, etc.

Any incidents involving CDs should be reported to the CD Accountable Officer by the individual who has discovered the issue via the following website: www.cdreporting.co.uk . A safeguarding referral should be made and any relevant in-house/external incident forms or procedures completed. Any loss of CDs should be reported to the police.

Completed by:

Name: Signature: Job title: Date:

The CD Cabinet	Findings	Action required
Does the metal cabinet used to store the CDs fulfil the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973, see: http://www.legislation.gov.uk/uksi/1973/798/schedule/2/made		
Are all medicines clearly segregated?		
If CDs are packed in a Monitored Dosage System (MDS), is the whole container stored in the CD cupboard when not in use?		
Is the stock level appropriate? i.e. no more than approx. a month's supply in stock?		
Are there any out-of-date medicines in the CD cupboard?		
Is there anything else stored in the cupboard that should not be there (e.g. money or valuables)?		
Are drugs awaiting destruction clearly segregated from other stock in the cupboard (e.g. expired drugs or drugs no longer required by the patient)?		
Are the CD cupboard keys kept separately from general keys?		

CD Register	Findings	Action required
Is there a separate page in the CD register for each drug, each formulation, each strength and each patient?		
Are all entries complete, clear and legible? This should include name and form of drug, quantity of stock, date received, patient name, date, time, quantity supplied, signature of person administering drug, signature of witness and remaining balance.		
Are all entries supported by two signatories?		
Are all stock balances correct?		
Are balances checked on at least a weekly basis?		
Is there a record of all CDs that have been destroyed (nursing) or returned to pharmacy (residential care)?		
If applicable, are any amendments in the CD register annotated with footnotes (initialled and dated) rather than crossed out? If crossing out is found, has follow up action taken been taken?		

Administration	Findings	Action required
At administration has the MAR chart been signed by the member of staff administering the medication?		
Do the instructions on the MAR chart agree with the dosage administered according to the CD register?		

Appendix 16 – Example Medicines Administration Record (MAR) Audit Form

Registered service: ……Date completed: ……Completed by: ……

Room number/ID										
Name of person										
Date of birth										
Address/Room No										
GP/surgery										
Allergies										
MAR dated for current period										
MAR pages numbered										
Name of medicine										
Strength of medicine										
Form of medicine										
Dose of medication (including frequency and time)										
Day of administration recorded for once weekly medication or 72hrs/96hrs										
Course duration or stop date (antibiotics, steroids etc)										
Maximum daily dose stated for “as required” medication										
Total number of tablets administered e.g. 1 or 2 tablets										
MAR charts initialled to confirm correct										
Strength and number of warfarin tablets given, recorded on MAR										
Carers signed for doses given										
Appropriate use of codes if medication not given										

Appendix 16 – Example Medicines Administration Record (MAR) Audit Form – cont

Registered service: ……Date completed: ……Completed by: ……

Room number/ID										
"Other" reason codes if medication not given										
Quantity of medicines received, recorded and signed in by care worker										
Two signatures to confirm amendments										
Two signatures on handwritten/carers own MAR										
Special storage requirements adhered to e.g. fridge items										
Fridge and room temperature daily monitoring										
Medication stocked in safe manner										
Date of opening recorded e.g. eye drops										
All medicines in date										
Homely remedies medication supplied for maximum 2 days										
Homely remedies medication chart completed correctly										
Consent form signed										
No out of date MAR charts left in folder										
Support to self-medicate available										
Relevant risk assessments completed										
Covert administration form completed (if applicable)										
Disposal (record of returned medicines)										

Not all of the criteria will be applicable to all services. For further advice contact the pharmacy team on 01204 337693/337071

Appendix 17 – Medication Administration Competency Assessment

A thorough assessment should be undertaken before staff members begin administering medication unsupervised. The assessment should be repeated at intervals of not less than one year or sooner if circumstances indicate, for example, if there has been a medication error.

Questions have a "yes/no/not applicable" response. Where a "no" response has been selected this must be resolved before the person can undertake medication administration unsupervised.

It may not be possible to witness the administration of all the different forms of medication if no one that you visit has this type of medication.

Name of staff member:	**Date:**

Training and policy

Has the member of staff completed administration of medicines training and/or refresher training? Date completed:	Yes/No:
Does the member of staff know how to access the medication policy if they wish to check any information?	Yes/No

Administration of Medicines

Preparation and hygiene	
Staff member identified person	Yes/No
Did the member of staff check the documentation available to establish where the medication is kept for that person?	Yes/No
Did the member of staff make sure that everything was properly prepared before starting to administer the medication, e.g. prepare a drink for the person	Yes/No
Did the member of staff wash their hands before starting to administer any medication and follow appropriate hygiene measures whilst administering the medication? E.g. wear gloves when applying creams.	Yes/No
Consent	
Before preparing or administering the medication where applicable, did the member of staff obtain the person's consent to administer?	Yes/No
Selection and preparation of medication	
Before selecting, preparing or administering any medication did the member of staff read the MAR chart accurately?	Yes/No
Did the member of staff check whether a dose had already been administered/taken by the person or if the medication had been cancelled?	Yes/No/NA
If any directions are unclear or illegible on the MAR did the member of staff take appropriate steps to clarify the directions?	Yes/No/NA
Was the medication selected checked against the correct MAR chart including checking the person's name on the label and MAR?	Yes/No
If the directions on the MAR chart differed from those on the label did the member of staff take the appropriate steps to satisfy themselves as to the correct dose to be given	Yes/No/NA

Was the correct medication and dose selected at the correct time? Was consideration given to timing in terms of food or other directions on the label?	Yes/No
Was the medication prepared according to the directions and information on the MAR chart or any accompanying protocol?	Yes/No
Administration	
Did the member of staff check the records to see how the individual prefers to take their medication or demonstrate that they knew this information and administer the medication accordingly?	Yrd/No
Did the member of staff offer information, support and reassurance throughout to the person, in a manner which encourages their co-operation, promotes dignity and which is appropriate to their needs and concerns?	Yes/No

NA – not applicable

Was the medicine administered correctly and a glass of water offered where appropriate? Please tick the items you have witnessed being administered.					Yes/no
Medicine form	√	**Medicine form**	√	**Medicine form**	√
Tablets/capsules		Ear drops		Sachets and powders	
Inhaler devices		Nose drops		Nasal sprays	
Eye drops		Creams and ointments		Transdermal patches	
Eye ointment		Liquids		Nebulisers	
Did the member of staff visually witness the person taking all their medicines/					Yes/No
If the medication was left for the person to take later was this done in accordance with a documented agreed plan and was this recorded on the MAR chart correctly?					Yes/No/not applicable
If the medication was not taken was the appropriate advice sought and documented?					Yes/No/not applicable

Record keeping

Did the member of staff sign the MAR chart immediately after administration or enter appropriate code if not given?	Yes/No

Stock control

Did the staff member check that there is sufficient prescribed medication for at least one week?	Yes/No/ NA
If there are shortages in medication, did the member of staff take appropriate action (as per care plan) to ensure the stock was replaced?	Yes/No/NA
Was all medication stored appropriately? E.g. fridge, not near a radiator, locked box if needed	Yes/no

Ordering, receipt and disposal of Medication

Where staff are responsible, did the member of staff record any medication received into the person's home/care setting using the correct documentation?	Yes/No/NA

Was any out of date medicine or discontinued medicine dealt with in accordance with the care plan/medicines policy?	Yes/No/NA

Assessing advice and information

Does the member of staff know who to contact if they need advice on medication?	Yes/No

Dealing with errors

Can the member of staff describe the correct process for dealing with a medication error?	Yes/No

Outcome of assessment	√
Demonstrates competence to administer medication unsupervised	
Demonstrates competence to administer medication unsupervised with the exceptions identified below:	
Requires further supervision or training in order to administer medication unsupervised	

Name of member of staff being assessed……..……

Signature…….....

Job title……

Name of assessor…….……

Signature……

Job title……

Date of assessment…….

This assessment must be reviewed by……..or sooner if circumstances change

Appendix 18 – Example Risk assessment for use of oxygen

Bolton Council	**Risk Assessment**	

Task/Activity: **Use of Oxygen**	**Date assessment completed:** **01/08/2017**	**Review Date:** **01/08/2018**
Brief Details of Task/Activity **All staff**	**Assessment completed by:**	**Signature:**

What are the hazards? e.g. slip/trip hazards, electricity, manual handling, work equipment	**Who might be harmed and how?** e.g. staff, service users, visitors etc... and likely injury e.g. bruises, muscle strain, fracture, poisoning etc…	**What are you already doing to control the hazard?**	**What further action or additional controls are required** (if necessary)	**Risk rating** (after control measures)	**Action by who**	**Action by when**	**Date completed**
Fire hazard much increased storage of Oxygen cylinders.	All staff. Likely injury… Inappropriate dose of Oxygen. Fire.	PPD issued for all staff guidance on use of oxygen therapy to be followed at all times. Control of smoking areas. Strictly no smoking where oxygen is used and stored. Signs to be in place.	Review / read PPD each time a service user ie admitted with oxygen therapy. Hospital, nurses, social worker to provide details of contacts in the event of any difficulties and provide a detailed risk assessment.	D	SY		

What are the hazards? e.g. slip/trip hazards, electricity, manual handling, work equipment	Who might be harmed and how? e.g. staff, service users, visitors etc... and likely injury e.g. bruises, muscle strain, fracture, poisoning etc…	What are you already doing to control the hazard?	What further action or additional controls are required (if necessary)	Risk rating (after control measures)	Action by who	Action by when	Date completed
Medically trained staff on sight.	All staff	Nurses to be contacted if in any doubt. Staff training on oxygen. Pharmacist / nurses to provide training to staff on use of equipment. Cannot store additional cylinders, Pharmacist / nurses to change cylinders.	.	D	SY		
Movin g & handling of oxygen cylinder / consentrator.	All staff. Injury, strains, sprains, neck, back injuries, fractures & crush injuries.	Staff training in moving & handling & inanimate object training.	Staff training in emergency first aid.	D	SY		

CATEGORIES OF LIKELIHOOD	
Highly Likely	Expected to happen/reoccur, possibly frequently.
Possible	Might happen/reoccur at some time depends on circumstances.
Unlikely	Not expected to happen/reoccur but possible in certain circumstances.
Very Unlikely	Would only occur in very exceptional circumstances.

CATEGORIES OF CONSEQUENCE SEVERITY	
Catastrophic	Incident could result in one or more fatalities
Major	Major injury resulting in incapacity, hospitalisation >24 hours
Significant	Injury requires attention of a Doctor or Hospital treatment or hospitalisation <24 hours
Minor	Small cut, bruise, abrasion, basic first aid treatment provided
Negligible	Some discomfort, self help. No treatment required

RISK RATING				
	Highly Likely	**Possible**	**Unlikely**	**Very Unlikely**
Catastrophic	**A**	**A**	**B**	**E**
Major	**A**	**B**	**C**	**E**
Significant	**B**	**C**	**D**	**E**
Minor	**C**	**D**	**E**	**E**
Negligible	**E**	**E**	**E**	**E**

RISK CLASSIFICATIONS	
A	**Unacceptable risk,** requires immediate attention. Work should not be started or continued until the level of risk has been reduced.
B	**High risk,** requires immediate attention. Control measures must be identified and put into place as soon as possible.
C	**Medium risk,** requires attention as soon as possible. The risk should be only be tolerated in the short term and only when further control measures are being planned and introduced, Timescales must be short.
D	**Low risks,** confirm that there are no low/no cost solutions which may eliminate/ reduce the risk further.
E	**Trivial risk,** no further action required but review at regular intervals to ensure controls remain effective.